# Navigating Multiple Identities through Art-Making:

## Stories of Artists with Congenital and Acquired Physical Impairments

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# English Abstract

Constructing and negotiating one’s identities is a central life task that continues across the lifespan and occurs within specific social, cultural, and historical contexts. For persons with impairments, dominant social beliefs and ideas embedded within these contexts, are likely to shape self-perceptions and the identities individuals construct. While negative stereotypes and ideas have historically been associated with disability, this diverse group of people has strived, both collectively and individually, to resist negative characterizations. One example of these efforts is the Disability Arts Movement and within the existing literature, we find evidence that creating and sharing art can help individuals with a stigmatized difference develop less negative, and more explicitly positive disability identities (Swain, French & Cameron, 2003), as well as serving as an avenue for developing and affirming one’s valued identity as an artist (Sulewski, 2012). In this study, I build from this evidence to explore the more specific question of how Contemporary Canadian artists with physical impairments, both congenital and acquired, negotiate their multiple intersecting identities. I use disability and artist identities as entry points and investigate how art-making can be used to manage a host of other valued identities.

Two theoretical frameworks, the social model of disability, and intersectional theory have guided me in this work. A narrative methodology was used to examine how identities changed over time. Participants were recruited through flyers, word of mouth, list servers, and attending community events. Twelve individuals with acquired and / or congenital physical impairments agreed to be interviewed for this research project. Participants’ identities, in particular their identity as a person with an impairment and an artist, developed and changed over time in multiple ways. These identities solidified over time but were also revised and evolved based on other life experiences. With respect to their embodied experience, they identified environmental and interpersonal challenges, the ways they coped with these challenges, as well as how these experiences informed the process of accepting themselves as persons with different bodies. Additionally, they described their artistic practise, the functions their practise played in their lives over time, and how their practise was informed by living with different bodies. Furthermore, they described their experiences at multiple life stages and in multiple contexts, including family, school, work, along with disability and artistic communities. These experiences supported the development of a host of intersecting identities. More specifically, influencing, and reinforcing both positive and negative self-perceptions tied to disability, artist, family, partner, student and community identities. The multiple ways this study built upon the existing literature and unique contributions were identified. From the results, several research and clinical practice implications were also identified.

# French Abstract

La construction et la gestion des identités d'une personne sont une tâche vitale centrale qui continue toute la vie et qui se produit dans des contextes sociaux, culturels et historiques particuliers. Les croyances dominantes de la société et les idées ancrées dans ces contextes sont susceptibles de façonner la perception que les personnes handicapées ont d'elles-mêmes et les identités qu'elles construisent. Même si les handicaps ont longtemps été associés à des idées et à des stéréotypes négatifs, ce groupe diversifié de personnes a fait des efforts, tant collectivement qu'individuellement, afin de résister à ces caractérisations négatives. Le mouvement des arts du handicap est un exemple de ces efforts, et nous trouvons, dans la documentation existante, des données probantes qui montrent que la création et le partage artistiques peuvent aider les personnes ayant une différence stigmatisée à développer des identités moins négatives et explicitement plus positives (Swain, French et Cameron, 2003), et aussi servir de moyen de développer et d'affirmer l'identité d'une personne en tant qu'artiste (Sulewski, 2012). Par conséquent, ce mémoire explore la façon dont les artistes ayant des handicaps physiques composent avec leurs identités multiples qui se recoupent, en utilisant comme point de départ l'identité comme personne handicapée et l'identité en tant qu'artiste, ainsi que la façon dont la création artistique peut être utilisée pour gérer plusieurs autres identités valorisées.

Deux cadres théoriques ont été utilisés, soit le modèle social du handicap et la théorie intersectionnelle. Une méthodologie narrative a également été employée pour examiner comment les identités ont changé au fil du temps. Les participants ont été recrutés à l'aide de dépliants, du bouche-à-oreille, de serveurs de listes de diffusion et d'événements communautaires. Douze personnes ayant des handicaps physiques congénitaux ou acquis ont été interviewées. Les identités des participants, en particulier leur identité comme personne ayant un handicap et comme artiste, se sont développées et ont changé au fil du temps de plusieurs façons. Ces

identités se sont solidifiées avec le temps, mais ont aussi été revues et ont évolué à la suite d’autres expériences de vie. En ce qui a trait à leur expérience incarnée, ils ont mentionné des défis environnementaux et interpersonnels, les manières dont ils ont surmonté ces défis, ainsi que la façon dont ces expériences ont influencé le processus qui les a menés à s’accepter comme des personnes ayant un corps unique. De plus, ils ont décrit leur pratique artistique, les fonctions que remplissait cette pratique dans leur vie au fil du temps, et la façon dont leur pratique était influencée par le fait qu’ils avaient des corps uniques. En outre, ils ont décrit leurs expériences à plusieurs stades de leur vie et dans plusieurs contextes, y compris dans le contexte de la famille, de l’école, du travail, ainsi que de la communauté des personnes handicapées et de la communauté des artistes. Ces expériences ont mené au développement de plusieurs identités qui se recoupent. Plus précisément, ces expériences ont influencé et renforcé des perceptions personnelles à la fois positives et négatives en lien avec les identités comme personne handicapée, artiste, membre d’une famille, partenaire, étudiant et membre d’une communauté. Les différentes manières dont cette étude a utilisé la documentation existante et ses contributions uniques ont été précisées. À partir des résultats, plusieurs implications pour la recherche et la pratique clinique ont également été dégagées.

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## Chapter One: Introduction

Scholars have articulated that once central life task individuals need to navigate is constructing, renegotiating, and maintaining their various identities (Erickson, 1994). This task has been framed as an ongoing and continuous endeavor that occurs over time as individuals interact with other people and the larger social context (Jones & Abes, 2013). Additionally, scholars have theorized that an individual has multiple personal and collective identities (Deaux, 1993) and may face specific challenges when negotiating certain identities. With regards to disability identity, different people have constructed different disability identities, with contextual factors being particularly important as the term impairment and disability have had a myriad of cultural associations and meanings, both positive and negative, which scholars have found to influence on how individuals construct their disability identities (Darling, 2013; Dirth & Branscombe, 2018). A second identity I considered was that of artist, particularly as scholars have agreed that creating art can be a vehicle for constructing or managing one's disability identity and developing one's identity as an artist (Barnes, 2003; Sulewski, 2012). More specifically, art as a way to manage identity has been salient for those with a congenital impairment, and in particular for those who acquire an impairment, when they have faced the challenges of renegotiating various identities, including constructing a disability identity (Smart, 2001).

Thus, in this dissertation I investigated how artists with congenital and acquired impairment used art making to negotiate their multiple and intersecting identities over time. Further, I sought to understand the context in which this process occurred and how contextual factors influenced this process. Employing the social model of disability and theory of intersectionality as theoretical frameworks and utilizing a narrative approach enabled me to construct an understanding of how a particular group of artists negotiated and managed their identities through art-making.

Overall, this dissertation has been organized into five chapters. As this section reflects the first chapter of my dissertation, the subsequent sections will correspond to the second, third, fourth, and fifth chapters of this document. In the second chapter, literature pertaining broadly to identity but more specifically to an individual's disability identity and artist identity will be reviewed. Subsequently, artist and disability identities will be explored, through reviewing the literature pertaining to the Disability Arts Movement and studies which describe the experiences of artists with various impairments. Throughout, strengths and limitations of the relevant literature will be reviewed, and finally, I will provide the rational for my dissertation research, and articulate my specific research questions. In the third chapter, I will discuss how my study was carried out, describe relevant theoretical frameworks, research methods, and procedures that were utilized. In the fourth section, I will discuss the study results. In the fifth section, the findings will be discussed in the context of existing literature, along with the strengths and limitations of this study being outlined.

## Terminology

Within this introduction section I have defined several terms. More specifically, the terms art, disability, and identity have all been used by various scholars and organizations, and as a result have come to be associated with various meanings. As such, these terms have been clarified in this section, beginning with the term 'art'.

### *Art*

Art was defined as works produced through the expression or application of human creative skill and imagination (Oxford University Press, 2019). These products encompassed aesthetic objects (Miriam-Webster, 2019), works to be appreciated for their beauty or emotional power (Oxford University Press, 2019), along with works that expressed feelings, particular ideas, or beliefs (Cambridge University Press, 2019). Additionally, the broader term, the arts, has captured the various branches and breadth of creative activity which currently exists (Oxford University Press, 2019), and included visual arts, performing arts, and literary arts. Beyond the more traditional art forms, others art forms have also been developed including multidisciplinary or interdisciplinary arts.

**Visual Arts**. The visual arts were defined as art forms which are visual in nature and are created in order to be looked at by others (Springer Nature Limited, 2019). These art forms encompassed objects created for primarily aesthetic (Encyclopedia of Art Education, 2019) or intellectual purposes (Oxford University Press, 2019), including paintings, sculptures, drawings, prints, photographs and films. Additional forms also included decorated and ornamented functional items which may not have any intrinsic aesthetic value, such as pottery, ceramics, textiles, and jewelry. Further, this category included modern art forms such as assemblage, collage, mixed-media, conceptual art, installations, land art, video art, and graffiti art (Encyclopedia of Art Education, 2019).

**Performing Arts**. The performing arts were defined as forms of creative activity that have been performed in front of an audience. In contrast to visual arts, the human performance as opposed to the artistic object was the principle product (Springer Nature Limited, 2019). The performing arts encompassed dance, music, theatre, opera or mime, with artists using their voices and bodies to convey artistic expression which is observed and experienced by an audience. These performances could be repeatable or improvised and are typically captured in audio or audio-visual recordings.

**Literary Arts**. The literary arts were defined as various forms of literature and creative writing which utilized words and the written language and had a recognized artistic value. Specific types of literature included prose, poetry, and drama (Oxford University Press, 2019). As art forms are continuously evolving, this domain also included spoken word poetry.

**Multidisciplinary or Interdisciplinary Arts.** This category was thought to reflect artworks that explored, integrated, or transformed more than one art form. Art forms have been combined in new and unusual ways by artists who have experimented and looked for new forms of expression, with no one form dominating the final outcome or piece (Arts Promotion Centre Finland, 2019; Canada Council for the Arts, 2019). For example, an artwork may have combined multiple visual art forms, containing photographic, sculptural, and sound elements.

### ***Disability***

According to the World Health Organization (WHO), disability has been conceptualized as a complex phenomenon that reflects an interaction between the features of an individual, and the features of the context in which the individual lives (WHO, 2002).

**Individual Features**. Features of the individual included personal characteristics such as age, gender, health conditions, lifestyle, coping styles, upbringing, past and current experiences, and personality characteristics (Gray, Gerry, & Hendershot, 2000). More importantly, features of the individual included impairment.

***Impairment.*** Impairment reflected a characteristic of an individual, specifically of the "mind, body or senses which is long term" (Oliver, Sapey, & Thomas, 2006, p.16) and may have resulted from a variety of causes including infections and disease, genetics, injury, complications during childbirth, accidents, health problems or conditions, or the aging process (Oliver, Sapey, & Thomas, 2006; Smart, 2001). This characteristic was theorized to reflect a difference or variation from a particular cultural standard of bodily form and function, or changes in the body's structures or bodily functions, which influenced how an individual performed or executed various daily activities (WHO, 2002). More specifically, impairment has been categorized as congenital or acquired. Congenital impairment was defined as being present at birth, while in contrast acquired impairment was defined as an impairment which developed at any time throughout the lifespan. Impairments have also been grouped into several types, such as physical, including sensory (Disabled People International, n.d), learning, developmental, mental / psychological (for example mental health conditions), as well as chronic illness (Government of Alberta, 2010). Physical impairments have been connected with pain, flexibility, mobility, dexterity, vision, hearing, and speech (Morris et al., 2018).

**Contextual Features.** These included physical, social, and attitudinal factors which affected an individual's functioning, and thus shaped an individual's experience of disability (Schneidert, Hurst, Miller, & Üstün, 2003; Rothman, 2018). Further, scholars have agreed that these factors have likely influenced an individual's involvement in major life situations such as home, life, employment, community, and civic life (Gray, Gerry & Hendershot, 2000), and thus have facilitated or restricted an individual's ability to participate in society. For example, a lack of services or accessibility, negative attitudes, and ineffective policies have represented disabling barriers that inhibit an individual’s participation in their community (WHO, 2011). As such, disability has been framed as resulting from an interaction between a person and their environment. Further, in this document, I used the terms different bodies and unique bodies as a way to keep in the forefront for readers that all bodies and ways of being situated in society are different and specific to the individual, which was in line with the language used in the affirmative model of disability (Swain & French, 2008; Cameron, 2014a).

### *Identity*

Identity was defined as “the way an individual views themselves, how they view themselves in relation to others, and how they are viewed by others” (Swain & French, 2008, p. 67). Thus, scholars have proposed that an individual’s view of themselves or self-image is likely to be multidimensional and encompass several distinct but related aspects. As such, within my dissertation, I used the term identities to capture this reality. Furthermore, an individual's identities have been divided into multiple types of social identities, along with personal identities which have been shown to inform one another in various ways.

**Social Identities.** Scholars have conceptualized social identities as being based on membership and participation in larger social and cultural groups or social categories in relation to gender, ethnicity, SES, sexual orientation, religion, ability level and so forth (Deaux, 1993; Brewer, 2001). Additionally, membership reflects a shared identification with others (Simon & Klandermans, 2001), a perception of shared status (Polletta & Jasper, 2001), and a sense of belonging to one particular group and distinctness from other groups (Simon & Klandermans, 2001). More specifically, social identities have been divided into four specific types of identities. The first, group-based social identities, reflect the degree to which a person sees themselves as an interchangeable part or exemplar of a larger social group or social category. The emphasis here has been on the collective “we” and not on the person as an individual, as the person identifies aspects of themselves that are common amongst group members and consequently identifies with the group as a whole. In contrast, person-based social identities, have been conceptualised as aspects of the self that are influenced by a person’s membership in specific social groups or categories and shared socialization experiences. They reflect traits, expectations, customs, beliefs and ideologies that haven been internalized and become part of the individual’s self-concept (Brewer, 2001; Hogg et al., 2017; Dirth & Branscombe, 2018). For example, these could include a person's understanding of who they are as a woman, a person with an impairment, or an African American.

Additionally, relational social identities, were defined as identities derived from personal and intimate connections with others within a larger group context. These included occupational role identities, such as student-teacher; familial relationships, such as parent-child; and close personal relationships, such as friend and sexual partner (Brewer, 2001; Brewer & Gardner, 1996; Hogg et al., 2017). Finally, collective social identities, reflected shared representations of a group, which were based on common interests and experiences, along with collective actions to articulate what the group stands for and how it wished to be viewed by others. Overall, individuals have attached various personal meanings, values, and emotional significance to their multiple social identities. Scholars have articulated how identifying with social roles and claiming membership in groups provides a basis for how individuals describe and view themselves, along with the behaviours and actions they exhibit (Deaux, 1993; Jones & Abes, 2012; Polletta & Jasper, 2001).

**Personal Identities.** These were defined as reflecting an individual's sense of being a unique person or a particular kind of person who is distinct and separate from other people, and reflected particular personal attributes, traits, qualities, and behaviours an individual felt were self-descriptive, such as being independent, friendly, or curious (Darling, 2013; Deaux,1993; Jones & Abes, 2013).

Within this thesis, I used the terms multifaceted, intersecting, and interacting when discussing identities and so these terms will be explained. For the purpose of this thesis, multifaceted referred to a person having multiple or more than one identity. Thus, it was meant to denote that an individual has many facets or dimensions with respect to how they see themselves and are seen by others. Intersecting referred to when two identities converged or were connected to one another. While interacting referred to the process of what happens when two or more identities intersected in various contexts or situations.

Overall, research has shown that individuals develop their multiple identities through identifying with various social groups or categories and social roles, as well as internalizing various expectations and attributes. Moreover, scholars have viewed the process of identity development as an integration and consolidation of the various self-perceptions and external perceptions into a coherent whole (Hogg, Terry, & White 1995).

## Chapter Two: Literature Review

In this review of the literature, I will begin by discussing the nature of identities generally, and subsequently will focus on two particular identities. One of these is disability identity and the other is artist identity. In addition to defining and describing these two identity categories, contextual factors which can shape how individuals negotiate their identities will be reviewed. Subsequently, the intersections of artist and disability identities will be discussed. The Disability Arts Movement, which is of particular relevance for these intersecting identities, will be described and the implications for an individual's identities will be discussed.

### Identities

The task of constructing and negotiating one's various identities has been framed as a central and vital developmental task in people's lives. Scholars have found that this task begins in adolescence (Erickson, 1994), and that individuals continually negotiate their multiple identities over time, developing new identities or renegotiating existing identities across the lifespan (Swain & French, 2008). More specifically, researchers have found that the social categories or roles an individual occupies can change, or the meanings and attributes they have ascribed to particular social categories may shift over time. Furthermore, it has been shown that identities within the individual do not exist in isolation but interact with one another. For example, how an individual understands themselves as a woman may be shaped by their identification with a particular religious or ethnic group (Deaux, 1993).

Scholars have agreed that this process of identity construction does not occur in isolation, but that individuals have created and negotiated their various identities through their interactions with other people and the larger social context (Jones & Abes, 2013; Swain & French, 2008). As such, individuals have constructed and adapted their identities within particular historical, social, and cultural contexts (Jones & Abes, 2013). For example, for an individual living within a particular family unit, geographic area, time period or cultural community, only certain identity options may have been available or accessible (Darling, 2013). Consequently, contextual factors, such as others' attitudes and assumptions, have likely influenced an individual’s self-perceptions (Swain & French, 2008). Additionally, across time a person’s identities may have been affirmed, changed, or transformed, as a result of both individual choices and external forces. Moreover, it has been found that particular identities may be more or less salient or important to the individual at different times and within different contexts (Jones & Abes, 2013).

Scholars have found that an individual’s multiple and intersecting identities are shaped by contextual factors, and as such one important factor has warranted further discussion. This factor has included the various cultural beliefs, assumptions, ideas, and meanings which have come to be associated with certain social categories (Swain & French, 2008; Onley & Kim, 2001). Underlying this process have been power relations between groups that have shaped which beliefs and ideas have been legitimized and institutionalized (Nash, 2008). The result has been that dominant societal ideas and beliefs about the worthiness and value of certain social groups have influenced how individuals see themselves and construct their identities. Further, these ideas and beliefs may have also informed the personal meanings an individual has connected to their various identities, thus influencing how they feel about and evaluate themselves (Deaux, 1993). For example, an individual may have come to associate particular emotions and affective states with various identities, which could range from pride to shame (Darling, 2013). In sum, scholars have agreed that the process of constructing and negotiating various identities is complex and cannot be separated from the context in which this process occurs.

As individuals with impairments have constituted a large and growing part of Canadian society, research exploring disability identity has been warranted. For example, according to Statistics Canada's 2017 Canadian Survey on Disability, an estimated 6.2 million adult Canadians over the age of 15 reported developing an impairment (Morris et al., 2018), a group which represented 22% of the Canadian population. Additionally, cultural perceptions, ideas and beliefs associated with impairment and disability, which will be elaborated upon in the next section, have been shifting within North America since the mid nineteenth century. As such, understanding the influence of these shifting ideas on the ways in which individuals construct their disability identity is vital.

In regard to identity as an artist, this identity was chosen for several reasons. First, various occupations, including that of artist, has had important implications for how an individual sees themselves and feels about themselves. Second, the identity of artist was important to explore, as artistic creation and creativity have historically been accorded a special place through various societal institutions as a result of their ability to challenge, transform, and inspire (Bain, 2005). Third, this identity has been be an important source of esteem and positive feelings for individuals which will be further discussed in subsequent sections (Swain & French, 2000).

Finally, as scholars have shown that individuals possess multiple identities which interact and thus cannot be understood in isolation, examining both artist and disability identities was undertaken to provide a fuller and more nuanced picture of the lives of these individuals. Further, as I will discuss later, these two identities have been found to interact in multiple and notable ways. Now that the reasons for focusing on particular identities have been articulated, the subsequent section will focus on disability identities.

### *Disability Identities*

Scholars have defined disability identity as reflecting an individual's self-perceptions particularly related to their impairment and experience of disability (Darling, 2013). This particular identity has been conceptualized as one of an individual's various social identities, as it is constructed in relation to membership in the social category of people with impairment or disabled people (Garland-Thomson & Bailey, 2010). Additionally, scholars have framed an individual's disability identity as reflecting personal meanings, values, and emotional significance related to membership in this social category. As each individual constructs their own disability identity, no one fixed or essential disability identity has been found to exist (Deaux, 1993) and it has been more appropriate to discuss disability identities. However, as identities are formed within contexts, individuals may have experienced a particular disability identity being ascribed or conferred upon them during their interactions with various social institutions or other people; an identity which they may or may not have accepted and internalized (Garland-Thomson & Bailey, 2010). Thus, with respect to disability identities, it was particularly important to explore contextual factors in order to fully understand how individuals constructed their disability identity.

**Contextual Factors.** Two contextual factors will be highlighted within this section, which reflect various cultural meanings associated with the concepts of impairment and disability. These will include historically dominant conceptions of impairment and disability, as well as newer ideas encapsulated with a recent social movement, specifically the Disabled People's Movement.

***Dominant Cultural Meanings.*** As previously stated, individuals have constructed and negotiated their various identities as they interact with other people and the larger social context

(Jones & Abes, 2013). As such, available disability identities have been shaped by the assumptions and attitudes of others (Swain & French, 2008; Onley & Kim, 2001), as well as influenced by cultural meanings associated with notions of impairment and disability. Within contemporary American and Canadian society, distinctions have historically been made between individuals and bodies considered normal and those that deviate from what is considered the norm. Unfortunately, individuals with various impairments and their bodies have often been categorized or labelled as deviant and abnormal while in contrast, individuals without these impairments and their bodies have been considered normal (Davis, 1995; Morris, 1991).

Underlying this distinction have been cultural meanings attached to the body and bodily difference, as societal standards of normality have dictated how bodies should appear, move, function, and behave. Current standards of normality have reflected being able-bodied, that is having a body with all its parts present, that is healthy, energetic, pain-free, possesses a full range of movement, and can move independently (Wendell, 1996). However, the bodies of people with impairments have often looked and behaved differently than what was considered normal, and thus have deviated from able-bodied standards of physical and mental competence (Swain, French & Cameron, 2003), individual autonomy, and physical attractiveness. As such, the label disabled has reflected possessing a body that is not able to function as expected (Darling, 2013). In contrast, the label non-disabled has been applied to people who are deemed normal, able, and competent, and as such possess a body that functions as expected (French & Swain, 2008). Thus, society has viewed those considered disabled to lack the ability to accomplish various tasks and function like an able-bodied person (Darling, 2013). Consequently, individuals with impairments or those labelled as disabled have been devalued for not conforming to cultural standards of bodily form and function (Garland-Thomson & Bailey, 2010).

Viewing the bodies of people with impairments as abnormal and undesirable has laid the foundation for characterizing these individuals as incapable, deficient, and worthless, which has negative implications for how these individuals see themselves (Morris, 1991). Additionally, this negative perspective has laid the foundation for characterizing the development of an impairment and experience of disability as a personal tragedy. That is, a life mainly characterized by suffering, unhappiness, loss, and poor quality (French & Swain, 2004; Swain & French, 2008). Moreover, an individual with an impairment may not be accorded the status of a complete person, if they have been unable to maintain expected social roles or carry out expected social behaviours. Examples of these roles have included being an adult who is active, independent, autonomous, and productive, within the spheres of work, community, and family life (Luborsky, 1994). These dominant cultural meanings have several implications for the disability identity an individual may construct.

Many scholars have articulated multiple negative stereotypes and ideas associated with the social category of disabled person (Garland-Thomson & Bailey, 2010), and have explored how pervasive societal messages about impairment and disability can shape the way individuals understand who they are (Barnes & Mercer, 2010). That is, if individuals have been exposed to and have internalized these dominant messages, they may have constructed a disability identity reflecting a variety of self-perceptions. These self-perceptions may have included being abnormal, deficient, inferior, incapable, dependent, unattractive, unproductive, not a complete person, a tragic victim, a burden, or someone who possess less worth than others because of their stigmatized bodily difference (French & Swain, 2008; Morris, 1991; Smart, 2001). As a result, individuals may have felt incapable of fully participating in everyday life, of experiencing meaningful romantic relationships (Jacobson & McMurchy, 2010) or of being able to make their own decisions (Oliver & Barnes, 1998). Further, individuals may not have accepted their own bodily differences, and thus seen their impairment as an inherently negative and shameful part of themselves. Thus, they may have continually strived to achieve socially sanctioned standards of normality, for example in their appearance or the way they move (Darling, 2013; French & Swain, 2008; Morris, 1991).

Furthermore, researchers have found that these negative perceptions and beliefs can have a detrimental influence on an individual’s psychological and emotional well-being (Thomas, 1999), through undermining their self-image, self-esteem, and self-worth (Darling, 2013; French & Swain, 2008; Swain, French & Cameron, 2003; Murugami, 2009). Additionally, researchers have found that individuals may experience internalized oppression, which reflects a form of self-deprecation, and involves the person holding negative beliefs and perceptions about themselves (Oliver & Barnes, 1998; Smart, 2001). As a result, individuals may have experienced self-hatred or shame related to their bodily difference (Darling 2013; Onken & Slaten 2000), which may have resulted in attempts to deny, disregard, or minimize the reality of their impairments and its influence in their lives (Oliver & Barnes, 2012). For example, an individual may have decided not to utilize certain supports, such as assistive devices, that may be associated with stigma (Darling, 2013); or in order to avoid being stereotyped, individuals may have concealed or tried to prevent others from becoming aware of their impairment (Darling 2013, Johnstone, 2004). Additionally, individuals may have chosen not to associate with those who have similar impairments or who are considered to be disabled (Cameron, 2016; Gibson, 2009), may have purposely emphasized other identities or personal attributes in their interactions and felt negatively about identifying as a disabled person (Cameron, 2016), or strived to perform at very high levels in various areas (Johnstone, 2004; Kinavey, 2006; Rothman, 2018). In addition, these negative self-perceptions may have resulted in individuals developing low expectations for themselves or experiencing self-blame for their situation and not achieving social sanctioned standards of normality (Marks, 1999; Shakespeare, 1996).

Overall, internalizing negative cultural meanings associated with impairment and disability, and developing negative self-perceptions, has been a significant obstacle for the construction of more psychological healthy and positive disability identities (Smart, 2001). That is, when an individual's disability identity has predominately reflected negative personal attributes (Cameron, 2007; Swain & French, 2000), this has been very disempowering for the individual (Swain & French, 2000). While individuals have been likely to encounter these dominant negative ideas when constructing and negotiating their disability identities, these have not been the only notions of impairment and disability which have existed within society. One particular movement, the Disabled People's Movement, has very different implications for an individual's disability identity.

***Disabled People's Movement (DPM).*** The DPM has reflected a worldwide democratic social movement and involved the self-organization of persons with impairments to promote social change (Cameron, 2007). More specifically, in Britain in the late 1960’s persons with impairments began to question the validity of charities speaking for and organizing their lives. In the 1970’s in Britain and the United States, persons with different impairments started to come together to work towards similar goals and fight for change, and throughout the 1980’s and 1990s new organizations emerged, as individuals with impairments sought to form and control their own organizations. During these decades, persons with impairments collectively engaged in direct actions (i.e. protests, acts of civil disobedience, lobbying, litigation, demonstrations) to challenge their segregation, exclusion and marginalization. Coalitions of persons with impairments have campaigned and lobbied around a range of issues including access, housing, public transportation, and employment, as well as campaigning for the closure of segregated school and demanding inclusive education. They have advocated for full inclusion in society and equal rights and sought to improve their quality of life. Further, these efforts have continued into the twenty-first century (Cameron, 2014b, 2016; Campbell & Oliver, 1996; Fleischer & Zames, 2001).

Another specific avenue for promoting change has been the articulation and promotion of new perspectives on impairment and disability. A central idea has been that disability does not reflect a personal deficit or flaw but an unequal relationship between those with and without particular impairments (Withers, 2012). That is, society has disabled people with impairments through how it is organized and structured (Oliver, 2009). A second important idea underlying this movement has been that individuals with impairments have equal worth and value compared to others in society. That is, impairment has been framed as a non-negative attribute of a person’s body, or a bodily difference that should be expected, accepted, and valued in a diverse society (Cameron, 2014a, 2016; Swain & Cameron, 1999; Swain & French, 2000). Again, these ideas are seen to have many implications for how individuals construct their disability identities.

One of the implications of persons with impairments running and controlling their own organizations has been their ability to articulate and promote their own views. Such efforts have been an important vehicle for promoting feelings of autonomy and self-determination. Similarly, engaging in direct actions and efforts to promote change have provided opportunities to experience feelings of autonomy, self-determination (BCOPD, 1997), agency, empowerment, and a sense of collective strength. Thus, participating in the DPM has reinforced positive self-perceptions of being an active, capable, and productive person, and has shaped the personal meanings a person attaches to their disability identity (Oliver & Barnes, 1998). Additionally, involvement in the DPM or disability organizations has allowed individuals to discover role models who also have an impairment and have experienced disability, discover disability history, and become part of disability communities. Thus, connection with the DPM has provided opportunities for individuals to develop their disability identity (Garland-Thomson & Bailey, 2010, Rothman, 2018).

Second, beginning in the 1970's in North America and Britain, a group consciousness and a group identity amongst persons with various impairments began to be develop, which was based on collective political struggles for inclusion, equal rights, and dignity. Thus, identifying with the social category of disabled person signified a valued and positive group identity in the face of oppression and discrimination (Oliver & Barnes, 1998). Furthermore, if individuals came to see disability as problem within society, they may have realized they are not at fault for their difficulties and may have strived to change society instead of themselves. As such, they may have felt better about themselves and may have no longer blamed themselves for their devalued position (Shakespeare, 2017).

Third, exposure to new perspectives of impairment and disability have enabled people to see themselves as ordinary human beings, and led them to construct a disability identity based on self-respect, self-acceptance, and valuing of their bodily difference and non-normative way of being in the world (Cameron, n.d-b; Corbett, 1994; Swain & French, 2008). Thus in contrast to a disability identity associated with a range of negative personal attributes and shame, bodily difference has been recognized as an acceptable part of the person that is integrated into the individual's disability identity (Gibson, 2009; Gill, 1997; Livneh, 1991). In the affirmative model of disability, Cameron (2016) has articulated that, "impairment is defined as an important part people’s identities, to be owned as part of who they are, not as something to be hidden and regarded as a source of shame.” This is an outcome that scholars have suggested reflects a more psychologically healthy disability identity and can lead to increased life satisfaction (Gibson, 2009; Gill, 1997). More specifically, researchers have suggested that when an individual constructs a disability identity connected to a positive sense of self and a sense of solidarity to other members of disability communities, this can inform their behaviour and values when their disability is salient, and also can contribute to their psychological well-being (Adler, et al, 2019). Furthermore, an individual’s bodily difference may have come to reflect one of many personal attributes or characteristics (Murugami, 2009). Consequently, their disability identity has come to reflect one of their many identities and may thus hold different levels of significance and importance for different individuals (Gill, 1997).

Additionally, exposure to this movement and the ideas within it have enabled individuals to see their bodily differences and distinctive lived experience as sources of pride (Triano, 2006). That is, they may now view themselves as a valuable member of society with unique and important perspectives precisely because of their bodily differences and daily experiences (Longmore, 2003). In this case an individual's disability identity has become associated with not only positive self-perceptions but pride as well. Individuals may have also reframed impairment and disability as something that provides opportunities for growth and development unavailable to those do not have an impairment or have not experienced disability (Swain & French, 2000), come to recognize and emphasize valued social qualities specific to the disability community, or even framed efforts to cope with oppression as reflecting personal and collective resiliency (Dirth & Branscombe, 2018). Further, persons with impairments may have developed empowering disability identities when they experienced a sense of mastery over their impairments, and recognized the potential for growth that can occur when they integrate disability into their self-image, along with recognizing the traits and values they hold, which enabled them to achieve meaning in their lives in the context of impairment (Rothman, 2018). As such, holding these positive self-perceptions and feelings about one's body and life may have helped individuals to dismantle oppressive and negative self-perceptions (Galinsky, Hugenberg, Groom & Bodenhausen, 2008). In sum, scholars have articulated the implications of the DPM and the ideas underlying this movement for disability identities, as it has provided a basis for constructing a disability identity associated with non-negative or explicitly positive self-perceptions.

Overall, two important contextual factors, historically dominant cultural meanings of impairment and disability, as well the Disabled People's Movement, have had significant implications for how individuals understand their disability identity. However, scholars have discussed additional factors which have influenced how each individual constructs their disability identity. These variables have included both the specific type of impairment such as physical, learning, or mental, and age of onset, along with whether the impairment is congenital or acquired (Garland-Thompson & Bailey, 2010; Smart, 2001), as a person can be born with an impairment or acquire their impairment at some point during their lives.

**Congenital and Acquired Impairment.** Scholars have suggested that when individuals acquire a physical impairment, they are likely to go through a process of adaptation or gradual change, which has been referred to as psychosocial adaptation to chronic illness and disability. This has been defined as a dynamic process involving the impairment becoming an integrated part of the person's life, identity and body image, with individuals reaching various levels of adjustment to their changed life situation (Marini, 2018; Smedema, Bakken-Gillen, & Dalton, 2009). Within this framework, individuals have been theorized to display a wide range of reactions to acquiring an impairment, which have been typically divided into early, intermediate, as well as late reactions. Early reactions have been defined as those immediately following the onset of impairment, such as shock, anxiety or denial. Intermediate reactions have typically involved emotional and cognitive reactions such as grief, depression, aggressiveness or anger, as individuals began to realize the consequences of acquiring their impairment.

Finally, late or long-term reactions have been defined as reactions that are removed in time and more distant from the onset of impairment. Scholars have suggested that reconstructing and renegotiating identities typically occurs during this latter part of the adaptation process, as individuals may need time to fully comprehend their altered situations, possible permanence of the impairment, and the future or long-term implications of their impairment. Additionally, researchers have suggested that outcomes of this negotiation process reflect various degrees of acknowledgement and acceptance of the impairment, mastery of new behaviours, adaptation to changes in social roles, and integration of impairment into reconstructed or new self-perceptions (Alder et al., 2019; Livneh, 1991, 2001; Marini, 2018; Smedema, Bakken-Gillen, & Dalton, 2009). However, researchers have also suggested there is likely variability and individual differences within this process, as individuals may have experienced these reactions in qualitatively difference ways, or not in exactly the same sequence, for example re-experiencing early or intermediate reactions many years after the onset of impairment and going through all three aspects of the process (Livneh, 1991, 2001; Smedema, Bakken-Gillen, & Dalton, 2009). Finally, consistent with the previous discussion about the importance of context in shaping identities, a variety of contextual and environmental factors (e.g. nature of impairment, individual or personality characteristics, physical, social and attitudinal aspects of the environment) have been shown to influence the adaptation process (Livneh, 2001). Thus, the adaptation process has been understood as complex and multifaceted, with renegotiating identities being a central part of this process.

As such, when individuals with acquired impairments have navigated this complex process of adaptation, they have likely faced specific identity related challenges (Smart, 2001), linked to the task of identity integration (Adler, et al., 2019). Scholars have suggested that acquiring an impairment “serves as an interruption in the temporal coherence of one’s life story” (Adler, et al., 2019). As such, scholars have viewed one prominent challenge as the renegotiation of a previously established identity as an able bodied or non-disabled person (Smart, 2001), as individuals decide how to relate to their different body and changed life circumstances. Further, when the individual has acquired an impairment they become members, or may be perceived to be a members, of the social category of person with an impairment or disabled person (which they may move out of at a later point in time) (Garland-Thomson & Bailey, 2010). Perhaps individuals have developed negative perceptions and associations with the label of disabled person which are consistent with dominant societal ideas discussed earlier (Shakespeare, 1996). As such, individuals may have developed a pre-existing identity they need to renegotiate, and based on preconceived ideas they hold, may have found it challenging to construct a non-negative disability identity. A related challenge for individuals forming their disability identity may have been forfeiting the advantages and privileges associated with the social category of able-bodied or non-disabled. Thus, scholars have suggested that an individual's identity as an able-bodied person, the meanings associated with this identity, and an individual's sense of personal continuity are likely to be disrupted or challenged when they acquire an impairment. Further, individuals have likely used various strategies when deciding if and how to integrate their impairment into their self-concept, with the experience of disability providing challenges but also opportunities for growth and expansion in an individuals sense of self (Adler et al., 2019; Luborsky, 1994).

While less has been written regarding adaptation to a congenital impairment, Garland-Thomson (2014, p. 4) has written that congenital impairment serves "as an interruption in the continuity of sameness upon which familial solidarity is founded." Thus, for individuals with congenital impairments, the issue of identity integration has also been viewed as quite salient (Adler et al., 2019). However, for those with a congenital impairment as opposed to acquired impairment, one difference may be the extent to which they have incorporated their impairment into their self-concept, and the nature and strength of their disability identity. In fact, it has been suggested that the point in one's life when an impairment was acquired is an important determinant of how someone views their impairment. Darling found that "the primary determinant of positive disability identity is whether or not someone is born with a disability" (Darling, 2013, p. 137) in her analysis of survey data collected from 388 persons with a range of impairments.

Additionally, as the literature about the self-views of young people with impairments has suggested, those with congenital impairments have tended to view impairment / disability as a something natural. Further, for those who are born with an impairment, they have been more likely to identify with the disability community, less likely to have internalized social stigma, learnt at an early age to feel comfortable with their impairment, and thus, may not have experienced the same sense of loss as those who acquire their impairment at an older age. Moreover, people who acquire their impairments later in life have appeared to view their impairments less positively than those born with them (Darling, 2013). This is consistent with theories of adaption which have focused mostly on the experiences of those with acquired impairments and have often contained assumptions regarding the experiences of those with congenital impairments. For example, it has been assumed that those with congenital impairments do not experience a loss of function and therefore have had less difficulty adapting (Bogart, 2014). Some researchers have found that children with impairments see themselves in a positive way, have positive self-concepts, and have similar levels of self-esteem to their non-disabled peers (Darling 2013; Marini, 2018), and that children and adolescents who acquired their impairment later in life have demonstrated lower levels of psychological well-being (Darling, 2013).

Further, some studies have directly compared adaptation between those with congenital and acquired impairment. For example, Bogart (2014) examined levels of satisfaction with life, disability identity, and disability self-efficacy in a sample of 226 participants with mobility impairments, finding that congenital onset predicted higher satisfaction with life, disability self-esteem, and disability identity. Time of onset was significantly related to satisfaction with life and partially mediated by disability self-concept, as those with congenital impairments were more likely to self-identify as disabled and had more positive affirmations about being identified as disabled. In addition, Darling and Heckert (2010) found that individuals with lifelong impairments were more likely to have an identity of disability pride whereas those who acquired their impairment later in life had more negative views of their impairment. However, other researcher has revealed mixed findings and negative outcomes (such as adjustment problems) with respect to adaptation to congenital impairments. Further, individuals with congenital impairments may have faced adaptation challenges in certain areas of their lives during their childhood and teenage years as they strove to master their surroundings and experienced changing bodies. For example, during their childhood years, they may have experienced isolation and encountered overprotective family members. During their adolescent years, they may have faced difficulties navigating changes due to puberty and body image concerns, with peer ridicule and rejection perhaps negatively impacting their self-esteem and how they felt about their different bodies (Marini, 2018).

Overall, many disability identities have been articulated. As those with congenital impairments have grown up and navigated the world, they have been faced with constructing this identity and similarly when individuals have acquired an impairment, they have been faced with the prospect of constructing or navigating a new disability identity. Furthermore, contextual factors have been particularly important to consider, with two in particular being outlined in this section. Within the literature pertaining to disability and identity, I have been able to identify several strengths and limitations.

### ***Strengths and Limitations of Disability Identity Literature***

One of the strengths has included the presence of multiple perspectives within the literature, representing not only voices of those without impairments, but also scholars and individuals who themselves have impairments. Thus, the literature to a certain extent has represented the lived experiences of many people with impairments, for example in relation to their daily experiences and interactions with other members in society. Second, within the literature, multiple disability identity options have been articulated, and there has been recognition that individuals are not passive recipients who receive messages about various identity options. More specifically, these messages have reflected information about larger social and cultural meanings attached to the identity category of person with an impairment. A third strength has been a recognition that individuals live and function within particular contexts, and there has been a clear articulation of the influence of contextual variables, such dominant social ideas and movements, on the type of disability identity individuals construct.

However, some limitations have also existed within this body of literature. One has been the inconsistent use of terms across the literature, including disabled people, people with disabilities, and people with impairments. Additionally, the terms impairment and disability have not always been clearly defined or articulated by the respective authors. Furthermore, within the disability identity literature there has been at times a dichotomous view of disability identities associated with shame on one hand, versus self-acceptance, self-respect or even pride on the other (Darling, 2013; Gibson, 2009; Gill 1997). As well, within the literature about adaptation to chronic illness and impairment, scholars have positioned individuals are either adjusted or maladjusted, with adjustment again being associated with self-acceptance and integration of impairment into one’s identities. In contrast, being maladjusted has been associated with poor coping, denial of impairment, and denial of the impairment’s influence on their life. Additionally, there has been less of a focus in the literature specifically regarding adaptation to congenital impairment, with models of adaptation often not considering the experiences of those with congenital impairments. Now that the nature of disability identities, relevant contextual factors, and implications of these factors for an individual' disability identity have been explored, the identity of artist will be discussed.

### *Artist Identities*

The identity of artist has been conceptualized as a particular occupational identity, as it can be connected to both paid employment and unpaid activities (Bain, 2005). While various definitions of the term artist have been proposed, an inclusive definition was chosen for this study. As articulated by the UNESCO's International Art Association, an artist was defined as "a person who creates or gives expression to or re-creates works of art; who considers his/her artistic creations to be an essential part of his/her life; who contributes to the development of art culture; or who asks to be recognized an as artist, whether he/she is bound by any relations of employment or association” (Burgoyne, 1990, p. 29). As such, within this broad definition a distinction was not be made between amateur or professional artist; as being an artist was not restricted to possessing formal education in the arts or exhibiting regularly. Additionally, given the inaccessibility of many arts training and professionalization institutions, it was important in this study not to make the distinction between these two categories of artist. Thus, an individual's artist identity reflected their self-perceptions related to their creative or artistic skills, abilities, and activities; as well as personal meanings associated with the social category of artist. Furthermore, as each individual has actively constructed their artist identity and associated different meanings with this identity, again it was more realistic to speak of artist identities (Bain, 2005). As with disability identities, artist identities were also shaped by contextual factors.

**Contextual Factors.** As previously mentioned, individuals constructed their artist identity through interactions with other people and the larger social context (Jones & Abes, 2013; Swain & French, 2008). Thus, artist identities could be shaped by the assumptions and attitudes of others as well as the cultural myths and stereotypes attached to the identity category of artist. While individuals may have emphasized this identity in their interactions, this identity may or may not have been recognized and validated by other people and the broader arts community, for example through securing exhibits and commissions. As well, through interactions with other artists and within arts communities, an individual's identity as an artist could be fostered and developed (Bain, 2005).

Additionally, various cultural stereotypes have existed in relation to the social category of artist, which may have informed how an individual saw themselves. These included the artist as a person who: was often guided solely by feeling and imagination; willingly sacrificed money and material comfort to have the freedom to create art; was alienated from mainstream social life; was an outsider who rebelled against social norms; or who possessed particular personality traits, such as being emotionally liable or having a strong non-conforming nature. While individuals constructed their artist identity to reflect various meanings or traits, they may also have faced challenges in maintaining this identity, particularly if individuals had to acquire employment which could take energy away from art-making (Bain, 2005). As the literature pertaining to disability identities and artist identities has been reviewed, the next section will address the varied, and nuanced intersections between these two identities.

### *Disability and Artist Identities*

Disability identities and artist identities intersect with one another in various and nuanced ways. In order to explore these various intersections, this section will explore a particular movement, the Disability Arts Movement, which encompasses the activities of artists with various impairments. This movement will be described, and specific identity implications will be reviewed. Subsequently, empirical studies will be reviewed which have focused on the experiences of artists with various impairments. Finally, the strengths and limitations of this body of literature will be reviewed.

**Disability Arts Movement (DAM).** The Disability Arts Movement was initially spurred by the politics and change efforts of the Disabled People's Movement. The DAM has represented efforts by people with impairments to gain access to and pursue careers in the arts, as well as to run and control their own artistic organizations and productions. More importantly for this paper, this movement was viewed as involving persons with impairments producing works of art that draw upon their life experiences and reflect who they are both individually and collectively (Barnes & Mercer, 2010; Cameron, 2016; Jacobson & McMurchy, 2010; Sandahl, 2006; Sutherland, 2003). More specifically, these artistic efforts have resulted in the creation of cultural artifacts and images that can combat negative and stereotypical images of persons with impairments in mainstream culture and the arts (Cameron, 2007) and have offered a critical response to experiences of exclusion and marginalization (Barnes & Mercer, 2010), as well as to disabling processes within society (Cameron, 2007).

Disability arts has been defined as art forms, works, or productions that are created by persons with impairments, and that have been informed by, reflect, illuminate, or explore impairment and experiences of disability (Barnes & Mercer, 2010; Mansfield, 2006; Sandahl, 2006; Sutherland, 2005; Vasey, 2004), as well these being informed by all other aspects of disability including race, gender, class and sexuality (Sandahl, 2018). These artistic works may have been created for an aesthetic or more political purpose of promoting social change (Barnes & Mercer, 2001; Sutherland, 2005), with the purpose of being shared with and informing a disabled audience, as well as the broader society (Sandahl, 2006; Mansfield, 2006). Disability arts have also reflected the “development of an alternative aesthetics based on the particularities of bodies and minds of people with disabilities” (Sandahl, 2006), as bodily difference have led artists to experiment and innovate in their creative activities (Sandahl, 2006). That is, an artworks content may have explicitly conveyed some aspects of disability or their form may have been influenced by impairment implicitly, for example, brushstrokes of paint created with a paintbrush held in the mouth (Sandahl, 2018). As the movement has grown and changed over the years, the definition of disability arts has expanded to include works by artists that may or may not reflect the experience of disability (Sandahl, 2006; Sutherland, 2003). This movement has been significant in many ways for people with impairments, with exposure to, and involvement in the DAM shaping an individual's disability identity and artist identity in many noteworthy ways.

***Implications for Identities*.** Disability arts has provided a platform for individuals to express themselves in creative ways and to affirm their existence. Through their artwork individuals have communicated their feelings, views, self-perceptions, and personal experiences regarding impairment and disability, as well as other experiences (Swain, French & Cameron, 2003). As such, exposure to or creation of disability art has helped individuals to understand who they are (Sutherland, 1989; Wade, 1994), and provided an avenue for individuals to explore and confirm various identities, both their disability identity (Barnes & Mercer, 2001; Barnes, 2003; French, Swain & Cameron, 2003; Morrison & Finkelstein, 1992) and their artist identity. More specifically, individuals may have constructed a disability identity characterized by self-acceptance of impairment. Additionally, individuals may have experienced a shift in the meanings attached to their disability identity, specifically from negative to neutral or positive meanings. Thus, individuals may have produced artworks that not only explored a variety of identities, but that specifically demonstrated self-acceptance of bodily diversity or perhaps been infused with disability pride (Abbas, et al., 2004).

As an example, a study by Taylor (2005) examined the experiences of students 16 years and older with physical and sensory impairments who were completing post secondary education in the arts, ranging from a college to master’s degree. In this article the author focused on four students and their artwork. For one student with a physical impairment, he was able to use his art to help him become more comfortable and confident with who he was, demonstrating through his artworks an acceptance of his bodily difference and an incorporation of this aspect into his disability identity. This transition was demonstrated by the creation of self-portraits only depicting his face, to the gradual incorporation of his wheelchair into full length self-portraits over the course of a year. In addition, the creation of a nude self-portrait, which depicted his entire body, reflected his self-acceptance of his body and his self-confidence. As another example, after embracing her impairment and incorporating it into her identity, and being exposed to other disability artists, Eliza Chandler's artistic practise expanded. She described creating art with a focus on different bodies, including her own spastic body, while previously she focused on normal, perfect, and beautiful bodies in her practise (Chandler et al, 2018).

Similarly, creating and sharing disability art has helped individuals to construct a positive identity as an artist who has an important and distinct point of view. Additionally, sharing disability art has provided opportunities for one's identity as an artist to be validated and affirmed by others. Thus, individuals have come to see themselves or be seen by others as creative individuals who can contribute to the arts (Abbas et al., 2004). Thus, scholars have articulated the multiple implications of the Disability Arts Movement for an individual's multiple identities, as engagement in the disability arts could serve as a turning point that facilitates changes in how an individual may view themselves (Cameron, 2011; Sutherland, 1989).

Beyond functioning as a vehicle for individual personal expression and identity construction, disability arts has provided a basis for individuals to collectively identify as disabled people (Oliver & Barnes, 1998) as it has represented the collective expression by artists with impairments of their life experiences, including both positive and negative experiences of disability, exclusion, and struggle (Barnes, 2003; Barnes & Mercer, 2001). As such, disability arts has provided a more accurate and realistic collective statement of who disabled people are in a way that is much more nuanced and diverse than the external definitions of disabled people reflected in mainstream cultural imagery (Wade, 1994). Furthermore, the images and works produced have provided the basis for developing and affirming a more positive group identity that goes beyond negative stereotypes (Swain, French & Cameron, 2003).

As such, the disability arts has provided an avenue for persons with impairments to challenge and resist problematic cultural imagery and portrayals of themselves as tragic, pitiful, passive, dependent and incapable, weak or deficient (Chandler et al., 2018; Jacobson & McMurchy, 2010; Sandahl, 2006; Swain & French, 2000). In contrast, the artistic products of people with impairments have contained very different imagery which have provided a very different basis upon which to develop a disability identity (Abbas et al., 2004; Oliver & Barnes, 1998; Swain, French & Cameron, 2003), thus helping individuals with impairments to resist negative cultural imagery and “take back their dignity” (Sutherland 2008, p 86). These artists and their products have demonstrated and depicted people who are active, creative, capable, strong, and reflexive (Chandler et al., 2018; Morrison & Finkelstein, 1992; Sutherland, 1989; Swain & French, 2000). As such, disability art has served as a vehicle to help people with impairments as a group resist problematic ascribed identities, challenge negative stereotypes, and forge new personal and social identities based on pride and a celebration of difference (Cameron, 2016; Sandahl, 2006).

Moreover, the actions of both individual artists and disability arts organizations have challenged broader societal structures and practices that create disability and result in experiences of discrimination (Barnes 2003; Barnes & Mercer, 2001, 2010; Cameron, 2016), injustice, and oppression (Swain French & Cameron, 2003; Vasey 2004). As an example, artists have chosen to emphasize particular identities or created particular narratives within their work to influence and affect audience members (Abbes et al., 2004). Furthermore, creating art that is explicitly political which references social, physical, and attitudinal barriers, and subsequently sharing this art with others, has helped to foster a shared understanding amongst people with impairments of their position within society, and inspired efforts to fight against these conditions (Barnes & Mercer, 2010; Cameron, 2016; Sutherland, 2008).

In addition to disability arts serving as a vehicle for promoting societal change, involvement in disability arts has promoted social connections between people with impairments Vasey, 1990, 2004). Additionally, the disability arts have provided the groundwork for the development of disability culture which expresses values found within disability communities, such as self-determination and interdependence (Sandahl, 2006, 2018). These connections have fostered a sense of belonging to a larger social group or community of disabled people which has been theorized to shape an individual's disability identity (Sandahl, 2006; Vasey, 1990, 2004). As Garland-Thomson & Bailey (2012) suggested, exposure to communities of disabled people and role models within these communities, as well as exposure to the history of persons with impairments, have been important for the construction of a disability identity. More specifically, exposure to the Disability Arts Movement has provided individuals with opportunities to connect with other artists, meet artists who can serve as role models, and learn about the history of disability arts, all of which has been shown to facilitate the development of an individual's artist identity. For example, Walker (2005) documented disability art and artists within the Bay Area of San Francisco, describing many events and cabaret shows that brought people with impairments and artists together, and created important bonds between the individuals involved in these events. Moreover, she wrote about how she became involved in the DAM in the Bay Area, connecting with other people with impairments and artists through her advocacy work, organizing and participating in disability arts events, collaborating with others on various artistic projects, and creating her own videos. As a result, she found role models and inspiration within this community, which helped her to develop both a disability identity characterized by self-acceptance and self-respect but also allowed her to claim an identity as a creative person and artist (Walker, 2005).

Connected with a positive disability identity and artist identity, scholars have suggested that creating art can lead individuals to develop new skills or expand existing skills and abilities. Consequently, they may experience increased self-esteem, self-confidence (Arts Council England, 2003; Swain, French, & Cameron, 2003; Vasey, 1990), and feelings of empowerment (Barnes & Mercer, 2001), all of which has been theorized to challenge negative self-perceptions (Swain, French & Cameron, 2003). Finally, disability arts organizations have provided artists with opportunities to learn from one another and build artistic communities, develop their talents, and provided work for more experienced artists, with many of these opportunities contributing to an individual's increased self-esteem, self-confidence, and positive self-perceptions (Swain, French & Cameron, 2003; Vasey, 1990).

Research projects, such as Project Re·Vision, have shown how arts-informed research can generate new representations and meanings of disability and difference, provide an avenue for exploring different facets of the self through art, and inform the lives of artists with impairments and healthcare providers. The researchers carried out 15 digital storytelling workshops. These workshops provided people with impairments opportunities to create short videos in which they shared their lived experience with disability and difference and created counter narratives to dominant representations of disability and people with impairments. During workshops with healthcare providers specifically, facilitators educated participants about the multiple dimensions of disability, which helped participants to move beyond the medical model and come to a new understanding of disability (Rice et al., 2015). Further, Chandler and her colleagues (2018) described how Project Re·Vision provided disability-identified artists with opportunities to lead storytelling and theatre workshops. Some of the artists who led these storytelling workshops and created videos gained valuable creative, technical, and facilitation skills; exposure to additional artistic and curation opportunities; they also found that these creative experiences helped to propel their own artistic practises forward. Further, connections made during workshops led to ongoing artistic collaborations and relationships, for example between facilitators and disability arts organizations, thus furthering artistic activity, artists professional development, and identities.

Much of the literature about disability arts has been written by disability scholars and artists associated with the DAM. While this literature has provided important insights on the role of art-making in shaping identities, a small body of empirical studies have also focused on adults with impairments who are engaged in artistic activities in their daily lives. For example, some researchers have examined the role of theatre for the identities of individuals with intellectual disabilities. For example, Dickinson, & Hutchinson (2019) interviewed 14 individuals, aged 18 to 53 years, who were members of a local theatre company. Involvement in the theatre company affected members in multiple positive ways and promoted new understandings of their intellectual disability. As members engaged in creative activity and interacted with other theatre members who also had intellectual disabilities, they experienced shifts in their relationships with themselves, more specifically, learning to accept themselves. Participants well-being also improved as a result of their involvement with the theatre company. They reported experiencing increased self-confidence, developing an understanding of their strengths, and experiencing a sense of purpose in their lives. Additionally, through their performances they were able to challenge existing negative stereotypes regarding individuals with intellectual disabilities.

Other researchers have examined the experiences of visual artists, addressing the intersections between their disability identity and artist identity. For example, in a study by Sulewski (2012) participants were 47 young visual artists with various impairments (physical, learning, sensory, mental illness and chronic health conditions). The sample included 24 women and 23 men, with an average age of 21. These individuals were finalists between 2002 and 2005 in an art competition arranged by an organization that aims to include people with impairments in the arts. Applications materials, including personal statements and artwork, were analyzed by the author. For many of these individuals, creative activity was an important activity that served several purposes. In particular, this activity provided the basis for their identity as an artist, which was seen as central for many of these individuals. Additionally, being an artist was an important identity for people, and creating art was a way to help them process and understand the place of impairment in their disability identity. As such, some participants recognized their impairment as part of who they are and their daily life experiences and incorporated these experiences into the artworks in their application packages, portraying their impairment in both literal and symbolic ways. Furthermore, some individuals claimed a positive disability identity and took pride in this identity. However, other individuals were still in the process of negotiating their disability identity and deciding what their impairment meant to them personally (Sulewski, 2012).

These artist and disability identities were also found to intersect with one another in different ways. For a couple of artists, creating artwork provided opportunities for developing and claiming a disability identity through providing a way to reflect on their identity development journey or through promoting dialogue about their impairment. Three artists emphasized the primacy of their artist identity over their disability identity, identifying as artists first. In addition, nine individuals viewed their impairment as being a factor in choosing to become an artist or as being an asset to their artwork in some way. Furthermore, art provided a way to cope with negative experiences associated with their impairments or social stigma related to their bodily differences. For example, at times individuals felt devalued in comparison to their peers due to their impairment. However, through creating art they could be seen as equal or better than others based on their artistic abilities. Moreover, creating art allowed individuals to develop self-confidence and a sense of accomplishment and expertise, contributing to positive self-perceptions. In addition, creating and sharing works were a way to communicate with others about experiences, and articulate various identities. As such, individuals could emphasize their artist identity when showing art projects to others. Thus, they could be seen as a multifaceted person who was more than their impairment which served to counter assumptions of incapacity due to impairment (Sulewski, 2012). Thus, this study was consistent with the disability arts literature, in that art-making informed these young peoples' identities in many ways.

While disability art has provided a platform for individuals to develop their artist identity and disability identity, individuals have encountered challenges in managing these identities within and outside disability art communities. Moreover, individuals have negotiated these challenges in different ways. For example, Bang & Kyung (2015), interviewed twelve Korean artists with impairments, aged 21 to 59, who had physical, visual, and hearing impairments, along with two persons who had restricted growth. They described various challenges when pursuing a career in the arts and forming their artist identities. These obstacles included a lack of art education for those with disabilities, lack of financial support, lack of appropriate spaces and accommodations, and societal prejudices which led to people not considering them to be professional artists and their art being undervalued. Oppressive views of people with impairments could also be internalized, which led artists at times to feel demoralized and chose not to pursue artistic opportunities. Thus, at times participants chose to prioritize their artist identity and not reveal their impairment. The reasons for prioritizing their artist identity included not wanting to have their artworks seen as “something disabled”, only valued because they have an impairment, or viewed as sign that they had been able to overcome challenges and adversity. Despite these challenges, artists were very motivated to pursue careers as artists, devoting much of their time and energy to their work and coming up with creative solution to manage challenges tied to their impairments. Creating art provided purpose, as it was the main reason for living, was very rewarding and made them happy. Additionally, their work had distinctive qualities because of experiences resulting from their impairments, even if they chose not to foreground their disability identity.

As another example, in a study by Solvang (2012), 30 artists affiliated with the Disability Arts Movement in the United States and the United Kingdom, were interviewed and artists discussed how they managed their dual identities. For some individuals, they accepted the fact that the saliency of these two identities changed across contexts, such as within disability communities or the mainstream art scene. For example, these individuals’ work was perceived as disability art by some people but at other times they were viewed as just an artist. For other artists in the study, they chose to lessen the relevance of their impairment or their disability identity. For example, some did not deny their impairment but chose to produce art that was not related to their impairment, or they chose not to categorize their work as disability art. In addition, younger artists reported experiencing ambivalence at times, claiming that while disability added a dimension to their artistic endeavors, their disability identity was not important to their role as artists.

In addition to these studies, discussions have been occurring within the disability community regarding the implications of how artists with impairments may choose to identify. That is, people with impairments have chosen to identity simply as an artist, or as an artist with impairment, or even as a disabled artist. Each label has had different meanings or implications when utilized by people with impairments across different contexts. For example, some artists have felt that the term ‘disabled artist’ places too much emphasis on the individual and their bodily difference, taking the focus away from the meaning of the artwork itself. As such, the work may have been appreciated because it was produced by a person with an impairment, instead of because it was produced by an artist. Moreover, the label ‘disabled’ may have conjured negative stereotypes and attention may have been given to the artist only because of society’s fascination with people deemed abnormal (Cameron, 2012). Thus, how people with impairments negotiate these two identities has been theorized to be a complex and multifaceted process. Overall, I have identified several strengths and limitations in the literature reviewed pertaining to disability and artist identities.

**Strengths and Limitations of Disability and Artist Identity Literature.** A strength of the literature has been its diversity in terms of the types of materials, and the presence of different forms of information. For example, academic journal articles and book chapters, proceedings from conferences and disability arts events, personal accounts, information on disability arts organizations websites, and qualitative studies were all drawn upon to inform to current literature review. Further, two qualitative studies involved discussions with individuals or a review of written materials, as well as an analysis of individuals' artworks (Taylor, 2005;

Sulewski, 2012), which allowed the researchers to develop a better understanding of how individuals used art to explore who they are. As with the literature pertaining to disability and artist identities, much of the information about the DAM was written by disability arts scholars and those connected with the DAM, again allowing perspectives from within this diverse group to be represented. Additionally, upon examining the literature there has been consensus between people about the benefits and functions of art-making for informing how identities are constructed.  That is, there has been a clear indication that art can be used as a tool for negotiating identities (Abbas et al., 2004), suggesting that individuals have used visual means to make sense of who they are and their life experiences, and communicate with others about themselves.

However, I have identified several limitations in this literature. First, generally the literature about the DAM and its identity implications has positioned people with impairments as a large group and has not always differentiated between individuals with different types of impairments. Thus, it has not been clearly shown how engagement with disability arts may have different implications for individuals of different ages or with different types of impairment. As before, authors have not always clearly articulated the meanings of terms they use, such as the term ‘disabled.’ Furthermore, this literature has not explicitly attended to any negative outcomes, drawbacks, or challenges of creating art about impairment or disability, or involvement in the DAM, although there has been discussion about the tensions between the two identities of person with an impairment and artist (Cameron, 2012; Solvang, 2012).

Second, there have been few studies examining how adults with impairments navigate their multiple identities through art making, even if one considers personal accounts. Only five studies were found. While the study by Solvang (2012) briefly discussed how various artists negotiate multiple identities, only the study by Sulewski (2012) directly examined intersections among disability identity and artist identity in visual artists. However, four of three studies had methodological problems, such as lack of demographic information provided about participants. Solvang (2012) did not provide any demographic information about the ages of the individuals he interviewed beyond that they are adults, or information about their impairment type. Taylor (2005) informed us that individuals in her study were over the age of 16, but again did not provide specific ages, and while she indicated that individuals had sensory and physical impairments, it was unclear if these were acquired or congenital. Similarly, Bang & Kyung (2015) did not provide specific information regarding the number of Korean artists with congenital or acquired impairments. Finally, Sulewski (2012) only provided an average age for those in her study, and while she indicated that various impairment types of individuals in her study, she again did not indicate if their impairments were acquired or congenital. Overall, some studies seemed to concentrate on young adults, as two out of the studies focused on this group (Sulewski, 2012; Taylor, 2005) while the study by Solvang (2012) seemed to include both older and younger artists. As well, samples have been mixed, in terms of types of artists (Solvang, 2012; Bang & Kyung, 2015), and in terms of type of impairments (Taylor, 2005; Sulewski, 2012). As such, any potential differences between those with acquired or congenital impairments or between artists with different impairment types, with the exception of Deaf people, have received little attention in the literature. Furthermore, I was only able to find one study focusing on specific types of artists, more specifically, on artists with congenital or acquired physical impairments. Finally, some of the literature or studies did not attend to intersectionality, only focusing on disability identity or artist identity in relation to art-making, although some studies examined both (Bang & Kyung, 2015; Chandler et al., 2018; Sulewski, 2012), however one study was situated outside a North American context, focusing on artists in Korea (Bang & Kyung, 2015).

## Rationale and Research Questions

As constructing and renegotiating identities has been viewed a central life task (Erickson, 1994), exploring how individuals manage this important task was vital. More specifically, as individuals with congenital and acquired impairments have faced the task of identity construction and those with acquired impairments have been likely to encounter identity related challenges when they experience bodily changes (Smart, 2001), exploring specifically how both groups negotiate and manage their identities was warranted. Further, individuals have approached the task of renegotiating existing identities or creating new identities in different ways (Jones & Abes, 2013). Literature reviewed previously has clearly demonstrated that creating and sharing art is one avenue for individuals to negotiate their identities. In particular, it has been suggested that creating art can help people with a stigmatized difference develop less negative and more explicitly positive disability identities (Barnes, 2003; Swain, French & Cameron, 2003). Additionally, it has been suggested that engaging in art-making provides an avenue for developing and affirming an artist identity, which has typically been a valued and positive identity for many individuals, including those with impairments (Sulewski, 2012). Given that art-making has helped individuals to develop both a more positive disability identity and artist identity, a further examination of the links between creating art and negotiating identities was vital. As such exploring the experiences of artists with who create art in their daily lives facilitated an investigation of these links for those with congenital and acquired impairments. Furthermore, very few empirical to date have focused exclusively on the experiences of artists with physical impairments. As such, research exploring the role of art-making in managing identities for those with congenital and acquired physical impairment was strongly needed.

Moreover, as individuals possess multiple and intersection identities (Deaux, 1993), and as art-making has been implicated in negotiating two of these identities, the process of art-making may also influence other identities. Thus, attending to multiple and intersecting identities, including and beyond that of artist and person with an impairment, was necessary. As such, this study examined the intersections between multiple identities that are salient for participants, which may or may not include disability or artist identities.

Thus, my dissertation investigated how artists with congenital or acquired physical impairment used art-making to negotiate their multiple and intersecting identities across time. Further, my study sought to understand the context in which this process occurred and how contextual factors influenced this negotiation process. The central questions which I addressed included:

1. Which identities did artists with congenital and / or acquired physical impairment identify as salient identities?
2. What were the contextual factors which have influenced the development of these salient identities?
3. What was the role of art-making for artists with physical impairment(s) in negotiating these multiple and intersecting identities?

# Chapter Two: Methodology

In this chapter, I will provide a detailed description of my dissertation study, more specifically outlining the epistemologies and research method I utilized, along with a providing a description of who I am and my assumptions, the participants and study procedures, and finally describing considerations related to trustworthiness.

## Epistemologies

In this study, I employed two epistemologies which included the social model of disability and the theory of intersectionality.

### *Social Model of Disability*

This model provided a particular understanding of impairment and disability. Impairment was framed as a characteristic of the individual and defined as “a characteristic of the mind, body or senses which is long term and may or may not be the result of disease, genetics or injury” (Oliver, Sapey, & Thomas, 2006, p 16).

Additionally, disability was framed as an unequal relationship between those with and without particular impairments. Specifically, disability was defined as “the disadvantage or restriction of activity caused by political, economic, and cultural norms of a society which takes little or no account of people who have impairments and excludes them from mainstream society” (Oliver, Sapey, & Thomas, 2006, p 16). Thus, disability was not seen to reside within the individual nor was it viewed as a direct result of impairment. In contrast, individuals with impairments have been disabled as a result of how society is organized and structured, which is usually in a way that does not attend to or address the needs and realities of people with impairments. As such, physical structures, social systems, practices, and institutions, as well as cultural and social environments have restricted, limited or facilitated an individual`s ability to fully participate in society (Oliver, 2009; Shakespeare, 2017). For example, employment, housing, or leisure facilities may have not been created for or suited to meet the needs of those with impairment(s). Further, individuals have been disabled when they encounter attitudinal, systematic, cultural or physical barriers that result in experiences of isolation and marginalization (Oliver, Sapey, & Thomas, 2006; Oliver, 2009). Thus, this model emphasized the need to consider the structure of society, social relations, and power relations to understand how individuals experience disability (Oliver, 2009; Shakespeare, 2017), and illustrated how various societal norms can influence how those with impairments are understood and treated by others (Oliver, 2009).

Within this study, I selected the social model for two reasons. First, this model informed the lens through which I understood participants and their experiences. That is, participants with physical impairment(s) were not framed as abnormal, incapable, or deficient, but as people who possess particular neutral bodily characteristics (Oliver, Sapey & Thomas, 2006). Further, these individuals had important stories to share, precisely because of (a) their experience with congenital and acquired physical impairment and disability, and (b) their experience of negotiating salient identities within a potentially oppressive context (Withers, 2012). Thus, this model provided a non-stigmatizing perspective through which I understood participants' experiences.

Secondly, utilizing the social model within this study enabled me to consider contextual and environmental factors and their influence on participants. That is, this model highlighted the need to attend to the nature of the environment in which a person is situated to fully understand their life experiences and identities. For example, the context may have included disabling barriers or factors that facilitated participation in society which in turn shaped an individual's self-perceptions or how they are viewed by others. Furthermore, utilizing this model allowed me to consider the socially constructed nature of identities, as it outlined particular meanings which may be associated with certain social groups or social identities. For example, being a person with an impairment may have represented being a member of a disadvantaged and excluded social group (Oliver, 2009). Thus, when exploring how artists with congenital and/or acquired physical impairment(s) constructed and managed their salient identities, considering how they personally defined impairment and the influence of contextual factors on their experiences was vital. Overall, the social model of disability had several implications for my study.

### ***Intersectionality***

This second epistemology referred to intersections between an individual`s multiple identities, as well as between these identities and the context in which individuals lived (Davis, 2008; Shields, 2008). Consistent with the definition of identities presented in the introduction, identities reflected social categories in which an individual claims membership, such as being a woman, lesbian or person with a certain impairment. Identities also reflected the characteristics and personal meanings people attached to these categories; as membership can come to hold a particular value and emotional significance for the individual (Shields, 2008). Furthermore, these identities were not seen to exist in isolation, but interacted to shape an individual's lived experience in many ways (Nash, 2008). For example, how an individual experienced disability or constructed their identity as a person living with an impairment likely depended upon other identities, for example those related to gender, SES, or sexual orientation (Shields, 2008; Sprague, 2005).

A second tenet of intersectionality was that social categories are embedded within the larger social structure (Nash, 2008), and identity categories also reflected power relations among groups of people who identify with these categories (Sheilds, 2008). Thus, the intersections of various identities may have led individuals to experience certain privileges in social situations, such as access to rewards, status and opportunities. Simultaneously, these intersections may have resulted in experiences of disadvantage, exclusion or oppression (Sims, 2009). These experiences of privilege or oppression connected with membership in certain groups also had implications for how individual's view themselves and experience their daily lives (Sims, 2009). As an example, a male with an acquired impairment may have been disadvantaged because of his divergence from able bodied norms, but relative to other people with impairments enjoyed male privilege. Thus, intersectionality theory emphasized the connection between an individual’s place in the larger social structure, their life experiences, and the identities they construct (Davis, 2008).

This epistemology was particularly appropriate for my dissertation, as the study’s purpose was to examine multiple identities. This theory emphasized the interconnected nature of identities and supported the view that they cannot be understood in isolation (Shields, 2008). As a result, within my dissertation, the identity of artist with an impairment was a starting point for considering a wider range of other identities. Further, I focused on how salient identities intersected with one another in participants’ lives, for example, attending to how being an artist with impairment(s) who also belonged to other identity categories informed their life experiences. In addition, utilizing this epistemology required attending to how contextual factors, such as access to opportunities or negative social experiences tied to group membership, shaped the way artists with impairments constructed and negotiated their various identities. Thus, through using this framework I was able to examine how group membership and resulting experiences of privilege or oppression shaped how participants saw themselves.

Overall, both the social model of disability and theory of intersectionality had important implications for my dissertation study. While the social model highlighted one specific identity, intersectionality considered multiple identities and how they are related. Taken together, both of these epistemologies pointed to (a) the necessity of considering contextual factors when exploring how individuals negotiate salient identities, and (b) the socially constructed nature of many identity categories and their implications for an individual's self-perceptions and experiences. Thus, I chose both the social model of disability and intersectionality as my study sought to understand how artists with congenital and / or acquired physical impairment(s) constructed their various identities through art-making within specific contexts. Further, my study sought to understand how contextual factors shaped the process of negotiating identities as an individual is born with or acquires an impairment. As an example, I considered how living with and developing an impairment influenced access to various communities, relationships and social spaces. In addition, I considered how living with and developing an impairment influenced access to places and institutions within their environment, and the subsequent impact of ongoing physical changes on how an individual understands their identities.

## My Subjective Stance

As I chose to utilize intersectionality as one of my epistemologies, understanding my own various intersecting identities was vitally important. I identified as a thirty-six year old heterosexual, Caucasian female, from a middle class background. I had a close family member who has been living with an acquired physical disability for thirty years. Additionally, four years ago I was diagnosed with a chronic illness myself. As such, I have had personal experience and direct second-hand experience of coping with transitions associated with acquiring and living with a physical impairment.

Additionally, I received formal training in the fine arts and have had positive experiences working with others who create art. I also identified as an artist and found that art-making is an important mode of self-expression. Thus, my own experiences, both with impairment and art-making, motivated me to conduct research about how artists with physical impairment(s) utilize art-making in their lives.

## Assumptions Underlying the Research

Based on both my own personal experiences and acquired knowledge, I developed several assumptions regarding the processes of adaptation, identity negotiation, and art-making. One of my assumptions was that living with or acquiring an impairment can be a potentially challenging or even growth promoting experience, as individuals react to and experience these circumstances very differently. I also assumed that the process of negotiating various identities may not be a linear or orderly process, and again may be a very individual process with regards to how and which identities are affected. Another assumption was that individuals engaged in art-making for a particular purpose, such as for experiencing enjoyment, earning an income, or expressing themselves. Within the current study, I examined how art-making could be used for the particular purpose of negotiating identities. Furthermore, I believed that the creative process and engaging in art-making can be a very fulfilling, enriching, and transformative experience, and thus could be an avenue for negotiating identities. Finally, I held the view that art could be used as a tool for communication, as artistic pieces can convey a message to others about the artist or have a specific meaning for the artist. Thus, when participants created art, they may have been making a statement about who they are through a creative medium.

## Research Method

Narrative inquiry was utilized for in this study, as it as an approach that focused on the stories that individuals and groups construct and tell about their lived experiences (Clandinin & Rosiek, 2007; Riessman, 2008). Individuals constructed personal narratives in order to remember, justify their actions, entertain or engage others, or even to deceive others. Groups used stories to mobilize others with the aim of promoting social change or fostering a sense of belonging between group members (Riessman, 2008). In relation to personal narratives, these served very important roles in individuals' lives. Creating stories enabled individuals to make sense of, derive meaning from, and ascribe order to everyday life events (Murray, 2015). In particular, when individuals experienced changes or disruptions in their daily lives and identities, for example due to their bodies changing or acquiring an impairment, storytelling was used to make sense of their experiences, and to establish continuity (Riessman, 2008). Additionally, through telling stories individuals constructed their various identities, assigning meanings to these identities, and communicating who they are to others (Murray, 2015; Polkinghorne, 1991). Thus, narratives were seen as vehicles for constructing and negotiating identities (Riessman, 2008).

### *Narratives*

While the term narrative holds a range of meanings, narrative was defined as "an organized interpretation of a series of events" (Murray, 2015, p.113). Narratives reflected accounts of a series of events or actions which unfolded over time and typically contained a beginning, middle, and an end (Murray, 2015) Furthermore, a narrative contained a plot which served to connect and unite these distinct events and actions through illustrating both the relationships between, and meanings attached to these events and actions (Polkinghorne, 1995).

Thus, causal links between events could be inferred and characters' motivations and choices could be understood (Murray, 2015) A further characteristic of narratives was the presence of turning points or epiphanies, which could reflect shifts in an expected life course or moments when identities or life expectations needed to be renegotiated (Riessman, 2008). A final aspect of narratives was that they are constructed within particular social and cultural contexts which shaped their production and interpretation (Murray, 2015; Bell, 2013). Constructing stories was seen as a joint endeavour between the speaker and audience, with the audience shaping the story being told. Additionally, personal narratives could be informed by larger group or cultural narratives (Squire, 2013), for example those regarding disability. As such, narrative inquiry attended to both the individual and context in which the narrative unfolds (Clandinin & Rosiek, 2007).

**Visual Narratives.** Narrative inquiry allowed for the incorporation of multiple sources of data. Consequently, researchers had begun to incorporate audio and visual materials into their research, as stories could be told through both verbal accounts, as well as visual images. Through these images, individuals could make statements about their experiences and who they are that could not be conveyed with words alone (Bell, 2013). As such, these visual representations of experience could convey an individual's perspectives and emotions in a qualitatively different way, allowing others to understand their experiences in new ways (Riessman, 2008). Visual images could also reflect the social relations between an individual and others in their worlds (Bell, 2010). Thus, I incorporated visual artworks or images of artworks which helped me to further understand each participant's story and the activity of constructing and negotiating identities. More specifically, an image of one original piece of visual art from each participant was collected, a piece that was chosen by the participant. For other participants whose art was more performance based, an audio or video recording of an artistic piece of their choosing was collected. Consistent with earlier definitions, the arts included the performing arts and the visual arts. The performing arts included dance, music, or theatre in which the human performance, not the object, was the principle product. The visual arts included forms of art that were visual in nature, such as paintings, prints, sculptures, drawings, photographs, pottery or ceramics pieces, jewelry, or textile art pieces (MacMillan Dictionary, 2019).

Through employing a narrative approach, I collected the stories of artists with congenital and / or acquired physical impairment in order to understand how they use art-making in their lives. More specifically, I gathered participant's stories about how they experienced their impairment, and the impact of that experience on their art-making practise and how they understand who they are today. Additionally, the emphasis on chronology within the narrative approach facilitated an exploration of how the process of negotiating salient identities occurred across time, and how the experience of being born with or acquiring an impairment influenced the meanings associated with various identities, which may have changed or shifted over time.

Additionally, given that narratives were vehicles for constructing and negotiating identities (Riessman, 2008) and the current study focused on how identities were negotiated through art-making, utilizing a narrative approach including text, audio, and visual materials was particularly appropriate. In addition, identities were not static but could shift and change across time (Jones & Abes, 2013), an idea that was consistent with a narrative perspective. That is, the various stories individuals constructed and told were not final but were open to revisions and could be told in different ways across time and contexts (Polkinghorne, 1991; Squire, 2013). Furthermore, when living with a congenital impairment or developing an acquired impairment, individuals may have faced disruptions, particularly in relation to their identities (Livneh, 2001).

As such, utilizing a narrative approach enabled me to examine how participants used stories to make sense of any changes in their physical functioning and self perceptions, or significant turning points related to their various identities.

Finally, narrative inquiry involved understanding the context in which stories were situated and how contextual factors shaped the stories being told. For example, factors could include individuals within the person's environment or larger cultural narratives or discourses (Murray, 2015; Riessman, 2008). Thus, within my dissertation, I was able to consider the multiple contexts in which participants' stories were situated, along with aspects of this context which shaped the content of their narratives or how they were told. Furthermore, given the inclusion of original artwork in my study, applying a narrative approach allowed me to understand why participants created a particular artwork, the context in which it was created, as well as the meaning participants attributed to the piece (Riessman, 2008).

Overall, I sought to collect participants' stories about how they experienced a congenital or acquired impairment and the impact of this experience on their art-making and their various salient identities. Further, participants had the opportunity to tell their stories through both words and images, providing rich and detailed accounts of their experiences with congenital and acquired impairment and the many implications of these experiences.

## Methodological Coherence

When designing this qualitative study, an important concept I had to consider was methodological coherence. Methodological coherence reflected how well the purpose, research questions, epistemologies, and method were interrelated and formed a cohesive project (Morse & Richards, 2002). With regards to my dissertation, the tenets underlying the two chosen epistemologies were consistent with narrative inquiry in several ways.

First, the social theory of disability, intersectionality and narrative inquiry all recognized the dynamic interplay of the individual and their context. While individuals were viewed as active agents in constructing identities and personal narratives, the context in which these activities occurred shaped these stories and identities (Jones & Abes 2013; Polkinghorne, 1995; Riessman, 2008). Further, contextual factors influenced the saliency of identities and how personal identities were constructed through stories and were experienced (Riessman, 2008; Sims, 2009). Second, both epistemologies recognized that identity categories were socially constructed, and reflected social and power relations in society (Oliver, 2012; Shields, 2008). Similarly, narrative inquiry highlighted how an individual could co-construct stories with other people and how an individual's stories about who they are could illuminate these social relations (Riessman, 2008).

Second, common to both the theory of intersectionality and a narrative approach was the idea that identities and their meanings were fluid, as how individuals experienced themselves and represented themselves to others could change. Individuals were seen to possess multiple and intersecting identities, with different identities being noticed or highlighted in different contexts (Davis, 2008). Similarly, individuals constructed multiple stories about who they are, and these stories could change across contexts (Riessman, 2008).

Third, both intersectionality and narrative inquiry called for the researcher to position themselves in relation to the participants. Within a narrative approach, I had to be aware of how as an audience member I influenced the story being told by the participants (Riessman, 2008). Utilizing an intersectionality framework also required me to understand my own identities in relation to those of the participants. Thus, both epistemologies and narrative inquiry required me to demonstrate reflectivity, being aware of my own identities, biases and assumptions, and how these may have influenced the particular story my participant and I co-constructed.

## Procedures

Several procedures are described in the section below, including steps taken to secure ethics approval, recruitment strategies, the materials utilized, and data collection procedures.

### *Ethics*

The proposed study was submitted to the Research Board II at McGill University and ethics approval was obtained. Please refer to Appendix F as it contains the Application for Ethics Approval for Research Involving Human Participants. Within my dissertation, I took several steps to ensure the anonymity and confidentiality of participants. First, digital password protected audio recordings of interviews, hard copies of instant messaging conversations or emails, hard copies of the interview transcripts, and images of participant's artwork were kept in a locked filing cabinet in my supervisor's office at McGill University. Additionally, consent forms which contain identifying information, were kept in a separate secure location, which only my supervisor and I were able to access. Furthermore, participants were provided with a unique identifying code and all identifying information was removed from the transcripts. With regards to member checking, summaries of participants' stories were emailed to them in a password protected document. Furthermore, when disseminating this study through presentations or publications, any identifying information (e.g. name of artist who created a specific artwork) will only be revealed if the participant has given their explicit consent. After I received ethics approval for my dissertation, I began the process of recruiting participants.

### *Recruitment*

I employed various strategies to recruit participants. First, recruitment flyers were placed within physical spaces in the community and online (see Appendix E). Physical spaces in the community included art supply stores, community centres, visual arts centres, and rehabilitation centres. A second way participants were recruited was through word of mouth and employing snowball sampling. More specifically, I drew upon the initial set of participants to locate additional participants (Patton, 2002). As such, at the end of the interviews, I asked participants if they knew others who may be interested in participating in this study. If this was the case, I provided my contact details, and asked them to have the potential participant contact me directly. Additionally, I enlisted participants through attending various art events in the community after obtaining the relevant permissions, such as exhibitions or festivals organized by community organizations.

Furthermore, I approached community organizations and educational institutions to recruit participants. Specifically, I approached community organizations which serve individuals with physical impairments, as well as emailed offices within post-secondary institutions which serve students with impairments (see Appendix C for email message), asking them to circulate the attached recruitment message to their members or constituents (see Appendix D). Examples of community organizations included the Multiple Sclerosis Society, Muscular Dystrophy Canada, Disabled Women’s Network, and Canadian Paraplegic Association. Additionally, disability arts organizations were contacted in the same manner. For example, organizations including Tangled Art and Disability, Creative Spirit Art Centre, Abilities Arts Festival, Entr’actes, and Visions sur I’Art Quebec were contacted.

When speaking with interested individuals, I explained the purpose of the research and the voluntary nature of their participation. Additionally, participants had the opportunity to ask any questions about the study. At this time, I asked them if they were willing to select an original artwork which they had created, that was meaningful and represented them in some way, to share and discuss during the interview. Additionally, I inquired about any accessibility needs of the participant, such as an interpreter, large font, or communication device, and then scheduled a date and time for the interview.

## Materials

All of the materials discussed in this section were created for this study. All materials were in English, as this was the dominant language of the researcher and participants.

### *Informed Consent Form*

The purpose of this form (see Appendix G) was to ensure that participants understood the goals and purpose of the research, the tasks involved in participating, and the data collection procedures of the study. Additionally, the consent form laid out participant's rights, such as their right to withdraw from the study at any time, along with how their privacy would be protected, and the limits of confidentiality. Furthermore, this from was used to obtain participants permission to collect, and potentially publish images of their artworks. The consent form was specifically designed to comply with the Research Ethics Board at McGill University and the Tri-Council Policy Statement on Ethical Conduct for Research Involving Human Subject.

### *Interview Guide*

With a narrative approach, the interviewer posed a broad opening question to encourage participants to tell and develop their stories and subsequently sought to respect the flow of participants’ stories (Murray, 2015). However, researchers needed to attend not only to stories participants happened to tell but also worked to invite stories from participants (Chase, 2003). Thus, in addition to a broad opening question, further questions were used to invite detailed accounts and descriptions of participants' experiences and the meaning of these experiences (Chase, 2003, 2005). Thus, I began by inviting participants to share their stories about the experience of being born with or acquiring and living with impairment, and the implications of these experiences for various identities, and their art-making. Additionally, further prompts were used if necessary to encourage participants to discuss their art-making, and the role of this activity in navigating their various identities over time, as well as any potential meanings participants ascribed to their experiences and identities. Furthermore, as I was interested in the context in which participants were situated, the protocol included a prompt regarding any barriers or facilitators participants encountered. Further prompts were included regarding how impairment had affected their ability to access the world around them and the spaces and places within their communities. Moreover, participants were asked to discuss their artistic piece within the interview, if they did not spontaneously discuss the pieces themselves. Thus, an interview guide (Appendix H) was developed to invite participants to share their stories and describe their personal experiences.

Another important part of the interview process was to collect demographic information and information about participants' salient identities. At the beginning of the interview, the participant was asked to describe themselves, and if necessary, additional questions about particular identities were asked to obtain this information.

## Data Collection

Participants were asked to take part in individual interviews and to provide an image or recording of their original artistic work.

### *Interviews*

I conducted one interview lasting sixty to ninety minutes with each participant. Additionally, the format of the interview and how they were structured was jointly decided by each participant and I, consequently varying depending on the needs and abilities of the participant. Interviews were face-to-face in a location that was convenient for the individual or conducted through Skype, using video calling. While the specific format differed, across all interviews the same interview guide was utilized to ensure consistency. The use of a flexible interview format was appropriate given the diversity and range of communication modes and preferences of the various interviewees. That is, using a flexible format allowed me to include artists with a range of communication practises, for example those who communicated through verbal means or spoken language, physical gestures or other non-verbal avenues, written text or via electronic devices. As a result, I was able to gather and represent diverse perspectives within this study. While participants did not ask for accommodations, such as the use of an interpreter or the use of a communication device, appropriate documentation has been included in the appendix. For example, a confidentiality agreement for interpreters to sign was created (see Appendix I).

For the face-to-face interviews, at the beginning I reviewed the informed consent form with the participant. As such, I explained the nature and goals of the research, the risks and benefits of participating, and discussed confidentiality. Furthermore, I reiterated that participants could withdraw from the study at any time without being penalized. In addition, at this time participants had the opportunity to ask any additional questions about the study. Upon agreeing to be part of the study, they signed the informed consent form. Additionally, I provided them with compensation in the form of a $20 gift card for an arts supply store and they signed a form acknowledging receipt of the gift card. After beginning the audio recording, I collected demographic information by asking participants to talk about their various identities, and subsequently invited them to tell their stories. I used the interview guide flexibly in order to provide space for participants to tell their stories and not interrupt the flow of their storytelling (Murray, 2015). At the end of the interview, I inquired about participants' reactions to the interview process, asked whether the individual was aware of any other potential participants, and invited them to be in touch with myself if any other questions or concerns arose.

For interviews via Skype, after participants had contacted me, I scheduled an initial phone call or Skype meeting. During this call or meeting, I explained the goals of the study, the voluntary nature of their participation, confidentiality, and the study procedures, including asking participants if they were willing to select an original artwork to share during the interview. Subsequently, I sent participants the consent form via fax or email, based on their preference. They were then asked to fill out and return this form to the researcher via fax or as an email attachment. If they choose the email attachment option, they were instructed to return the signed and scanned consent form. Once I received this form, a Skype meeting was scheduled, and participants were asked to email an image or audio recording of their artwork before the interview. At the beginning of the meeting, I informed participant they could withdraw from the interview at any time or choose not to answer any questions, but in either case would still receive compensation. The interview process was identical to the face-to-face interviews, except that I used the Skype feature that allowed me to audio record the interview. After the interview, participants were mailed their compensation and were asked to contact me via phone or email to confirm receipt of the gift card.

Regardless of the interview format, I kept a log or reflective journal throughout the process. As stories are told to a particular audience and develop in a particular context, keeping a log was vital to understanding this context (Murray, 2015). Before each face-to-face or Skype interview I recorded my thoughts about the upcoming interview. After the interview, I documented in my journal where (if applicable) and when the interview occurred, any relevant comments from participants after the audio recording ended, my reactions to the interview, and any observations in my journal

Finally, regardless of the interview format, I followed up with participants. This follow up meeting provided an opportunity for participants to share any thoughts or reactions they experienced following the interview, to collect any additional insights about the process from them, and most importantly to engage in member checking which will be further described in the later section pertaining to quality and trustworthiness.

### *Artworks*

Participants were asked to select a recent piece of art they created that was meaningful to them and represented who they were for discussion during the interview. Participants were asked to bring the artwork or a colour image of the artwork to the face-to-face interview or send an audio recording of the art piece in advance to the researcher. If participants brought the actual artwork to the interview, the artwork was documented though taking a colour photograph of the piece. For the Skype interviews, participants were asked to mail or email as an attachment a colour image of the artwork or audio recording before the interview, potentially at the same time they returned the consent form. During the interview, participants were asked to discuss the artwork, specifically how and why this work art represented them. Additionally, participants were asked to describe the personal meanings of the artistic piece both in the past when it was created and in the present. Further, any identities connected with the artwork were explored.

## Research Team

While I conducted all of the interviews, other individuals were involved with the study. As such, the research team included (a) myself who was the primary researcher and a doctoral student within the Counselling Psychology program at McGill University; (b) my research supervisor, who was an Associate Professor at McGill University; and (c) a research assistant. The roles of both my supervisor and the research assistant will be described in more detail in the subsequent section.

## Data Analysis

Both the interviews and images were analyzed using multiple frameworks. First, the data were analyzed using a thematic approach to narrative analysis. This type of analysis was concerned with the content, "what" was said in participants' verbal or written accounts, and what was visually seen in their artwork. A thematic approach enabled me to pay attention to the identities and meanings the participants discussed or conveyed through their artwork, as well what was said about any relationships between their identities. The second framework involved performing a dialogic/performance analysis of the stories. With this type of analysis, the focus was on whom is being told the story, when it is being told, and why it is being told. This approach attended to the interactions between a person and their context, which included people to whom the story was being told, as well as the factors within social, cultural, and historical contexts that influenced the stories. More specifically, stories have been created and told to a certain audience, and in a certain way to convey particular identities. Further, the audience served to shape the story, accepting or rejecting the identities presented by the author (Riessman, 2008). As such, this approach allowed me to consider contextual factors that influenced the stories and the identities participants constructed.

### ***Interviews***

After the data were collected, the face-to-face or Skype interviews were transcribed verbatim by both myself and the research assistant. Subsequently, I checked the transcripts to verify their accuracy. This process helped to ensure that the nuances of spoken language, such as nonverbal utterances, pauses, sighs, and emotional displays were captured and documented (Reissman, 2008). In addition, all identifying information, including names of individuals, were removed from the transcripts. Overall, it is important to note that after data were collected and analyzed, I assessed whether participants' descriptions were complete and if further data collection was required. If this was the case, additional interviews would have been conducted until redundancy occurred and participants' stories reached a point of saturation (Creswell, 2013) although additional interviews were not required.

Initially, the transcript was read through and notes were made in the margins for the thematic analysis (Creswell, 2013). Subsequently, the transcript was ordered chronologically and coded according to life periods which coincided with educational periods. These life periods included (a) childhood (ages 5 to 12) (b) adolescence (ages 13 to 18) (c) emerging adulthood (ages 18 – 23) (d) young and middle adulthood (ages 24 plus). Following this step, I engaged in the process of restorying each participant's narrative, a process which involved identifying key elements in the story, then reforming the story, and presenting it in a written form (Murray, 2015). This text represented a reconstructed version of the transcript that reflected a summary of that participant's lived experiences and included my preliminary interpretations. This re-storied narrative was reviewed by the participant and discussed in the follow-up meeting after the interview to enhance the trustworthiness of the analysis (Morrow, 2005). This process involved asking the participant to indicate how well the re-storied text represented their experience, giving them an opportunity to add anything they felt was missing from the summary. More specifically, if the follow-up meeting was a face-to-face or Skype interview, the re-storied narrative was emailed in a password protected document to the participant before the meeting and was reviewed together in the meeting. If the participant was not able to meet in person or through a Skype interview, the re-storied narrative was emailed to the participant and they were invited to send an email with any comments about the summary. Subsequently, relevant changes were made to the narrative or my analysis incorporating participant's feedback.

After the transcript was ordered chronologically and coded according to life period, themes and subthemes were identified for each participant within each broad age period. Particular attention was paid to relevant contexts within the age periods and the individual's interactions with these various contexts and the people within these contexts.

Relevant to the dialogic analysis, I also considered how both parties shaped the story being told. Thus, I wrote a separate set of interpretive comments regarding interactions between myself and the participant, along with historical and sociocultural contexts influencing the construction of the story (Reissman, 2008).

### *Artworks*

The artworks (audio recordings or visual images) were situated with participants' stories and I focused on what was depicted in the visual images or described in the audio recording. As such, the recordings and images were analyzed for themes, which were compared to themes found in the spoken or written narratives. In addition, I considered why the works were created, the audience(s) for the artwork, and any shifts in meanings as the audience may have changed, again making interpretive notes pertaining to these foci (Riessman, 2008).

After completing the analysis for each participant's narrative, the narratives were compared in order to identify any patterns, commonalities, and differences across participants' stories, for example in terms of each participant's impairment-related experiences and how they used art-making to manage their identities.

## Quality and Trustworthiness

Within qualitative research the concept of trustworthiness reflected the quality of an investigation and its findings that made it worthy of being presented to an audience (Schwandt, 2007). Components of trustworthiness included dependability, credibility, and transferability. Additionally, the concept of reflexivity was considered.

### *Dependability and Credibility*

Dependability referred to the ability of research findings to capture what truly occurred during the research process. In addition, credibility reflected the plausibility of the study's findings (Pitney & Parker, 2009). Several strategies were employed to ensure dependability and credibility including member checking, debriefing, and triangulation. Member checking involved participants reviewing the researcher's summary of their lived experiences, enabling them to judge the accuracy and credibility of the account (Creswell, 2013). Debriefing involved my supervisor and I consulting with one another throughout the data analysis process, which allowed me to receive feedback as I carried out the data analysis. In addition, a second individual verified my initial coding of themes in the narratives. With regards to triangulation, I collected multiple sources of data, both interviews as well as recordings and images of participants' artworks, which enabled me to corroborate themes found within the analysis (Creswell, 2013). The inclusion of an additional data source beyond the verbal or written account enabled participants to develop a fuller narrative (Smith, 2008), as stories could be told through both verbal and non-verbal avenues.

### ***Transferability***

This term referred to the ability to apply the findings to similar contexts. Transferability was achieved through collecting detailed information about research participants and in-depth stories about their lived experiences (Pitney & Parker, 2009). As such, detailed information was collected about participants so that rich descriptions of each participant and their lived experience could be provided (Creswell, 2013). As well, thick descriptions were extracted from participants' stories, about the experiences of being born with and / or acquiring an impairment and using art to manage their identities (Shenton, 2004). Finally, I kept an audit trail to document the steps taken and the decisions made during the data analysis process. As such, the audit trail (a) allowed me to document my interpretations of the data and how I arrived at particular conclusions, (b) will enable others to reconstruct steps taken during this process and (c) provided justification for the data analytic process and changes made during the study (Rogers, 2008).

### ***Reflexivity***

The role of reflectivity as part of the research process was to make visible the constructed nature of research, thus increasing the transparency and trustworthiness of the research. Utilizing a reflective approach illuminated how the researcher's own experiences, values, beliefs, and social positions shaped their research interests, the decisions they made during the research process, and how they chose to represent their research findings (Ortlipp, 2008). As such, keeping a reflective journal enabled me to explicitly acknowledge and recognize my own values, assumptions, and beliefs, as well as how these informed the study. In my reflective journal I recorded my own reflections about participants' stories, my reactions to their stories, impressions of each interview, as well as potential patterns emerging in the collected data. In addition, journaling provided an opportunity to document if or how participants' stories have led me to gain insight into my own story (Shenton, 2004). Finally, using a reflective approach was consistent with both intersectionality and a narrative approach. That is, awareness of my own identities along with participants' identities, and how the context shaped these identities was consistent with both intersectionality and narrative inquiry.

## Participants

I employed purposive sampling in this study. This approach led me to recruit ten to fifteen participants who provided information rich stories from which I developed an in-depth understanding of how certain people negotiated identities over time to answer my research questions (Patton, 2002). More specifically, I recruited participants who could speak about the experience of living with a congenital impairment or acquiring an impairment, and the influence of these experiences on their art-making practise and multiple identities. As such, participants were individuals who (a) identified as artists (b) had a congenital or acquired physical impairment (which they had acquired at least five years ago) and (c) were between the ages of twenty to fifty-five. Additionally, individuals were not be eligible to participate in the study if they had another kind of impairment, such as an emotional, cognitive or learning impairment, but did not have a physical impairment. While I initially sought to recruit participants aged 20 to 40, after encountering recruitment challenges, the age range was expanded to include individuals up to 55 years old. Through recruiting artists between the ages of twenty to fifty-five, I was able to focus on the experiences of young and middle-aged artists who were engaged in art-making. Additionally, based on the adaptation literature previously discussed (Livneh, 2001; Smedema, Bakken-Gillen & Dalton, 2009), recruiting individuals who have been living with the impairment for at least 5 years helped to ensure that participants had time to engage in the adaptation process, including the task of renegotiating identities, and that they would be able to discuss any potential shifts in their various identities or ways they navigated this task over time.

In the final sample of 12 people, participants ranged in age from 25 to 53 years of age, with a mean age of 38 years. Four participants identified as single, seven reported being in a relationship or being married, and one participant identified as a widow. While ten participants did not have any children, two participants reported being a parent. All participants had some form of post secondary education, ranging from technical school through post graduate studies. Nine participants identified as heterosexual, two participants identified as bisexual, and one person identified as queer. Participants reported experiencing a range of physical impairments; six participants reported experiencing a congenital impairment while five participants reported acquiring an impairment. Further, one participant reported experiencing both types of impairments. A range of artists were represented in the current sample, with the majority identifying as various kinds of visual artists, one participant identifying as a rap artist and another as a musician. Pseudonyms (chosen by either the participant or the researcher) were used to reflect their identity while maintaining anonymity. Vignettes were kept brief and some information, such as city of residence, was not provided to further maintain their anonymity.

- Daisy was a 39-year-old female of European descent, who identified as heterosexual and lived in the province of Manitoba with her husband of ten years and two pets. She was born with one arm. During her childhood and as a teenager, she wore a prosthetic arm but stopped wearing it by the time she turned 20 years old. She completed bible college and was briefly enrolled in two separate undergraduate programs. She has worked in the insurance industry, as an extra, and as an art model. In her mid-twenties she began to experience chronic pain in her arm. In her early thirties she stopped working and began receiving disability benefits and has since chosen to devote more time to her photography practise.

- Jessica was a 31-year-old female of European heritage, who identified as queer, and was single. She was diagnosed with muscular dystrophy at age 13 and has used a wheelchair since the age of 22. She earned a bachelor’s degree in conflict resolution and psychology, and subsequently began working full-time as an advisor at a university. She has created art since a young age and has a diverse visual art practise. She resided in the province of Manitoba.
- Adam was a 52-year-old male of European descent, who identified as heterosexual, and had a girlfriend of two years. After high school, he completed technical school and subsequently worked as a tradesperson. At the age of 45 he experienced a stroke which led him to begin to use a wheelchair. He was living in the province of Ontario and receiving disability benefits. He spent some of his time drawing and painting, regularly attending a program at a local disability art studio.
- Janet was a 49-year-old heterosexual female, who was a widow, and lived in the province of Ontario. She began to experience MS symptoms at age 16 which continued throughout university. She earned a Bachelor of Fine Arts degree, majoring in photography. While in university she began to create and sell handmade scarves. In her early twenties she was diagnosed with Multiple Sclerosis, and in her late twenties began to use a wheelchair. She was running her own business selling her art, teaching, and volunteering.

- Kyle was a 39-year-old single, straight male, of Dutch heritage who identified as Canadian, and was a Seventh Day Adventist. He was interested in the visual arts from a young age and after high school earned a Bachelor of Fine Arts degree. He later completed teacher’s college and subsequently worked as a junior high teacher. As result of a martial arts injury, he began to experience chronic pain at the age of 29. During that year he also began experiencing various symptoms, and at age 30, was diagnosed with Multiple Sclerosis. In his thirties, he taught grade six students and continued to create, identifying as a collage artist. He was living in the province of Alberta with his pet dog.
- Mandy Judith was a 29-year-old female, who identified as bisexual, and as a Canadian. She was born with arthrogryposis and has used a wheelchair since the age of six. She has been drawing and painting with her mouth from a young age, and since the age of 13, she has been a member of an association for mouth and foot painters. After completing high school, she continued her studies, enrolling in a certificate program (carton and animation) at a local college. She was living in the province of Ontario with her boyfriend of five years and her pet dog.
- Paul was a 39-year-old male who identified as heterosexual and had a common law partner of five years. He had one son, one daughter, and one step-daughter. He grew up in Guyana and began creating art in childhood. He lost his hearing at the age of nine. When he was 14, he and his family relocated to Canada, settling in the province of Ontario where he currently resides. He completed high school and some college courses, including briefly enrolling in a graphic design program. He has continued to create art as an adult, identifying as a visual artist. He has maintained a diverse artistic practise, creating photographs, paintings, and digital art.

- Walter was a 49-year-old male, who identified as Irish Canadian. He was born with spina bifida and got his first wheelchair at age 11. In early adolescence he developed an interest in photography and began taking photos in high school. After high school he earned an undergraduate degree in economics and moved to Toronto, where he met his wife. After briefly working for a major bank, he began working for a non-profit disability organization, continuing to take photographs in his spare time. At age 42, he began working part-time as a commercial photographer along with devoting more time to his artistic photographic practise.
- Samantha was a 38-year-old female, who identified as pagan, was single, and lived in a large city in Ontario. She identified as straight and was a second-generation immigrant of Polish heritage. She was born with spina bifida, and her family moved to Canada when she was nine years old so she could receive medical care. She wore braces and used crutches during her younger years. After high school she earned multiple college diplomas, including child and youth worker, and began working as a hospital receptionist at the age of 23. At the age of 27 she began using a wheelchair. Around the same time, after a romantic relationship ended, she began to create jewellery, with her practise diversifying over time.
- Charlie was a 34-year-old male of European heritage, who identified as heterosexual, and as a Presbyterian. He was born with cerebral palsy which affects all four of his limbs. Consequently, he has used a power wheelchair since the age of three. After completing high school, he subsequently moved to a different city in Ontario, where he currently resides. After high school, he was briefly enrolled in a college arts and science program and has been receiving disability benefits since age of 18. After reconnecting with a

childhood friend, who he met at a summer camp as a child, they began dating when he was 25 years old. In his early to mid twenties he began to spend much of his time pursuing his artistic interests, creating videos and taking pictures. He has continued to focus his time on his artistic pursuits and sees himself as a digital storyteller.

- Michael was a 27-year-old straight, cisgender, white male, who was single. He was born with cerebral palsy. He grew up in a Jewish family and lost his mother when he was nine years old. He was diagnosed with a learning disability at age 15 and began to experience mental health challenges. During high school he fell in love with rap music, and once he completed high school he began rapping. During high school he also became interested in the Bahai'i faith, converting at the age of 20. After high school he attended university, twice attempting to complete a political science degree. At age 24 he released an album and is currently working on his sophomore record. He was living in Ontario and receiving disability benefits.
- Jacob was a 49-year-old male, of English heritage, who identified as heterosexual. He lived with his wife and seven-year-old son in the province of Manitoba. During his childhood he experienced hyperthyroidism, having his thyroid gland removed at age eleven and later, at the age of 15, he was diagnosed with diabetes. He developed an interest in music from a young age and began playing the flute in childhood. After high school he began an undergraduate degree in classical music but subsequently completed a college degree in commercial music. During his post secondary studies, he developed an interest in jazz music, and throughout his adult years has worked as a jazz musician. In adulthood he began to experience pain, later developing sciatica and tendinitis in his hands as a result of his many hours practising and performing.

# Chapter Four: Results

Within this section the results of the narrative analysis are presented. As a narrative approach was utilized, this section is organized into four time periods: childhood /elementary school (ages five to 12), adolescence / secondary school (ages 13 to 18), emerging adulthood / post secondary (ages 18 to 23), and young to middle adulthood / beyond post secondary (age 24 and above). Participants' narratives and relevant themes in each time period are presented and the multiple intersecting contexts in which participants' stories occurred are highlighted. These contexts include relational contexts such as the family and romantic relationships; school and both artistic and non-artistic work contexts; along with artistic and disability community contexts. Within their narratives, participants described how possessing a different and changing body intersected with their developing artistic practises. Furthermore, they described how having a different body and being an artist intersected with other roles such as being a family member, romantic partner (or potential partner), student, employee or worker, and a community member. As such, relevant intersections will be discussed during each age period. Given the chronological structure of this section, we will begin in childhood.

## Childhood (Ages 5 – 12)

As this study focused on artists, they described the role creative activities played in their childhood along with self-perceptions tied to creative activity.

### *Art Activities*

The arts were valued by all participants. From childhood onward, creative activity was an important part of many participants' lives and the beginning of a lifelong interest. Some participants recalled engaging in creative activity as children which they found very enjoyable and beginning to see themselves as creative individuals. For example, Mandy Judith shared, "I've been painting with my mouth and drawing with my mouth since I could remember." Daisy shared, "I've always had a camera and always been into taking pictures…it's something I've done my whole life. I got my first camera, I believe it was my tenth birthday." Some participants even began to identify as artists from a young age. As Kyle stated, "I've been drawing since I was eight really deliberately. I do identify as an artist from as young as I can remember." Thus, artistic activity was a part of their everyday lives and informed self-perceptions from a young age. Beyond their artistic experiences, the presence and nature of their impairment informed childhood experiences in multiple ways.

Six participants were born with a congenital impairment, while other participants acquired their impairment during childhood. All participants narratives reflected how they experienced their bodies as children and how their different bodies informed their various daily experiences.

### *Embodied Experience*

During childhood, participants experienced their bodies in diverse ways. Their narratives illustrated how having a body that looked and functioned differently informed how they navigated the world around them, their interactions with other people, and how they felt about themselves.

**Process of Acceptance.** During childhood, participants, particularly those with congenital impairments, described feeling different from others around them, and at times feeling self-conscious about their bodies and feeling negatively about themselves. For example, Daisy explained "Growing up obviously people would call me disabled, having one arm which I was like I would never consider that a disability [but] when I was growing up I didn't really accept myself fully or really love myself." However, having a unique body from such a young age also meant participants did not know what it was like to look another way or move in a different way, which could help facilitate some degree of comfort with their bodies and themselves. As Mandy Judith explained:

> I feel like if you were born in a wheelchair you're used to it, you don't know what you're missing. I don't know what it feels like to run around or to walk really or to even touch my face so I'm not missing out on anything at all [so] I'm more comfortable with the way that I am.

Participants held various perceptions of their bodies. While holding negative perceptions presented a challenge to experiencing positive feelings about their bodies, participants encountered external challenges which could similarly lead to experiencing negative emotions about themselves and their bodies.

**Challenges**. Possessing and living in bodies that looked and functioned in particular ways, meant participants encountered a range of physical and environmental challenges when navigating their surroundings. These challenges could be experienced once or reflect ongoing challenges they had to learn how to navigate throughout their childhood. Participants described physical challenges related to their different bodies. Particularly for those with congenital impairments, they reported undergoing multiple medical procedures which led them to experience pain or discomfort. They also reported not being able to attend school or complete other activities. For example, Walter explained, "I had operations and stuff so I'd have to miss school and I wouldn't feel good…[I'd] have to endure needle sticks and all the medical stuff dealing with spinal bifida. That was a challenge growing up." Other participants who acquired their impairment found it hard to adjust to their altered bodies. Paul explained how he became deaf, "I was around I think nine….there was a gun test which I think pulled the sound out of my ear...I couldn’t hear [and] sounds become mix[ed] so for instance, there’s a car and there’s talking, so I cannot catch the words clearly.”

When participants were spending time at home and attempting to navigate their neighbourhoods with their different bodies, they encountered inaccessible environments which presented barriers to engaging in certain shared activities with peers and left them feeling frustrated and isolated. For example, Mandy Judith who used a wheelchair stated:

> When I went to the park with friends, that is when it would affect me because they would be playing basketball ..and I just couldn’t do it...The playgrounds [were] not accessible so when kids are running around...I had to sit there and watch, it was really boring...it was like what am I supposed to do? Just do something by myself.

For a subset of participants, having a body that functioned in distinct ways meant they used assistive devices from a young age. These devices could help them explore the world but also presented additional barriers, influencing which activities participants could complete or what they could wear. As Walter shared, “When I was a kid I used to have this full body brace. It was all steel. I couldn’t do anything, couldn’t go out at recess, couldn't keep up with my friends.” Daisy stated, “I could never wear anything with an opened top because I had all this plastic and harnesses.” Despite daily challenges they faced, participants were able to find ways to cope, demonstrating resiliency from a young age.

**Coping**. During childhood, participants shared that certain personal traits or characteristics along with the nature of their impairment helped them to cope with daily challenges. For example, Charlie shared, “I very much have the same personality as my mother. [I’ve] survive[d] just with an upbeat personality.”. Particularly for participants with congenital impairments, having a body that looked and functioned differently from birth meant they had many opportunities to figure out how to work through challenges from an early age which helped them to cope in childhood as well as during later years. As Walter explained "somebody like me who's had my disability every day of my life. I've adapted, I had every day, every second of every day to adapt to my situation." Participants were also able to draw on resources in their environments to cope with challenges, with many participants describing the role that the family played in meeting their needs and helping them manage difficult situations. Participants described how their identity as a family member interacted with their identity as someone with a unique body.

### ***Family***

During childhood, interactions with family members were a very central aspect of their daily experiences, with the presence and type of impairment shaping these family interactions. As participants interacted with family members, close family members often ensured many of their needs were met, as well as provided resources. In turn, these resources helped participants cope with challenges as they navigated the world as children with distinctive and changing bodies.

**Family Interactions.** At times, some participants felt that other family members could not directly relate to their experiences of being different or living with an impairment. As Daisy stated "Nobody in my family had those kind of problems. Everybody has two arms, two eyes, two legs…nobody really understood what it was like to feel different." However, participants described the family unit as a nurturing environment throughout childhood, as interactions with family members lead to their emotional needs and practical needs being met, with these interactions influencing the process of acceptance.

As children, participants described close relationships with various family members, such as parents or grandparents with whom they enjoyed spending their time. As persons with unique bodies, these interactions were valued as they left participants feeling loved, cared for, and supported. For example, Samantha, whose parents relocated from another country to ensure she received the best medical care explained "[My parents] dedicated their whole life to me and to who I am. I owe them my life. I love them dearly. They're my world." Particularly for those with congenital impairments, they could often rely on parents or grandparents to be a supportive presence as they frequently interacted with the medical system and attended appointments. As Mandy Judith stated "[My grandmother] raised me with my mom [and] was always there..[and] supportive. She always came to my hospital appointments." As such, given the close nature of these relationships, it was difficult for participants to be away from family members when spending extended periods of time in the hospital receiving medical care. As Walter stated "I had operations and stuff so I'd be spending time [at a hospital in another city] so I'd be away from my family. That was a challenge growing up." However, some participants described not always feeling close to parents or other immediate family members. For Michael, shred that, "My mother was not a steam roller. She was warm and gentle and sweet, so I've always been more her child than [my father's]." As a result, he found it difficult to get along with his father after his mother passed away, "I grew up being parented by a steam roller which was difficult."

Despite difficult moments, all participants described family members responding in very concrete ways to meet their every day practical needs, including those that arose from having a different body. Parents and others took steps to ensure their medical or care needs were met which benefited their health and development. In addition to ensuring that they received medical care, parents provided direct assistance with tasks of daily living that participants were not able to carry out themselves, serving as caregivers. For example, Mandy Judith who is not able to move many her joints said, "[My mom] did everything. She basically brought me up cause my dad always worked. She was always home, she stayed home and took care of me." Further, parents often facilitated participant's involvement in many activities, ensuring they attended camps or activities organized by disability organizations which enabled them to interact with their peers. Charlie attended a camp every summer for children with impairments. Additionally, Mandy Judith shared, "[my mom] took me to like all the Easter Seals meetings and signed me up for camp." Parents also ensured they had necessary resources to navigate their environment which could include assistive devices. Charlie who used a wheelchair from a young age stated:

> My dad had technological know-how, and even [knew about] mechanics and simple early electronics. [Most parents] would probably not give most a three-year olds a power wheel chair but my dad is like he can't really do much damage to it. He will probably blow a lot of fuses maybe but I can fix all that.

Importantly, parents often advocated for their children when they faced challenges accessing particular services or spaces, with parents' efforts resulting in participants having the same opportunities as other children without impairments. Mandy Judith explained that, "I was the only person in a wheelchair in the whole school that would be able to play in gym because [my mom] would take it to the board and fight for it…" For Walter, "My mom struggled to find me a way to get to school, because we didn't have wheel trans so I had private drivers and taxis taking me [to school]."

As participants engaged with family members on emotional and practical levels, family members encouraged them to explore the world around them and further develop their interests which enabled them to begin to develop certain capabilities and skills.

***Fostering Development.*** During childhood participants, particularly those with congenital impairments, were encouraged just as their siblings were, to explore the world around them and try different activities. As Charlie explained, “I was basically told to go out and play like all the other kids, you know told the boundaries of where not to go and you know made mistakes.” Similarly, Daisy explained:

> My family didn’t shelter me from things, my mom wasn’t like “Oh you have one arm you can’t do that.” If I wanted to do something, sure you’re taking swimming lessons, you’re taking piano lessons, you’re doing everything your brother and sister are doing.

Participants were often encouraged to try tasks on their own before parents stepped in to assist which helped to foster feelings of competence and positive self-perceptions. As Mandy Judith stated:

> If there [was] something on the other side of the table and I asked, “Mum can you pass it to me?” She’d be like “No, get it yourself…figure it out for yourself first” instead of always handing me things and [she] always made me feed myself. If it wasn’t for her getting me to do everything for myself, I probably wouldn’t have been able to be strong or do anything that I did.

In addition, Samantha shared that her parents taught her from a young age to:

> Just to be the stubborn brut that I am, to go for it and…be hard headed to get independence. They never sugar coated me with anything. I was never spoiled. They taught me independence, they taught me how to do things on my own.

As previously stated, possessing certain personal traits helped participants to cope when faced with impairment-related changes and challenges in childhood, with participants explaining that these traits often developed as a result of family influences. In addition to the above quote by

Samantha, Paul shared that, "I grew up in my family [who were] basically tough..they teach you…so I have some of their toughness, [which] make[s] me not feel self-pity."

While the family was a central context during childhood, shaping participants in multiple ways, the educational system and persons within the elementary system, similarly had the potential to influence participants development. Participants described their educational experiences as a student whose body looked and functioned in distinct ways, sharing how these experiences similarly informed self-perceptions, and developing artistic interests.

### *Elementary School Educational System*

Participants began attending elementary school and particularly for those with congenital impairments they described how their different bodies informed their learning experiences. Interactions with staff and others in the classroom environment could support or deter learning while influencing their peer interactions, with these interactions informing their self-perceptions in multiple ways.

**School Personnel.** School staff, including teachers, attempted to respond to their particular physical and academic needs which resulted in both negative and positive classroom experiences. Participants explained being placed in both mainstream and specialized classrooms, which consisted of only students with various impairments. Participants explained that, in both of these classroom settings, teachers and support staff were able to provide academic assistance which enabled them to learn and develop skills alongside their peers. For example, Charlie shared that:

> I can't physically write that well, it wasn't until the second grade that they realised his reading isn't going up because he isn't writing. By that time, they had already made early

> electronic typewriters...[so] I would type a line and they were still quiet enough that it was easy to print it out and not distract the class...so that helped me catch up.

While some who spent much of their time in segregated classrooms felt their impairment-related needs were being met, they experienced some social drawbacks, such as not being able to fully interact with the larger student body. As Mandy Judith explained:

> They had me in a class full of other people that were physically and mentally disabled, which is fine because they needed more help and so did I. But it also made me feel weird because.. I wouldn't be with all the other kids in the class[es]... I didn't go out on recess or lunch and I didn't get to play or hang out with anybody.

> These interactions with school personnel and decisions made by school personnel shaped their experiences with their school peers

**Peers.** In childhood, participants encountered a range of responses from school peers to their bodies. These responses ranged from negative to positive and informed the acceptance process, affecting how they felt about their bodies and themselves. Many participants, especially those with congenital impairments, experienced being bullied, teased, or excluded by school peers due to their differences, which made them feel self-conscious and ashamed. For example, Jessica explained:

> People with my disability, our shoulder blades stick out cause the muscles covering our shoulder blades have weakened and those are things that I used to get teased about, as a child and so I had started hiding those areas of my body.

Similarly, Mandy Judith stated, “you're already in a wheelchair as it is, you're…getting gawked at, you're…getting looked at, you're already a stereotype” and so she did not appreciate when school personnel pulled her pants up very high after helping her go to the bathroom.

Despite these challenges, participants were motivated to connect with and positively influence their peers as well as maintain these connections. As Daisy explained, “I’m pretty wacky. No matter what the situation is I will make it fun....I was always the class clown in school cause I liked to make people laugh and just always have fun.” For those who acquired their impairment as children, friendships with peers continued when their functioning changed, leading them to still feel liked and accepted by these peers. For example, Peter shared that when his hearing was affected:

> It was still the same with my friends..things didn’t change. We all care[d] for each other, every day. They play soccer, they play games with you, they’d call me to come and join….. They didn’t really look at my ear.

Specifically, some participants explained benefitting from being around other peers whose bodies were also different, often not feeling left out, as these peers faced similar challenges. As Mandy Judith stated:

> It was probably easier because I was with people with disabilities until grade nine and so all the elementary schools where [her peers] would want to be climbing, it really didn’t affect me because other kids weren’t climbing either, they were doing the same thing I was..

As participants made connections in and outside the classroom with peers and participated in activities chosen by parents or themselves, they simultaneously connected with people in disability communities in their cities. These experiences provided meaningful interpersonal opportunities, influencing how they felt about themselves and their unique bodies further informing the process of acceptance.

### ***Disability Community Connections***

In childhood, participants described attending activities or camps offered by disability organizations which provided chances to be around and interact with similar peers along with exploring their interests. They were able to experience feelings of comfort and connection which led them to feel good about themselves. For example, Charlie attended a camp for children with impairments where "Everybody was like me and I was able to climb to the top of the ladder socially. [And] again I think it was sort of the reassurance because I would go to a bongi tournament and then I realised that around other disabled people that I was actually doing pretty well." Further, he shared, "I would basically sign up for computer or arts and crafts every day" and so he was able to spend time fostering his interests in art and technology. As such, exposure to disability communities at a young age was beneficial to participants, informing self-perceptions tied to their art and disability identities.

Overall, participants described their childhood experiences across multiple contexts. Their narratives communicated how possessing a different and changing body shaped their everyday experiences as they interacted with family members, persons within the school context, and those within disability communities. As they aged and entered adolescence, participants' various identities continued to intersect with one another, informing their daily experiences in multiple ways.

## **Adolescence (Ages 13 – 18)**

During adolescence, participants continued to describe how they experienced their bodies, and how having a body that looked and functioned differently shaped their adolescent experiences.

### ***Embodied Experience***

Participants continued to navigate the world with different and changing bodies, encountering some of the same challenges but also new challenges.

**Challenges**. In adolescence, participants continued to encounter physical and environmental challenges but also interpersonal challenges. They continued to experience concrete physical challenges tied to how their bodies functioned, encountering limits in how their bodies moved when carrying out daily tasks which led to experiencing frustration. As Mandy Judith explained, “I could just get extremely frustrated cause it was overwhelming sometimes not being able to do something for myself or having to wait for someone to do something to help me...” Similarly, for participants who acquired their impairment as teenagers, they began to experience symptoms which resulted in experiencing physical discomfort or distress. As Jacob explained “[Hypothyroidism and diabetes] are both metabolic conditions so the combination has been hard on my body. I don’t heal well...I wake up and feel awful every day, it’s like I got a flu every morning…it’s been like that since I was fifteen.”

Participants also continued to encounter inaccessible environments and physical barriers which restricted their activities and resulted in negative emotional experiences, such as feeling frustrated or isolated. As Many Judith explained:

> There’s barriers everywhere...there’s either stairs, or there’s no ramp on the curb, or there’s construction, [or] the elevator doesn’t work on one subway platform. When I was learning where to go to get around I got so frustrated because…I’d have to go all the way around town just to get to where I was going.

While another participant identified language related challenges. Paul, who came to Canada at age 14 stated, “I didn’t know English. I didn't know sign language either. [While] learning sign language, [I was] trying to pick up English at the same time. I was very confused.”

Beyond physical and environmental barriers, participants encountered interpersonal barriers within their environments which included being stared at, stereotyped, or pitied which they found difficult to deal with. Mandy Judith explained that when she is out with other wheelchair users, “It’s very judgemental and difficult…with [the] drama and people gawking.”

For those participants who used assistive devices, these devices continued to present challenges. For some these devices were tied to negative emotions and feeling self-conscious about their bodies and appearance, which they were particularly concerned about as teenagers. For example, Samantha explained:

> I walked on crutches with leg braces. I think a lot of things made me miserable when I walked. With walking it was always how far can I walk? It was hard work and there was always the worry of falling, the worry of a paper on the floor, the worry of how I look[ed] in my clothes and just a whole list of stuff I was so self-conscious about.

Additionally, Daisy stated that:

> In junior high and high school, I would not leave my house without my [prosthetic arm]. I really took it on as a crutch. I’m just like you, I have two arms...[I was] frustrated with having to like hide behind an artificial arm..never really being able to be me…always trying to fit in.

However, for other participants who used assistive devices, alternatively these devices served as valuable resources which led them to feel enabled and navigate their environments. Charlie shared that his motorized wheelchair was “one of his many tools.” Walter stated, “I remember the very first sports chair...that was freedom. Imagine taking a 5-mile walk in flip-flops and then getting a great pair of shoes. That's how great it felt, to just be able to just go."

In response to these daily challenges, participants continued to develop various strategies for coping, continuing to be active agents by drawing on various available to cope.

**Coping.** During adolescence, personal characteristics, such being stubborn, strong willed, and determined, continued to help participants to cope in their daily lives as they navigated their surroundings in their unique bodies. Further, these qualities informed participants' actions and behaviours in beneficial ways. For example, Mandy Judith was able to become more assertive with others about her daily needs:

> I don't think I would be as hard headed and stubborn if I could do things that I needed to by myself...I have to be just like out there and more verbal. If someone put[s] me in my wheelchair and I'd have to sit crooked for the whole day..that would leave [me] in pain so I can be like "I need this done."

Moreover, participants explained consciously adopting mindsets or perspectives which helped them to cope with physical challenges and resist stigma they faced. As Daisy explained, "I think I sometimes felt myself as weak for feeling bad for people staring at me, getting upset about that but [just] persevering through that and not letting that bother me." As well Jacob stated:

> I saw other people that were juvenile diabetics who were older than me and their lives are all tied up in this and there's so much pity. It was just like I don't want people to pity me. I just [didn't] want to be so involved in it. I [didn't] want to be the illness.

In addition, participants spoke about taking specific actions which helped them to cope with stigma they encountered. Several participants spoke about finding spaces designed for those with certain bodies that felt more welcoming which helped them to cope. As Mandy Judith explained, "...if I went out with my friends that are in a wheelchair we'd pick a community centre for [people with] special needs because it was more comfortable..[as] we'd rather not deal with drama and people gawking." As participants encountered daily challenges and found ways of coping, their relationships with their bodies continued to change and shift.

**Process of Acceptance.** During adolescence, participants continued to describe nuanced relationships with their bodies. Some participants described moving towards accepting their different bodies, coming to view their physical differences in neutral or even positive terms. More specifically, participants spoke about making a conscious decision to relate to their bodies in new ways, again adopting certain mindsets which helped them move towards acceptance of their bodies. Daisy who at times felt self-conscious about her differences, shared coming to terms with her unique body:

> As a younger person you know, when other people would say [one armed girl] maybe I would feel bad about it…but then…I just owned it cause I was like, well ya I am the one-armed girl, so I just made it okay in my mind to be called that.

Similarly, Mandy Judith who did not like certain aspects of her body shared:

> My joints don't bend and look a lot thicker. I used to want to cover my hands with my t-shirts cause my hands they look like a baby hand cause my thumb is more in towards the palm of my hand…I didn't want to like look at [my fingers] but I just woke up and didn't want to do it anymore… if [other people] don't like it, I don't care.

While for those who acquired their impairment as teenagers, this proved to be a difficult transition, particularly if they were teased about their appearance. Several participants described initially seeing physical changes and their bodies in a purely negative light. Jessica explained that her shoulder blades stuck out as the muscles weakened over time and so “I tried to hide my disability…I felt a lot of shame about it….what I felt for a long time [was that] my disability was something really negative and something to be ashamed of.”

As participants navigated living in unique bodies, and related to their bodies in different ways, their interest in the arts and engagement in artistic activity continued.

### *Artistic Practise*

Artistic interests and activities informed self-perceptions tied to their developing artistic identities, and participants shared how being a person with an impairment intersected with their artistic practise and identities.

**Artist Identity.** In adolescence, participants described consistency in their artistic interests and self-perceptions. These participants continued to enjoy experiencing and creating art, continuing to see themselves as creative or artistic individuals. Jessica stated, “I’ve always been making art my entire life…taken lots of classes and participated in arts and crafts fairs.” These perceptions were tied to the choices they made about how to spend their time, as they sought out creative environments and activities. For example, Walter “started shooting for the high school year book…taking the football team picture…all the candid [photos] you see in the year book….I loved that, I was in my glory.” Similarly, Janet shared “I’ve always been creative in some sort of way and I’ve always loved art…when I was sixteen, I went to an art camp to be a counsellor who teaches drawing.” Participants discovered their love of certain kinds of art which continued beyond adolescence, such as Michael who listened to a lot of rap music.

As participants continued to or began spending time engaged in creative activity and came to see their artistic pursuits as a valued hobby, they discovered how having a unique body informed their practise.

**Influence on Artistic Practise.** Participants explained how possessing a different body and experiencing physical and impairment-related changes shaped their practise and its trajectory. For these participants their experience of impairment affected the creative process in different ways.

***Creative Process.*** In adolescence, participants with congenital impairments and those who acquired their impairment during this time explained how physical changes affected their creative process, as it could influence the frequency of production and their ability to create with certain mediums. For example, Walter explained how his impairment influenced the type of photos he could take, “When I first picked up the camera as a hobbyist, we had a cottage at the time and I took landscape photos, I loved taking landscape photos but the wheel chair hampered me...I couldn’t get everywhere [I wanted to].” Additionally, participants’ physical functioning shaped the tools they preferred to use when being creative. Mandy Judith developing preferences for certain tools as she began to paint more frequently:

> [I prefer] glass paintbrushes [as] wood paintbrushes will chip in my mouth, it’s gross. Oil is [also] a lot harder cause one I’m using it with my mouth and if I get it on me it’s gonna stain. I will make a mess sometimes cause I accidentally knock things over or it just drips. So being disabled and using my mouth, watercolour works better.

As participants continued to create art and their practises developed, creative activity began to serve different roles in their adolescent lives which included both intrapersonal and interpersonal functions.

**Intrapersonal Function.** In adolescence, participants described how creating art provided them with an avenue for exploring their interests, expressing themselves and their points of view, as well as an enjoyable activity to relieve stress. For Walter, who did poorly in his art class, when “I discovered the camera, I figured out a way I could create cuz I didn’t have to draw. I could take the picture, this is what I saw. This is what I wanna do.” Additionally, Mandy Judith stated that arts activities “could be a stress reliever, be something to pass the time or I [had] this really good idea, I want[ed] to put it on paper.”

Beyond serving an intrapersonal function, creating art around others or sharing art with others also served an interpersonal function in their adolescent years.

**Interpersonal Function.** In adolescence, participants explained how creating art provided opportunities to shift attention away from their impairment and highlight their artistic abilities, leading participants to feel good about their abilities and themselves. More specifically, participants spoke about creating and sharing art, and being able to receive positive peer feedback. For Mandy Judith, creating a painting of a train for a class project was “very rewarding and satisfying to do..I didn’t think it would turn out that good..[but] I was just like really impressed with myself and I got a lot of really good feedback from everybody else in my class too.”

Participants’ experiences with creative activity was a valued aspect of their adolescence experience. Family experiences continued to play an important role during their adolescent years, continuing to shape their artistic experiences as well as their embodied experience in multiple ways. Participants continued to interact and engage with both immediate and extended family members, with the presence and nature of their impairment and their creative interests continuing to inform these interactions in similar but also new ways.

### *Family Interactions*

During adolescence, participants described times when they experienced conflict with family members as parents set rules and boundaries. For example, Daisy stated that she did not always communicate her appreciation for her parents since “as a teenager you don’t want to tell your parents you love them cause most of the time, you’re mad at them cause they are telling you not to do something.” Further, participants talked about times when parents did not agree with choices they made which caused tension. Samantha explained how being bullied for being different affected her relationship for parents “Those two years [when I was bullied] were hell for my parents too cause they didn’t know why I was being a complete ridiculous obnoxious [person]” and later in high school when she spent all her time with a group of Polish peers who accepted her, “my parents were very upset [and]…concerned [that] no Canadians or other nationalities were around me. That was a big deal for them because they thought that I was sheltering myself……So I slashed them down and said ‘I’m doing what I want.’ ”

However, family members, particularly parents, continued to communicate that participants were loved and cared for as their bodies changed and they faced new challenges. For Jessica who was diagnosed with muscular dystrophy at age thirteen, she stated “My mom has always been my biggest supporter and advocate of me and my disability.” In addition, Michael shared that he:

> …admired the effort [my father] made. My dad’s hard working, cares a lot and can do whatever he puts his mind to doing. One of the things he put his mind to doing was caring about me and being good to me.

Family members continued to help in concrete ways, ensuring that their childrens’ daily needs were met and providing practical assistance and care when needed, particularly for participants with congenital impairments. For example, Mandy Judith’s mother continued to be her caregiver during her adolescent years. Further, family members often provided encouragement and helpful advice when participants were faced with impairment-related challenges and felt discouraged. Michael shared how his father has tried to encourage him:

> My father talked about the good wolf and the bad wolf and that [I] could choose to feed the good wolf or the bad wolf. The good wolf is the one that feeds on positivity and affirmation while the bad wolf is the one that feeds on contempt, loathing and bitterness.

A consequence of these caring relationships and practical assistance, was that participants found the confidence to continue tackling impairment-related challenges. For example, Walter's parents continued to help him learn how to navigate his surroundings as a wheelchair user with a unique body, "the treatment centre was in my home. I mean my parents' support gave me the confidence to learn necessary things [related to using his wheelchair] and do those things so that you know I could move forward."

Parents continued to be key advocates, as they fought for their children to have access to services or environments, including within the educational system, which facilitated access to new experiences and interpersonal opportunities for participants. As a result, participants were able to feel included in group activities with their peers, which contributed to participants developing adaptive mindsets and positive perceptions about themselves. For example, Mandy Judith explained that after her mother fought for her to be integrated in regular classrooms full time:

> They [peers] started hanging out with me we went to the movies and stuff, I was never home when I was in high school. If I wasn't integrated I would not probably have met anybody or done anything....I feel that if my mom didn't integrate me with other kids [in grade nine] that I probably would have had the mindset of I am in a wheelchair, poor me [instead of] thinking in my head that I'm not in a wheelchair…

As during childhood, family members continued to foster participants' development along with their interests, including their developing artistic interests.

**Fostering Coping and Interests.** During adolescence, parents and close family members continued to encourage participants to explore the world around them and to facilitate a range of experiences. These experiences resulted in increased knowledge, skills acquisition, and closer relationships. For example, during childhood and early adolescence Walter spent time with his mother in the kitchen when he was not able to go outside:

> Winter was…severe…a lot [of] snow. The way I coped with the weekends in winter time when my friends were out playing, I was at home in the kitchen with my mom learning how to cook…..[so] I got spent time with my mom…I've [always] been a mama's boy.

Beyond knowledge and skill acquisition, these interactions resulted in participants developing traits which became qualities they liked about themselves and which helped them cope in their daily life, including with impairment-related challenges. In his teenage years, Paul continued to find that being "mentally tough" helped him not to feel sorry for himself. For Daisy, growing up in a loving family helped her develop a happy disposition:

> Consistent love has been the biggest thing in my whole family..and I think that has really definitely helped me in life. If I didn't have that support growing up, I wouldn't be a super happy person, nor would I want to make other people feel happy and give other people love…cheering people on.

As participants developed specific interests, including artistic interests, these were often encouraged by parents who provided tools which further fostered their interests. These experiences also led to increased knowledge and skill development, including their artistic skills and perceptions as creative persons. For example, Walter explained:

> My stepfather lent me a camera for year when I was about sixteen. He said “Here, take the camera. It's an old manual camera...You gotta learn the nuts and bolts, you got to learn it properly so take this camera and learn.” And I did.

Not only did family members provide participants with tools, but some spent time with participants engaged in creative activity. Kyle explained that his father exposed him to glass blowing, and Jacob was able to discover a love of creative exploration that later became important in his own musical practise:

> [My father] did sculpture and photographic silk screen printing. He did a lot of really cool processing with it…stuff you do in Photoshop he could do by hand…so he taught me how to do the photographic work by hand …that process of learning that and how deep you can get inside something with just a couple pieces of film that I learned….[and] that’s why the process thing [became] really important to me.

Beyond family relationships which continued to grow and change, participants began to develop an interest in dating and exploring romantic relationships with peers. They described how being an adolescent with a different and changing body shaped these experiences and consequently how they felt about their physical differences and themselves.

### ***Dating Experiences***

In adolescence, participants became interested in dating, and particularly for those with visible impairments, they described how looking different from their peers could lead to a lack of or negative attention from opposite or same sex peers. For example, Water explained “The teen years, they’re tough on anybody but I was even more different. I had one date in high school, one date in 6 years. I feel like I really missed out on that [dating experience].” Daisy shared encountering negative peer reactions and continuing to feel self conscious about her body at times which meant “I didn’t have boyfriends when I was younger.”

Beyond not often being approached or solicited by peers, participants explained how having an impairment could influence their decision of whom to date, as they ruled out some potential dating partners. Mandy Judith who identifies as bisexual explained:

> I’ve been mainly dating guys only because I’ve never met a female that can physically take care of me….So I’ve always been with guys...I’d rather try to be with a female [but] I couldn’t cause because I need someone that can actually carry me.

For those who were able to begin dating, they were able to learn some new things about themselves and their bodies. As Mandy Judith explained:

> I didn’t think that I was able to necessarily have sex, to even move my legs or cuddle, or to hug. I didn’t think anything like that. [So] I learned a lot about my body when I started dating because I didn’t know that I could move in places if that makes sense.”

Overall, participants experienced various reactions from peers they were attracted to and interested in dating, with peer interactions occurring in multiple setting, including within the educational system. As such, interactions with school peers continued to shape both their educational experiences and how they felt about themselves as persons with different bodies.

### *Elementary and High School Educational Systems*

As in childhood, peers continued to influence how participants felt about themselves and their unique bodies and the disability identities they constructed.

**Peers.** Participants continued to encounter diverse reaction from peers which were particularly influential and continued to influence how they navigated the process of acceptance. Many participants found it difficult to connect with peers, not always feeling they could relate to certain peers. As Kyle stated, “I went into sports, I played rugby, but I didn’t have a competitive bone in my body, so I never related to [male] peers that way.” As during childhood, when participants were bullied, they were left feeling excluded, and with negative perceptions about their bodies. For some participants, these interactions even affected their mental health. As Samantha explained:

> Two of my teenage years were complete hell with bullying…teenagers that were very, very toxic....I was different. I was in a wheel chair. I was on crutches...everybody else decided to just..take it out on me. I felt like nothing…the kids took all the life out of me…they completely shot me down.

In contrast, participants also encountered neutral and even positive reactions from their peers. They became friends with some of their peers, whose actions led them to feel included and accepted. For Walter in high school:

> I had some good friends..they’d be talking about “oh let’s go to this pub. Steve. Do you want to go?” and then three seconds later “oh, crap it’s not wheel chair accessible.” But the first thought was, Steve, do you want to go?

For some participants, changing classrooms or schools presented new opportunities to interact with a wider set of peers and create valued friendships, enabling them to development more positive self-perceptions. More specifically, they were able to begin to see themselves and their more bodies in a positive light. Samantha explained being able to “rebuild herself” when:

> I started high school…it was a different school…things looked up because there were new people in my life. I found a group of people that accepted me and treated me like a normal human being and not any different than anybody else and took me in..The teenagers that I was surrounded by, there was so much acceptance in the group.

Similarly, Mandy Judith who was integrated in mainstream classrooms in high school said:

> I used to think I was fat and not liked the way I looked...it was so hard to like myself but being with people, that's helped. Cause if they like [my body] then why can't I like it? I'm the one that has to live with it all the time, right? When I got into high school..it hit me all at once and I realized able bodied are going to like me as much as disabled people so it doesn't matter.

For those who formed friendships with peers who also had impairments, these relationships were equally valued. Participants explained that these peers could often relate to and understand impairment-related experiences in way friends without impairments could not. As Mandy Judith stated, "I have friends that are in wheelchairs and have impairments. They help me in a different way, they understand what it feels like, things that people who are able bodied wouldn't even get.."

Being a person with a one of a kind body continued to intersect with their role as a student as participants completed middle school and subsequently high school. Beyond interactions with students, interactions with school staff and the physical environment continued to influence their access to academic and artistic opportunities which could support or deter learning and inform peers interactions and their student identity.

**School Personnel and Resources.** At times, school personnel were not able to respond to participants needs as students with diverse bodies and ways of learning. When the teachers' or administrators' efforts were not successful, and alternative options tailored to their specific needs were not available, participants felt frustrated, as they were not able to engage with the material, connect with other students, or take courses of interest. For some, specific tools that teachers employed were not always successful or there was a lack of suitable options to meet their needs. For example, Paul who attended a high school for hearing students before transferring to a school for deaf students stated:

> I went to high school with people who hear so I didn't pick up anything there for two years…In the hearing class there were so many students sitting down and the teacher [would] often use words to all of these students, I can't pay attention….it doesn't work…I cannot hear what the instruction were. They made a…system where [the] teacher had a microphone and I have headphones [but] it didn't help…so I was missing a lot.

Charlie also explained encountering barriers but to taking art courses, "The art the teacher was like oh you can't hold a paintbrush, you can't hold the tools, how can you actually do art? And I was not smart enough to teach anybody the scribing technique, so they said no."

Barriers were even present outside of the classroom, informing which extracurricular activities participants could access. Walter shared that his school did not have access to adapted transportation which lead him to feel that:

> I was a little bit outside, [I] couldn't go on some field trip because they didn't have transportation. I love music. I played the saxophone and I couldn't join the stage band because I couldn't get on the bus to go to the gigs. I couldn't join in.

Alternatively, school personnel were able to recognize and adapt their approaches and the curriculum to participant's particular needs with some degree of success, and participants were able to complete their high school studies. When they found themselves in environments tailored to their needs, they were able to participate, learn, and access valued academic experiences, including art classes. Paul described a positive experience at the hearing school, "I had one teacher who was hard of hearing like me. [He] often took me out of class and support[ed] me with my class work, and that's where I learned the most." Later, he also felt supported when he attended a school for deaf students. As well Charlie explained:

> I did have an art teacher that actually did see that maybe I wasn't going to hold the paint brush but she knew I loved computers..[so she said] you can do whatever projects you want or follow the theme with the computer graphics.

Further, some participants spoke about being able to access resources at school which again fostered artistic interests. As Walter shared "I learned how to use the darkroom in high school…how to develop black and white film, how to make prints..I enjoyed the darkroom, I enjoyed the artistic stuff…. it was pretty magical watching that print come up from nothing."

Beyond creating connections with others in the school environment, participants continued to connect with disability as well as art organizations in the city in which they lived, building valued relationships with persons in these communities.

### ***Community Connections***

In adolescence, participants continued to connect with various communities and organizations in the cities in which they lived. The described how building relationships with people in disability, art, and disability art organizations. This resulted in opportunities for socializing with persons like themselves, leaving them feeling cared for and valued. They also reported encountering opportunities which fostered their development. For example, Paul explained benefiting both academically and socially from attending a school for deaf students and connecting with others in the local deaf community:

> There was a residence that I stayed [in] and that's where I felt connection with people my age, joking [around], teasing me with sign gestures and we just broke into laughter [so]

> what did I get out of deaf community…sign language [and] caring…the tool[s] to learn [sign language] because I had a social life with sign language users then.

For those who began connecting with artistic communities, these interactions led them to advancing their own artistic practise, and artistic skills, as well as supported self-perceptions as creative individuals. Janet was shown how to paint on silk while working at an art camp, a process which "excited me…. watching [the silk] transform by putting liquid down onto it…[and so] after the camp, I continued to paint on silk." For Mandy Judith, who was part of a disability arts organization:

> I didn't even know like how to paint when I joined..well I did but not as good. I learned a lot from being with other artists…different techniques from different people…how to paint with my mouth cause there's certain people that paint with their mouth there too…

Overall, participants' adolescent years were very formative as their various identities continued to develop and evolve, shaped by family, peer, and community interactions. As participants transitioned from adolescence to emerging adulthood, they continued to navigate many of the same contexts, reporting a range of familiar but also new experiences which informed their multiple and intersecting identities.

## Emerging Adulthood (Ages 18 – 23)

Participants continued to experience their bodies in different ways during their emerging adult years, as they began pursuing educational and life goals.

### *Embodied Experience*

Participants continued to navigate the world with different bodies, with their functioning continuing to change, especially for those with acquired impairments. All participants continued to face challenges and utilize existing coping tools while finding new ways to cope.

**Challenges.** Some participants explained continuing to experience challenging physical symptoms which were frustrating. For example, Jacob continued to find it challenging to deal with the consequences of his diabetes and hypothyroidism as they just "play off each other..I [got] very sick sometimes." Physical changes in their bodies lead them to become focused on their impairment, experiencing distress, and influencing life decisions. With some participants continuing to find that their mental health was affected. For example, Jessica described becoming more isolated after high school which led her to wait to attend university:

> My condition started to deteriorate, and I became more isolated. My entire life became about my condition getting worse and trying to figure out how to do things differently...I think my mental health took a significant impact. I was extremely isolated which led to me becoming more and more depressed and sort of losing my sense of self…… I didn't go back to school for about four years.

For some, as during earlier periods, assistive devices presented further challenges, particularly for those who held negative perceptions about using these devices. Consequently, they chose not to use these devices and continued to struggle with physical challenges. For example, Jessica felt that "having to rely on a wheelchair made me less of a person and I put off getting a wheelchair for a long time because of that…"

As during previous periods, participants continued to respond in multiple ways when faced with these challenges.

**Coping.** Participants utilized existing tools, such as continuing to draw on personal qualities to deal with ongoing and new challenges. Participants also continued to develop mindsets along with taking specific actions which helped them cope with physical changes and their emotional consequences and move forward in their lives. For example, Janet who diagnosed with MS while attending university explained developing a particular mantra:

> I have a saying that I’ve always gone by: A bad day today means a stronger tomorrow. I developed [this] for myself as who knows what’s gonna happen with MS. I know it could be a bad day but eventually, I’ll get stronger…I’ll figure out….how do I redirect it, how do I gain control even though I have lost a lot of control... that’s how I try to keep my glass half full and not get trapped by [the MS].

Jessica who was experiencing family and impairment-related stressors described deciding to return to university, telling herself that “I need to take the next step in my life, I can’t continue living like this, I need to get out of this period of isolation and university seemed like the best option for heading in that direction.” Her decision to begin using a wheelchair before returning to school was also a turning point as “I just had become so isolated and withdrawn…a shell of myself….I stopped doing a lot of things because of fatigue and physical inability and I just grew tired of that.”

Participants began to engage in advocacy efforts to deal with attitudinal and environmental barriers. Some participants described educating people about the experiences of persons with impairments. Charlie began a website where he and two others “just spread stories and articles on disability issues to help people understand what’s going on in that community.” Samantha explained advocating for herself:

> I’m one of those people that will rip you to shreds if you start pushing me or picking me up off the floor without even knowing if I want to be there or not...if I haven’t asked you for help, then ask me if I want it. Don’t assume....so it’s about teaching people and you teach through experiences with you that people create.

As during previous periods, as participants lived in bodies that looked and functioned differently, they continued to relate to their bodies in different and diverse ways.

**Process of Acceptance.** Participants' relationships with their bodies continued to shift and change during emerging adulthood, as they came to see themselves and their bodies in more nuanced ways. During emerging adulthood, some participants continued to hold negative perceptions of their changing bodies, such as Jessica, while others began moving towards acceptance, becoming more comfortable with their different bodies as they spent more time living in these bodies. As Mandy Judith explained, "I don't feel awkward anymore cause I'm just so used to feeling out of the norm anyways....I can't change [my body], so why care about it right? Now I'm not growing anymore! It's gonna stay like this." As participants continued to navigate the world and relate to their bodies in different ways, their artistic interests continued to be a valued part of their lives. Participants' artistic practises continued to develop and evolve along with their identity as an artist.

### *Artistic Practise*

Earlier artistic interests continued with participants spending time enjoying the arts. They continued creating their own art, and even chose to devote more time and energy to their artistic interests. For example, some participants chose to study the arts at college or university while others continued to create art in their spare time. For example, Janet chose to complete a Bachelor of Fine Arts degree, majoring in sculpture as she was someone who "just love[d] producing things" and even began selling painted silk scarves. While Michael's love of hip hop and rap music motivated him to try rapping himself:

> I fell so hard in love with a good two dozen, six dozen different rappers and what they were doing. Rapping is a little bit different than from other forms of musicianship in that

> you're an old-fashioned entertainer and a big personality. So I fell in love with these entertainers and their big personalities and [felt] I had no choice but to try [it myself].

**Artist Identity.** As participants engaged in creative activity, they continued to see themselves as creative individuals who produced and created certain types of art. Some participants began to see themselves as artists or even began to identify as a specific kind of artist. Kyle explained, "I have considered myself a collage artist since I was about eighteen or nineteen where I looked for other collage artists from history and felt kinship with them."

**Influence on Artistic Practise.** Physical and impairment-related changes continued to shape their practises and its trajectory, in similar ways as during previous periods.

***Creative Process and Trajectory.*** In emerging adulthood, participants with both types of impairments shared how physical changes continued to influence the creative process along with the trajectory of their practises. Possessing different and changing bodies continued to influence the tools and mediums participants used. Changes in their functioning also prompted shifts in the frequency of production and direction of their practise. For example, Jessica shared that after high school she briefly stopped creating art:

> My condition started to deteriorate, and I stopped doing [art] stuff…my self-confidence and my emotional well-being was low, and it's really hard to create when you are in such a negative frame of mind. It wasn't something that I wanted to do anymore either because the isolation and the depression had gotten so bad.

For others, changes in physical functioning, in conjunction with the nature of their surroundings, informed the content of their art as well as the frequency of production. Janet described spending a long period of time in the hospital at one point in university due to her MS symptoms, which influenced when and what she created, "So I have a series of pictures that I took in the hospital in areas where you wouldn't recognize that that was in a hospital [as] that's where I was for weeks on end…..[I thought] what about in this corner or in the washroom with door shut, with just a little bit of light….so I learned how to find something that is creative, something that is interesting in itself, but not recognizable." Later after completing her degree, and working as a photographer in a print studio:

> Another exacerbation with MS, where the leg started to drop. I had to start using the cane. The darkroom was in the basement so trying to go to photo shoots, carry[ing] the gear, not exactly something that you can carry when you're trying to walk with a cane. So I had to leave the job. I became very angry at life very frustrated by what was happening.

Moreover, participants' experiences of living with an impairment could influence the specific content of their art, with some participants directly referencing their experience of impairment or using it for inspiration. For example, when Michael began writing his own songs he drew upon many of his life experiences, including his experiences of living with multiple impairments as there's "something to talk about. [My three disabilities] give me a perspective that no one else quite has about the world. I am who I am, and it seems to be unique and distinctive enough that a lot of people appreciate it."

As during earlier life periods, creative activity had both intrapersonal and intrapersonal functions.

**Intrapersonal Function.** Creating art continued to provide an avenue for expressing aspects of themselves and their points of view along with coping, particularly with impairment-related challenges, as participants were able to learn valued life lessons, which helped them combat negative feelings related to the diagnosis or the impact of physical changes in their daily lives. As Janet explained:

> In my late teens and early twenties, I developed MS [and] you've got no control over what's gonna happen with that. But the way to get any kind of control over it, was to try to find what was going to make me realise that I was gonna be okay. That lesson that I learned painting on silk, [that] you have to totally give into it and let the dye take over, it was learning how to control something that you had no control over. Once that Aha moment came, it was like, oh my god, this is my life! I've painted on silk ever since.

For participants, creating art was a way to discuss how they felt about physical changes and symptoms they were experiencing, and to move towards acceptance. Janet created a series of photos while taking a university course that:

> Went from very muted dark images to slightly lighter to actual images [which] ended up being nudes. To go from that not wanting to show anything except for a very muted image to actually showing something that was a nude…I even showed my bare ass, I put myself out that much….[so] I'd learned how to move from something that I didn't want even myself to accept to something that I was willing for other people to accept…

Beyond enrolling in an art program, participants spoke about seeking out artistic environments and continuing to make connections with artistic organizations along with disability and disability arts organizations in the communities in which they lived.

### *Community Connections*

Participants connected with disability and artistic communities which often provided valued employment and artistic opportunities.

**Employment Opportunities**. Through community connections and programs, some participants were able to access tangible opportunities, including employment opportunities. For some these opportunities were connected to their role as artist while for others this was not the case. Participants were able to find opportunities through disability or disability art organizations which were particularly valuable for those who faced attitudinal barriers to finding employment as persons with an impairment. Interactions with staff led to their particular needs being met and talents being recognized which resulted in them feeling confident, capable and valued. For example, Mandy Judith:

> Ever since I got out of high school I tried to get a job everywhere...[they'd say] oh you can't do this….That's when [mouth and foot painter association] would step in and they're like "Oh you can do this. Here's an interview, go to this place." They're like the window of opportunity.

For Paul, who found a job through the Canadian Hearing Association, at his woodworking job, "The boss was so cool. He picked up a few sign language [words] to communicate with us which was good. He was so easy-going, basically if you don't understand you can write it down." These experiences provided opportunities for learning and developing new skills which enabled participants to see themselves in new ways. Mandy Judith explained how she has grown because of her involvement with a disability arts organization:

> [the mouth and foot painter's association] brought out so much confidence in me. Before I couldn't even talk about myself and I got over my shyness cause they had me doing interviews...just talking to people since I was thirteen.

**Artistic Opportunities.** Specifically, organizations and persons within art and disability art organizations provided opportunities to create art which helped them to further develop their artistic skills and reinforce artistic self-perceptions. For example, Michael began attending a local hip hop karaoke event where he began rapping in front of an audience. Subsequently, he met the "fella who helps me with the recording [who] took me into his studio and decided okay let’s see what you can do on with your original work on the mike instead of the hip hop karaoke you’ve been going to.” Later this person become his partner and helped him to produce his first album. While taking advantage of these resources, participants described develop beneficial relationships with people in these communities.

**Interpersonal Opportunities.** Connections to artistic but also disability and disability art communities provided opportunities to interact with others to whom they could relate, which fostered feelings of belonging and acceptance as artists and persons with unique bodies. For example, for Michael who began rapping at age 19, shared that those “who’ve taken me in the most are the nerd rappers. I started out with them because I started out at hip hop karaoke which is a lovely place, whose host happens to be a nerd rapper and [became] my friend.” Additionally, Samantha shared receiving services and then working at the same hospital, and so “created some very strong friendships here that are very supportive, kind and loving…. Like someone who I’ve known since I was little girl who is now my best friend…..it’s pretty, this place is darn special.”

These connections even helped participants begin to feel more comfortable with themselves and more accepting of their impairments. Participants described being able to relate to others experiences which help them to navigate impairment-related challenges and see themselves in new more positive ways. For example, Jessica described connecting with another person her age who was also a wheelchair user in university:

> [when] I started interacting with other persons with disabilities…I was able to really appreciate that common shared experience. Especially my best friend [who] was the first person I had met who was the same age as me who also used a wheel chair. It just put things into perspective and made me feel like I wasn’t alone...Just learning about her life,

> how she's come to terms with her disability…just validated my experience, knowing that there are other people out there experiencing similar things as me.

Beyond community connections created during emerging adulthood, the family continued to be an important influence and shape participants multiple identities. As during previous periods, regular contact with family members were a central and feature of their daily experiences.

### *Family Interactions*

As participants interacted with immediate and extended family members, they continued to feel cared for and encouraged as they became more independent, made educational and life decisions, and moved forward in their lives. The nature of the assistance provided could shift as participants related to parents in new ways and formed new relationships with others. Participants continued to receive direct practical assistance from close family members, with caregiving or tasks of daily living, particularly for those who lived in the same city and near family members. While for others this occurred less frequently as they moved away out of their parent's house or moved to a new city, for example to attend school, and were able to take care of their own personal needs. Participants were also able to find alternative sources of assistance which enabled family relationships to deepen. When Mandy Judith's began living with her boyfriend she found:

> There's a lot more time to hang out with [my mom] and have happier times instead of stressful [times with her] always worrying about how to take care of me...[now] she can come over and…we can have more of a relationship which is better than her being my caregiver...now it's more come and hang out..[instead of ] coming to do something for me.

These tangible resources, such as what parents provide, enabled participants to attend school, live on their own, and learn important life skills. For example, Charlie's father's financial support meant he has been able to live in his own apartment and attend school. Some parents continued to be advocates so participants could have access to valued resources, enabling them to feel financially secure and meet life goals. Michael's father helped him to access disability benefits:

> When I haven't been able to go to bat for myself, [my dad] has usually been there to help….The people at [provincial disability support program] said you're not eligible for this. And my father stormed in with a copy of the legislation and said…"he is disabled and he is struggling to get through life and you gotta help him. And the legislation says he's eligible [for ODSP] so do this." So [he] kicked ass in there and made it happen such that I have access to this money.

As in previous periods, family members' advice and encouragement helped participants to navigate physical and impairment-related challenges and view situations from a new perspective, enabling them to undertake valued life pursuits. Walter shared that his parents "gave me the supports that I needed to do what I needed to do, to get the things that I needed so I could finish school, stay healthy…" Jessica explained getting advice from her aunt which helped her to change her perspective and improve her quality of life:

> My aunt had a conversation with me and said "You know, using a wheelchair could actually be a positive thing. You can go out and do more, it will be easier for your mum, who can just throw the wheelchair in the car, and then you don't have to worry about where you're going or how far you have to walk." My aunt was able to present the idea of using a wheelchair in a way that wasn't negative…I wasn't able to do that for myself.

While at times parents did not always understand or agree with their decisions, in general family members communicated that participants were capable and valued family members. As during adolescence family members encouraged their interests.

**Fostering Interests and Skills.** Immediate and extended family members continued to encourage and support participants' interests, including their artistic interests and goals. Parents and extended family members verbally encouraged participants and engaged in shared activities which enabled participants to acquire new knowledge and grow as persons and artists. As Mandy Judith explained:

> [My grandmother] has helped me grow as a person. She taught me a lot about myself and pushes me to do things too…[I have grown] in my work ethic because she pushes me to go finish school and do things I wouldn't really think that I'd want to do. I didn't think I'd want to go back to school for painting. But she's persistent on things and I want[ed] to do it for her.

Additionally, Michael shared how his brother helped him create a song for his first album that he is very proud of, and so he "would give a lot of credit to my brother who's a composer and who produced the most beautiful sound [for name of his song]. It's the most beautiful beat."

While the family members continued to be a key influence on participants' developing identities, interactions with those outside the family unit had an influence on their identities as well, particularly potential romantic partners.

### *Dating Experiences*

Participants continued to date, with some still encountering challenges related to possessing distinctive bodies. Some participants with visibly different bodies continued to describe not being asked on many dates or getting little romantic attention. For Walter, "I didn't do much better in university either..I feel I really missed out on that [dating experiences].” Participants were particularly concerned about physical differences and about being accepted by potential partners, experiencing doubts about their desirability or ability to meet their partner’s needs. For example, Jessica stated:

> I didn’t have my first relationship until I was 23. In the beginning I was quite frustrated cause developmentally I was quite behind..and that caused a lot of internal turmoil and frustration and that was another source of self-consciousness...just not thinking people would be able to accept me as a person with a disability in a romantic sexual relationship.

Despite these obstacles, participants began to enter long-term relationships with persons whom had and did not have impairments. In these relationship participants emotional, practical, and physical needs were met. They described their experiences as romantic partners and explained how possessing unique bodies informed relationships dynamics and their identity as a romantic partner.

### ***Adult Romantic Relationships***

Participants who were in relationships in their early twenties reported loving, caring, and supportive relationships with partners which left them feeling valued. In general, partners were supportive, demonstrating caring and patience as participants navigated life challenges, including impairment-related physical challenges. Some participants described how partners were able to increase their own knowledge and skills related to participants’ needs. Mandy Judith shared how her boyfriend has learned a lot about her:

> He knows how to move my body…he knows how to take care of me so it’s faster and he thinks of things how to help me that I probably wouldn’t think of how to do for myself. He kind of knows me better than I know myself now.

In turn, participants were committed and supportive partners themselves, demonstrating this through their words and actions. Michael explained that in relationships “when I have someone to love, capacities come out of me that are hidden. I can get up in the morning and make breakfast in bed for my girlfriend in a way that I can’t do for myself.” However, they did experience some challenges.

**Relationship Challenges and Outcomes.** As they interacted with their partners, they experienced stressors in the relationship. Some participants explained how their different bodies or shifting abilities created stressful situations, and how they were able to work through some awkward and challenging moments. For example, when Mandy Judith’s boyfriend first moved in with her and became her primary caregiver, they were together all the time which was frustrating. Additionally, when her boyfriend was, “learning how to take care of me, he didn’t know what to do and it was all over the place and a huge mess”. More specifically, he had to help her to go the bathroom and:

> when somebody’s wiping your butt to go poo and then they’re gonna have sex with you, [I felt] I don’t want you to look at my poo. I’m over it now because we’ve been together for so long but it took me forever to go poo for my boyfriend..it was just so awkward.

For others, impairment-related challenges created stress in the relationship or affected relationship dynamics. More specifically, when a partner found it difficult to understand, or cope with impairment-related challenges and their implications, these relationships often ended. For Michael, relationships ending led him to feel sad as, “Who knows whether I’ll ever have a partner again because both of my previous partners have left because they knew I needed too much taking care of...they knew I was at this arrested state of development and it drove them a little crazy so they parted.” Participants described a variety of romantic relationship experiences with their peers alongside continued interactions with peers in whom they had no romantic interest as they continued to pursue an education.

### *Post Secondary Educational System*

All participants completed some form of post secondary education, with participants pursuing various majors / subjects, including 5 who pursed college diplomas or university degrees in the arts because of their artistic interests. As they pursued their studies, being a person with an impairment interacted with their role as a student in similar ways as during earlier periods. As during adolescence, being a student with a different body and needs continued to inform their experiences with school personnel and peers.

**School Personnel and Resources.** Participants described accessing various on-campus resources, such as offices for students with disabilities, and resources for students with impairments. Interactions with staff and specialists provided valued interpersonal opportunities, practical knowledge, and opportunities to work on campus. For example, Jessica first utilized her school's office for students with disabilities in her second year. This provided her with opportunities to connect with other students with disabilities and engage in advocacy efforts. Consequently, she became more accepting of her unique body, and she began to see herself as a disability advocate, which became a valued part of her identity in subsequent years as she continued her advocacy efforts. She said:

> "I've always been an outspoken person and…becoming a disability advocate was.....my inroad to becoming part of the disability community. But it's also how, I've been able to come to terms with my disability…I've always wondered why do I have this disability?, what is my purpose?, how can I use my experience in a positive way to effect change."

As well Michael shared that:

> The learning disability specialist told me the definition of a learning disability is that you have difficulty making decisions, completing tasks, multi tasking, prioritising…you need to chunk everything into smaller parts..to get it done. And when they told me I thought this explains so much!

For a couple of participants who attended art programs, they were able to access knowledgeable professors and resources, learning new art forms and techniques which enriched their practises. For example, Janet shared learning the multi-step process of applying pigments to photos in a dark room. She never knew exactly how the image would turn out which was an exciting artistic process. Additionally, this experience helped her to became comfortable “going with the flow” which was tied to her learning to cope with the unpredictable nature of her MS.

Alternatively, participants found that school personnel and resources could not always accommodate their needs or that their program was not a good fit, which informed their level of engagement. Mandy Judith, who takes night classes, explained that her college “has a program for disabled [students] which is good but I can’t do a full day at school, because I have to go to the bathroom and they can’t offer me the assistance that I need.” Consequently, she felt she had fewer opportunities to interact with other students “because it’s at night and no one is really there…there’s classes going on so there’s a lot of kids there but it’s not as busy as it would be during the day.” Additionally, Paul shared, “I went to college for graphic design and the accessibility was not so great. There was wonderful teacher, but I couldn't go ahead.” Other participants continued to experience difficulties even with assistance. As Michael stated, “I didn’t do very well even though I had some time management assistance...I’ve made some bad decisions. I didn’t get the grades I could have gotten if I’d had focused and just learned to submit [things] on time.”

As participants navigated their school experience, they described different academic outcomes. Some participants reported not being able to complete their post secondary programs and so pursued other directions such as finding employment, volunteering, or making the decision to focus on their art practise. Others were able to switch streams to complete their program, with many participants reporting completing their post secondary education. For example, Michael shared that, due to his academic challenges, he “failed out twice” from his political since degree. After failing out the second time, he was unsure what career direction to take, but for now has chosen to focus on his music while he contemplates going back to school. In contrast, Janet reported adapting by switching majors:

> I had an episode with the MS. I had to go into the hospital. It was a really difficult thing for me to realise that I’m not gonna be a sculptor cause I physically cannot be a sculptor. But I needed to reinvent…to compete my degree with the same excitement and still have a sense of accomplishment. So I decided to go on from a three to two dimensional form of art and was [then] doing photography.

As they attended post secondary educational institutions, they continued to interact with college and university peers, who continued to inform self-perceptions tied to their disability identity and identity as a friend.

**School Peers.** In emerging adulthood, participants continued to encounter non-negative reactions from peers at college and university, making connections and forming friendships, which continued to inform self perceptions and the acceptance process. Jessica explained that:

> I was very self-conscious about being a wheelchair user and it’s not that I felt like less of a person, I was afraid that other people would see me as being less of a person. Just being around other students in the class room and not having them ostracize me completely,

> that's what I imagined would happen, that was the starting point, realizing that people don't necessarily think [having an impairment] is a big deal.

Additionally, Walter shared being able to deepen relationships with university friends after moving into residence:

> I felt I was more a part of my friends' lives. I hung out with my friends at the Tim Horton's [after class] because I didn't have to go and catch a bus. I went to the pub every Thursday night with my friends. They just included me. Just we got to be close and it was really cool.

Thus, the post secondary school context presented challenges along with a range of opportunities for participants. As participants continued to age and enter young adulthood, they continued to navigate the world with unique bodies and many of the same contexts, including art and disability communities, family and romantic relationships continued to be relevant in shaping their multiple and intersecting identities.

## Young and Middle Adulthood (24 years and older)

In young and middle adulthood, an important occupational role for participants continued to be that of a creative person / artist. Participants continued to engage in artistic activities to further develop their artistic practises, which for many were tied to both unpaid and paid activities and their careers as artists.

### *Artistic Practise*

Participants continued to create art and be passionate about their creative activities. They created the same type of art but also choose to diversify their practises through creating new kinds of art. For example, Samantha got "bored" creating bracelets and so she "learned to make necklaces, then earrings" and then began "knitting" as "I just loved it…I'm an artist and will forever want to create ten thousand different things…[and] always make things interesting for others too..” Peter shared that he began to branch out and create new kinds of digital art, such as very pixilated images and original patterns. As their artistic practises evolved, participants’ different bodies and shifting functioning continued to shape their practises, specifically influencing their creative output and the trajectory of their practises.

**Creative Process and Trajectory.** Participants bodies and experiences of impairment continued to shape the art they created. Walter who became interested in street photography in his forties explained that being a wheelchair user “works for me because my pictures are gonna be different from anybody else's. I can spend a day at [city square] and none of my pictures are gonna look like the guy who’s standing up..” The frequency of creative activity continued to be affected, as participants experienced stoppages or reductions in creative activity and felt frustrated. Kyle shared that after being diagnosed with MS he was “tired, fatigued, depressed [so it was] really hard to get motivated to produce or generate momentum to get producing.” Similarly, Jacob explained at age thirty-five:

> I had that sort of metabolism collapse. I actually ended up just losing most of the groups I played with...I went down from six groups…to getting booted out of my own group and barely doing any gigs, just getting calls from different bands occasionally and really having to start again.

For some physical challenges made it difficult to use certain tools. Daisy shared that using her IPhone is easy but “even though it’s light weight…sometimes just to hold my arm in a position to get the right [shot] puts strain on me. So….taking a photo sometimes I have trouble with…My pain keeps me from doing it…”

Given their love of and passion for creative activity, participants were motivated to continue to create despite these challenges, adapting their practises to maintain their role as creative individuals and artists. For example, Charlie shared, “ [Now] I can’t do those technically super complicated pieces for hours, [like] two and a half hours on Vivaldi’s Winter…[so] I just won’t do that stuff. I have to enjoy doing stuff that’s slower.” For Janet:

> The MS started again [with] my right hand which is my painting hand. So how do I reinvent this process?...I still have a good hand so I’d paint [with] paint brushes in both hands. I trained my left hand...because the disability has changed, that doesn't mean that I'm going to let the disability take over to a point where I cannot still be the artist.

After experiencing changes in their bodies and functioning and reengaging in artistic activities, participants began noticing specific changes in their artistic process. For Kyle since his MS diagnosis:

> Now there’s a sense of urgency….so before [MS] in my studio practise I had a lot of rules, I had to have like 25 thumbnail sketches. Now I just trust that I can make a lot of decisions, and I have a personality that will be inherently present in the work. I can trust that and just go and make [art] a lot faster.

Some participants even anticipated future physical changes and proactively thought about how to respond, such as Jacob who began to think about how he could use technology to adapt his practise. He shared thinking about adapting a flute with electronic parts that controlled the keys as “this could be a fall back if my hands go bad so that I can’t perform. I could build something like this.”

Art practises and the frequency of production were also affected by other stressful life events. Walter explained struggling to find a job after leaving a bank job he felt was a poor fit, “I had two years [of] stress there where I didn't take a single picture…. I was depressed….lost interest in life and so the camera stayed away from me.” Likewise, Janet shared that since the death of her husband:

> I had a woman who ordered a scarf and I just can't [make it]. I'm in a block…maybe [my husband’s death] has something to do with the reason why I haven't been painting and I'm still trying to get to that stage....I guess it’s the mourning process.

Participants’ experiences of living with an impairment continued to influence the specific content of their art, with some participants exploring their relationship with their bodies and experience of impairment, referencing their impairment, and using it for inspiration. For example, Michael continued to write songs about his experiences as a person with multiple impairments and shared that mental health challenges “are gonna be constant themes of my music going forward.” A print Jessica created reflected her feelings about her body:

> It’s an image of a wheel chair that has been morphed with the image of a throne chair….[As] now I see my need to use a wheel chair as a positive thing, it’s become an extension of my body, of who I am…and my identity. I see it as my throne because it does give me a sense of identity and independence.

In contrast, other participants explained referencing their impairment indirectly through their art. Kyle described a series of landscape photos, as he:

> Used art to discuss dramatic life events, storms as a metaphor. I didn’t want to draw attention to my illness…it just was more like well here’s nature and storms are beautiful and dramatic, and life storms, they’re also potentially beautiful cause you grow from them ….My work is autobiographical because a photo needs to be clicked but it’s not about my illness.

Still others described no connection between their impairment-related experiences and their artistic practise. For example, Samantha felt that “absolutely there is no connection” while Jacob stated that:

> It’s not that I have anything against singing a song about how much my hands hurt. It’s just not what I want to express. I want to express the bizarre interactions of different sounds and notes, and the way they work with my mind when I put them all together in one place cause what I’ve discovered is amazing, and I want a lot more people to get it.

For participants, their experience as someone whose body looked and functioned differently interacted with their physical and organizational environments to influence the specific artistic directions they took, and careers they pursued or were not able to pursue. For example, when Walter decided to pursue a career in photography he realized:

> I couldn’t be a wedding photographer because I can’t get [everywhere]. I probably would be able to get into the bride’s bedroom to take pictures of her getting into her dress…but some churches and church halls aren’t accessible, and if I can’t do the whole job for somebody, I'm not gonna short change them so I’m not a wedding photographer.

For Jacob, a company policy prevented him from being able to work as a musician, which lead him to work as a bartender for a period of time:

> A couple of crucial times I’ve just been flat out turned down for work. I got a spectacular job on a cruise ship. I had to do a medical and doctor goes, “I’ve got really bad news… you’re not allowed to be a European or a North American with diabetes on the crew.” He really fought for me [but] I didn’t get the gig. That particular moment it kicked out the feet out of me….It took another year and a half before I got another good band.

Other participants described deciding to intensify their focus on art activities when they found they were not able to advance in volunteer jobs or other pursuits. As Charlie shared, “instead of volunteering at jobs..[I decided] I was gonna create art…if I’m not gonna be paid anyway at least I’ll leave a lineage and if my practice gets strong enough there might actually be potential to climb the ladder.”

As participants’ artistic practises fluctuated and evolved, engagement in creative activity continued to serve some of the same but also new functions in their lives.

**Avenue for Coping.** As in earlier years, creating art provided a way to cope with life stressors and navigate impairment-related stressors. Kyle explained being motivated to create a particular piece after experiencing MS symptoms:

> I started a collage, right away and made it extra beautiful because I was having some threatened vision issues. As soon as my eye started acting up, I started planning some really big compositions that would be big enough to be beautiful with the gray spot…[so] it wouldn’t matter that I had some interruption in my field of vision…I wanted to like battle it head on with some creative confrontation.

As a person with an impairment, Janet continued to experience self-doubt at times, and so the creative process helped her to have “stronger day[s]” as, “it’s [the creative process] always been really important for me to nurture and keep alive because it helps me to recognise that self-worth and self-value..That is how I can pull out the junk, pull out the garbage, let go of what’s bad because…after I finish a piece…I know how alive I feel.”

**Intrapersonal Functions.** In adulthood, art making continued to be an avenue for exploration and self-expression. Participants could explore subject matter they were drawn to and express different parts of their personalities, particularly aspects of themselves they liked. Paul, who began creating works of arts with stripes of different colours, explained that “My art basically relate[s] to [the] eye sensor because I'm visual, observant, [always] looking at things...specifically I'm trying to match colours. I love colours. I want them to see how far or how deep is my connection with colors." While rapping and inhabiting his alter ego, Michael explained:

> I know that there are aspects of my personality and character that are pretty cool when I'm [stage name]...In addition to the crazy fiery showmanship, [he] is also full of love and a font of positivity that tries to make room in his music for everyone...He's an outlet for all the good things, especially for confidence and being satisfied with myself.

As in earlier periods, creating art continued to enable them to experience positive emotions, feel good about themselves, and to develop positive perceptions tied to their artist identity. Janet shared, "if it was a successful piece, if it was something somebody bought or commented on or I was like wow, that looks great, I'd gain acceptance of myself." Similarly, Walter shared "There's lots [of photos] that I'm proud of. Like there's some street photography that I can't believe I got those moments, I can't believe that happened in front of me and I was able to catch it. That's so exciting to me." Further Jacob shared that going on tour in his early forties enabled him to use existing skills and feel good about himself:

> As soon as I started pulling cables out of a bag, wiring things and hooking them up...I was in my thing again. I knew where everything was, how it was supposed to be done. No one had to tell me what to do. If a question came up, I could answer it. I was just comfortable again…[and] just actually playing in front of an audience, I just feel so comfortable doing that now [as] I've done so much of it right.

**Interpersonal Functions.** Creating, displaying, and sharing their art with others could mediate social interactions, enabling participants to uplift and positively affect others in their lives. Creating and sharing art was a way to have a positive influence on others and support their growth. Janet described teaching someone how to paint on silk who was initially hesitant to put down any colour but:

> …once she put her first color down, she got really excited...what she ultimately came out with, she was so proud of herself, she was so impressed that she actually found that inner artist..when she left.. that was so rewarding for me.

Additionally, Samantha began to incorporate her pagan beliefs into her practise, carrying out readings, and selecting jewelry that she felt was a good fit with the individual. She explained "The line of jewellery that I'm starting to do…things are happening…It's sending positive energy towards other people…[so] I can give back to others..be an inspiration to somebody."

More specifically, participants were able to positively influence and uplift others while at the same time shifting people's focus by highlighting their artistic abilities and accomplishments. Kyle stated:

> People in my life were really sad about the diagnosis, they felt it too.... I just watched sadness get multiplied and so I wanted to make some art that was really deliberately beautiful to like multiply beauty and to have something else to talk about, like how have you been lately? Well, I've had some ups and downs but you know I finished a body of work that's really beautiful and then I can slide that into the conversations..and even with any stigma, they say "Wow, you're kicking ass."

Janet shared creating some art specifically for the wheels on her wheelchair, "At one point, I had covers [on the spokes of my wheels]... So it was a big fish that was curved and painted blues and purples and golden. That for me was I'm claiming myself as a person with a disability who is an artist...I'm claiming something that people wanted to talk about that wasn't necessarily just about the disability."

Through creating art and emphasising their artistic talents, participants were able to combat negative attitudes. These included stereotypes or the attitude that their art should only be valued because it is created by a person with an impairment. For Samantha, it was important for customers to value her artistic skills on their own merit, as she felt that "disability should have absolutely nothing to do with you valuing my necklace, my bracelet, my scarf because I am damn talented regardless of whether I'm on wheels or not." Additionally, Jessica creates artwork for her own "personal fulfilment" and in the process was able to "realize that what I'm making, it can have the ability to change people's perception." She had this to say about a recent print she created:

> Many people have used negative connotations when they talk about a wheelchair and being confined to a wheelchair. I'm hoping if they see a wheelchair that's morphed with something that is powerful and as beautiful as a throne chair then it will shift people's perception of disability, that it's not a negative…it can actually be a really positive and beautiful thing.

That is, participants began to use art as an avenue for engaging in advocacy as it served as a vehicle for communicating ideas. For example, Charlie felt it could quickly communicate his ideas about accessibility and start a dialogue, "I've always liked the art because you don't have to have a solution. You can tell people something in about three minutes..[name of art project] took me two years but that was sort of the culmination of a video piece that could be shared [to] talk about accessibility." Additionally, Walter photographed a series of nudes of persons with spina bifida and felt the “significance of this body of work is that it’s putting images out there that challenges this idea of what's beautiful and what's a beautiful body.”

Participants’ artistic practise served important roles in their lives and was tied to their identity as an artist. Participants explained how the arts were a lifelong interest or passion, and while some identified as an artist from an earlier age, others described identifying with and internalizing this label during adulthood.

**Artist Identity.** In adulthood, identities as creative persons and artists continued to develop as they continued their artistic activities, and as their practises evolved. Participants described consistency in their identity as an artist, with some continuing to see themselves in the same way even after acquiring an impairment. As Kyle stated, “Before my health challenge I was a dedicated college artist...and I’m still those things, I’m still deliberately putting my hand to the same things.” For others, as they continued to create art, they were able to identify more strongly with and own this label. Jacob explained that with his own music and performance:

> I’m starting to express something other than things that have been told to me, that’s to me what all artists do, is...expressing something individual...I know I create and so that’s never changed, that doesn’t change for me now. That’s something that I’ve become in the last 20 years is an artist. Now I do feel like I can call myself an artist [as] I’ve worked towards that being able to create and produce a communication.

Similarly, in his mid forties Walter was “really getting into photography and finding a voice for my creativity, really realizing that’s what I am, an artist, I have to do it and I’ve got something to say” which motivated him to pursue a career as a photographer. Similarly, others shared how changes in their practises led them to strongly identify with the label of artist and really articulate what this label meant to them. As Jessica stated:

> I never really called myself an artist. I just referred to myself as a closet artist. I just sort of made art, it really had no purpose other than being something that I enjoyed doing. Now I feel as though perhaps I'm making art with a purpose and perhaps that gives me the ability to now call myself an artist because I've found a sense of purpose in my art making.

Moreover, Samantha said, "I became happy again and I started to really pay attention to the artwork. I wasn't doing it out of grief, I was doing it out of happiness. It's two different things you create" which led to changes in how she saw herself as "Now I do [see myself as an artist]. I'm not just like a bored little girl making these things. I'm an artist."

For some participants, encountering positive responses to their art and finding success, enabled them to claim and internalize this identity. As Michael stated, "It only really occurred to me to start calling myself, well okay, I'm a hip hop artist, I'm an entertainer in the absence of anything else because I haven't succeeded at anything else really." Similarly, Walter explained "doing that [recent photography] project is something really meaningful to me and it's really caught on. I'm in the prime of my art career right now...I'm finally at a place where at the moment, I'm a successful artist and it's pretty cool."

However, some other participants explained feeling that circumstances would need to change before they could fully embrace this label. For example, Mandy Judith explained, "I don't see myself as an artist, like I do but...I`m still registered as a student artist at the [mouth and foot painter association] so I think until I'm classified as an actual artist, I don't think that's set in my head yet cause it's still labelled as student artist, not artist."

For many participants, they described that artistic connections served as an important catalyst for the development of their artistic practises and occupational role of artist.

### *Community Connections*

Participants described becoming connected to and staying connected with various disability and artistic communities which continued to provide meaningful interpersonal opportunities during their adult years.

**Interpersonal Opportunities.** Participants created and deepened connections with organizations and people within their local disability, art, and disability art communities. These actions led to valued opportunities for socializing and forming relationships. As a result, they were left feeling like valued and accepted community members, which in turn reinforced positive self-perceptions tied to being a person with an impairment or an artist. For example, Walter described becoming involved with a disability arts organization where “the first artistic director that I ran into there, [she] accepted me, accepted and nurtured me as an artist and they continue to do that.” For Jacob, “I used to get called into this band [and] when I showed up the leader singer would go “Maestro!” It was like oh wow that feels awesome. The band gets excited that you’re there...That’s pretty affirming stuff.” Similarly, Michael shared feeling welcomed those in the rap community as:

> The rap dudes have never attacked me. The rap dudes found room for me. I think I’m regarded a little bit as a mascot. I’m a little bit weird and not everyone is on board to the same degree, but most people are on board. And most importantly to me, the ones who are a: nice people and the b: talented rappers have embraced me and been good to me…

Furthermore, Daisy shared being approached by a friend who owns a gallery:

> All her employees were called tarts. She’s like, “I want you to be a tart.” I was like “I can’t, I don’t know how to function” and she’s like “Well I just want you to be here when

> people walk in the door [so] there's a friendly face greeting them." That was really cool, she wanted me just for my personality. It was just so nice to be 100% accepted.

These connections helped participants begin to feel less alone, more accepting of their impairments, and more comfortable with themselves. Participants described being able connect over shared experiences and relate to others' experiences, which in turn helped them to navigate challenges, and to foster self-acceptance. For example Jessica, who began to connect with those in her local disability communities as a young adult, shared the following:

> I had formed this idea of what it meant to be a person with a disability [and] the biggest catalyst was..being able to interact with..[and] really connect with other disabled people..realizing I was not different from them…I was really able to shift the perception..[realize] that there isn't anything wrong with me which is what I felt for a long time. [My disability] it's just who I am, it's how I navigate this life.

Participants created connections and were then able to draw upon them to cope when faced with impairment-related challenges. For example for Janet, ongoing involvement with her local MS chapter since thirties has helped her to cope:

> When I do a speech and presentation [at] the kick-off ceremonies [for the Annual MS Walk]...people are taking my words and holding onto them. That is so meaningful for me and gives me the courage to be able to take the next step [and]..assurance that it's all gonna be okay when I take that next step.

For others, the connections provided valuable advice and resources. Jacob toured with a fellow musician who shared some helpful strategies for dealing with pain:

> A guitarist I worked with a few years said that I can go through some of the things I want to just in my head. Visualize it instead of just doing it. I used visualizing when I practiced

> and performed a lot but I never thought of using it just completely independently, of just not practicing and thinking about negotiating a piece...So now I'll just listen or I'll listen to [a new song] a lot and I'll do like half an hour practice instead of six hours practice.

More specifically, participants were able to find mentors and role models in these communities. These mentor and role models inspired them, enabled them to feel capable of coping with impairment-related challenges, and cope with discriminatory experiences. For example, Jessica will "call her best friend and..get her support" or draw on "positive mentors" in her life:

> I have mentors within the disability community….professors who study disability studies....[who] are all considerably older than I am so they've had their entire lives to sort of experience [impairment] and contemplate this and find their own bent. They give me a lot of advice, I can talk with them and they can say I've been there, and this is how I tried to navigate my way through that experience...I'll talk to one of my mentors about what happened and the impact it had on me and get their support and guidance.

Similarly, Mandy Judith explained being inspired by a mouth painter she admires. This persons':

> …hands are coming out of her shoulders so she doesn't have arms but she paints with her mouth. She lives on her own, has her own income, her own apartment, has her own caregiver. She does all these things by herself, it's just crazy. I don't know how she does it all. So if she can do all these things…obviously I can do all these things too, I just gotta figure out how to do it for me.

As a result of these connections, participants were motivated to produce art that could benefit and positively impact community members. For example, Michael shared,

> I wanna try and connect with disabled audiences…write a little bit more affirmative music so that my audiences feel good ….because I realized that disabled audiences need good rappers. I didn't realize this [earlier] because I've felt sort of detached from that community but they have brought me in….and now I'm realizing that there'll be a benefit to my trying to write songs that the disabled community can appreciate.

More specifically, participants were motivated to give back, serving as role models for others. For example, Walter shared being:

> a bit of leader, doing stuff with board of directors and trying to forge ahead to make it easier for the next disabled artist who comes up....I've got a lot of experience as an artist in the community now. If I can share that; if I can mentor somebody and help bring up the next new artist, great; if I can offer my expertise on what you put in that blank on the grant form to make sure you get it, great.

For Paul, he wanted to be a role model for others in the deaf community:

> I'm trying to play, a role model for deaf children. I want them to go out there and explore in the bigger world. I don't want them to stick to a small world where they feel stuck…..I think I'm doing the right thing, going out there is all I want [so] if someone want[s] to lead, I will be so happy [to] motivate,[to] do something about it..going out there to show them hey, here is the way, you want to do something, go and do it.

While at times participants did encounter challenges connecting with other artists who had differences of opinions or dismissed their talents, they continued to try and find opportunities to make connections.

While community connections provided valued interpersonal benefits, connections specifically with artistic communities enabled participants to access artistic opportunities. When participants took advantage of these opportunities, they were able to grow their artistic practises and careers, as well as have their artistic identities reaffirmed.

**Artistic Opportunities.** In adulthood, participants continued to encounter opportunities to interact with other artists which supported self-perceptions as creative individuals. For example, Mandy Judith shared that staff at the mouth and foot association are “giving me so many opportunities...I go to organizations with [other artists] and I’ll be in their galleries and my artwork will be hung up with their artwork….They see so much in me that I don’t even see. It makes me feel good.” Opportunities to interact with and work alongside other artists led participants to feel encouraged and inspired as they continued to develop their own skills. As their skills improved and their practises evolved, their identities as creative and talented individuals were fostered. For Daisy while living in BC she encountered:

> Quite a bigger sense of community with artists, uplifting one another, critiquing one another..or being like “Hey you want to come and do some fused glass in my studio?” “Hell ya! I totally want to do some fused glass. That will be fun.” It was just a great warm, welcoming, fun community of sharing art.

Additionally, Jacob explained discovering new capabilities when playing with a particular Latin band:

> When I went and played in the band, it was really easy for me to play with [name of fellow musician] because he was so good. All I had to do was use him as a reference…if I saw a pattern coming up, I knew how he would play it so I could mimic it before he played it. We would just lock in. Sight reading music and stuff I’d never seen before playing [it].

Participants were able to exhibit their work in events organized by community art and disability art organizations. Paul stated, “I [take] pictures but it was never shown before. I got an opportunity to show them at [name of local art festival].” Participants also had access to training, classes, and workshops which provided opportunities to produce work and pushed their practises forward. For example, Walter explained “I like to photograph people…I’ve taken some classes on approaching people and so it just helped me to become more confident.... I’ve kind of evolved into taking closer pictures. And I did a workshop last May that helped me break that barrier.” Additionally, Jessica explained:

> I was in a two-year program, it was a collaboration between the print making studio and the Art and Disability Network of Manitoba. First year was taking various workshops and learning the different techniques...then we had workshops on how to write an artist statement, how to apply for grants and the last part of the process was to learn how to put on a show…and then our show was exhibited for a month at the gallery...Just creating again and being around other people who are passionate about art has been really invigorating and re-energizing.

At times, their disability identity intersected with their artist identity, as they described being provided with accommodations which enabled them to take advantage of these opportunities and grow. Jessica described being provided with a technician as:

> I can’t use a lot of the printing machines myself, they’re too heavy so....learning to work with a technician and getting that flow between me and the technician…that was really good...that got me out of my comfort zone because I had to work with a perfect stranger who...had no idea who I was or what my needs were and having to be really open and to communicate my needs to him.

Similarly, Charlie shared going out for a coffee with a friend who told him:

> "I'm training people on how to not only make a video but also am training them to sort of teach other people to make videos….I think by May or April I'll be comfortable enough to give any accommodations you need" and so I did the training.

Specifically, art and disability art communities provided employment opportunities and grants which supported their practise, enabling them to work in creative environments and as artists which increased their artistic knowledge. For example, Daisy worked modelling for students in an art department:

> I would sometimes work with some of those students… I would listen a lot in classes….just listening to the lecture as the teacher was telling them about using a manual camera…ya I just got more interested wanting to be behind the camera, just having been into taking photos myself.

Walter shared that a local arts disability organization often "find[s] opportunities to pay us just for exhibiting our work" and those within the photography community "help each other out, we throw each other jobs." Participants very much appreciated and valued being able to find paid employment and support themselves. As Mandy Judith explained:

> The association they've given me a job and a career basically. If it wasn't for them I wouldn't be able to afford where I live. I wouldn't be able to do anything... they saved my life....I feel like a working person. I don't feel like I'm doing nothing with my life anymore..[as] I used to not feel like I was like contributing enough.

Although some participants shared that they were not always paid for their work or able to make money through their art practise. While this could be discouraging, it did not stop them from finding ways to create, share, and sell their art. As Charlie explained, he has "never collected an artist fee for his work" but is "always also looking at what grants are out there and how I can…work with other people and get grants."

As they accessed interpersonal and artistic opportunities, they were able to experience recognition from community members, which again reinforced valued artist identities.

**Recognition.** As participants spent time with community members and became a part of artistic and disability communities, they described being recognized by others as talented artists with valued skills and qualities, which was very meaningful for participants. This recognition occurred through multiple avenues such as when their art was accepted into shows and displayed, they received positive feedback about their artwork and possible outcomes of artistic projects, and were given compliments about their artistic skills and talents from other artists and community members. All these scenarios reinforced perceptions of being talented artists. For example, Janet applied to a juried show organized by a disability arts organization and when, "I got accepted. I was thrilled...[my piece] was only supposed to be [displayed at Queen's Park] for two weeks, which was great because people were gonna see it. And then it got extended. Then it got extended, again." As well, Walter explained having his portfolio reviewed by some other photographers and being given good news by the editor of a photography magazine while attending it's launch party, "She said, 'I have something to tell you, [the reviewers] said that [your work] was the best that they saw that day.' That was pretty impressive, these people agreeing that my work was the best that they've seen so far." Similarly, Jessica was felt very excited about a performance piece she was developing and explained:

> I've developed a good relationship with a curator in the community and this person is going to help me to put together my performance art piece. She sees my future piece as

> being really relevant and impactful, she can see it possibly shifting the whole thought of art and disability here in the community.

Finally, Jacob felt his talents were recognized by a Brazilian musician he often works with:

> I just sat in with him one night and he said to me “It’s really great working with you because I never have to rehearse with you, I never have to show you any songs, you just play the music the first time you heard it” it was the biggest compliment ever.

Participants also shared how opportunities in the community led to being involved in change efforts and being invited to serve on committees. These opportunities left them feeling that their distinct perspectives were valued, and that they were recognized for possessing valuable information, given their unique bodies and experiences. For Jessica, who identifies as a disability advocate, she was very excited as, “I was just asked to sit on [name of committee]. We’re going to be reviewing the standards that are being developed for the disability legislation, that was just enacted here in Manitoba.” As well, Janet shared feeling:

> …really fortunate that I've been on a number of different committees and done a bunch of work....For people to ask me to come and be on their board. Really?! Wow! [The fact that] they wanna hear what I have to say cause cuz they wanna know [things] from me, but also meet with a person with a disability, is huge because it’s a different perspective.

This recognition could also take the form of being given accolades or awards. For example, Janet was chosen to receive an award for her volunteer work, “When the [name of commemorative medal] came out, [the MS society] had two people they could give the medals to and so they chose me and I was wow, great! It was that wow sort of feeling.”

Despite some challenges, participants were able to become integrated within particular communities. Consequently, they were about to grow and develop positive identities connected to their occupational role as an artist and a person with a different body.

For participants, the occupational role of artist was connected to paid and unpaid artistic activities and intersected with their community experiences, many of which supported and fostered this occupational identity. That said, some participants described other occupations they pursued after completing their post secondary studies which were not connected to their artistic practise. These jobs also served equally important roles and similar functions in their lives and could interact with their other identities.

### ***Alternative Occupational Roles***

Occupational roles not tied to their artistic practises similarly provided opportunities for growth, and for some participants these occupational roles interacted with their role as artist and person with an impairment. For Daisy, work as a film extra in her late twenties and early thirties was connected to positive perceptions of her body. She said, “[Having one arm] makes me special in my own way you know it’s my talent as they said in film. I was a background extra, a special skills extra and that was my special skill, my talent was to have one arm.” Other participants shared being able to share their knowledge, positively influence others, and shape the working environment in positive ways. Consequently, they were able to experience positive emotions and find satisfaction and meaning in these occupational roles. Kyle shared being able to support his students and “multiply good” in his interactions with them, for example “walking up on a bullying scenario…gathering some non-verbal stuff and dealing in it with a fair way that diffuses it.” Further, Jessica shared:

> I work with students who have all kinds of disabilities...I love it because I get to work with students and help them navigate their university experience as people with disabilities, and also give back to the university [as] that's really where I found my voice and started to develop an identity as a person with a disability.

Similarly, Walter who works for a non-profit disability organization shared, "I love that place…they do great work and I can relate directly to the work….[as] I am working with people who have the same condition…"

Occupational roles also intersected with one another. For example, Walter shared choosing to work part-time at an organization serving persons with spina bifida, so he could pursue becoming a professional photographer and artist. As with work roles tied to an artistic practise, these occupations also presented challenges. For example, participants found it challenging to take time off work when faced with impairment-related challenges. As Kyle stated:

> I missed a couple significant chunks of time in the classroom…I missed sixty percent of last school year due to illness..so it was tough…[but] this year I only missed about ten days which is awesome. I know my kids really love me to bits um because they tell me so. That's one reason why I continue to claw for teaching because I gather so much meaning from identifying as a teacher.

Participants encountered institutional barriers and challenging interpersonal situations. For example, Jessica shared, "We're still fighting a lot for advocacy and disability awareness on campus, especially in terms of mental health. I think we still have a lot of way to go in terms of disability awareness on campus." She found that university staff "seem to think that accessibility services should have the sole responsibility in providing accommodations. People aren't able to think outside of the box and realize that we all have a role to play in creating a truly accessible universal environment…" Kyle found it difficult to be patient with others at his workplace when his MS symptoms flared up, "I've definitely struggled with patience during stressful symptoms. You're shelfing a migraine and normally you might have more patience to draw on but you snap at the wrong kid.."

Beyond their occupational experiences, a central aspect of participants' experiences continued to be their embodied experience, as they continued to navigate their surroundings with unique bodies.

### *Embodied Experience*

Participants faced similar physical, environmental, and accessibility challenges as adults they encountered during previous life periods.

**Challenges.** Participants continued to face many of the same challenges encountered during earlier years, such as physical challenges which continued to cause frustration, and to influence how they felt about their bodies. Jacob continued to experience "fatigue…[and] few healthy days" and for Michael, his experience of cerebral palsy and his ongoing learning disability made it difficult to complete daily tasks:

> There are certain basic competencies I don't have that I fear an adult needs to survive. If I make a mess in the kitchen, sometimes I'll know how to clean it up, but the job I'll do cleaning it up will be poorer because of the difficulty I have with small details... There are certain kinds of errands I can't run because I can't drive...I struggle with not being able to figure out what should get done and in what order ... and then I hate myself.

Particularly for those who acquired their impairment as adults, physical changes presented a difficult transition, as they felt ashamed, self-conscious, and negatively about their changing bodies. As Kyle explained, “I was diagnosed [with MS], it was pretty traumatic...it set me back alot….The MS made me feel really insecure…I felt like I was losing at life and that this thing happened to me that set me apart...” For Daisy who began to experience pain:

> I did struggle a lot with depression in the beginning with my disability cause it took ability away from me and [I experienced] feelings of self remorse, Oh why me? I was already born with one arm and now my one arm doesn’t work, woe is me.

Beyond physical symptoms and changes, participants continued to experience physical barriers and inaccessible spaces. As Samantha stated, “There’s no such thing as barrier free, it drives me crazy! You go to a restaurant…. You get in [but] if you gotta go ten thousand tables away from everything because you can’t get through the aisles that’s not barrier free.” Further participants continued to or began to encountered stares, pity, overt discrimination, and infantilizing attitudes, leading them to experience negative emotions. As Jessica found:

> I have those experiences on a regular, almost daily basis. People not making eye contact with me when I pass them, being subject to people’s whispers and stares and, perfect strangers coming up to me and asking really personal questions about my disability or silly questions about my wheelchair...[which] can trigger my depression and anxiety.

Walter also described the reaction of a driver when he disembarked from a bus without waiting for their help:

> [She said,] “Oh you're supposed to let me help you out of the bus” and I said “I'm an adult. If you offer me help and I refuse it, back off.’ She got me really mad,,looked at me and said “That's not the way it is and you know it” as if the rules are I'm supposed to wait for her to assist me... I'm not a fucking cripple. I can do it. That kind of attitude cripples me.

**Coping**. Participants continued to cope in similar ways, utilizing existing strategies but also developing new more effective strategies to deal with the challenges previously described. They continued to draw on personal characteristics, as well as developing new mindsets to move forward in their lives. For Daisy, who continued to deal with chronic pain, “I’ve thought I’m glad that I’m the person that I am [and] I’m thankful for my happy spirit because I think without that I don’t know where I would be today.” When Kyle was faced with “tired legs” or feelings of sadness and disappointment he was able to work on:

> Forgiving myself on hard days but being really decisive during windows of strength. There are times where I put my head between my hands and I felt like a victim of circumstance, but then I said I won’t feel like a victim twice, I’m gonna like come out of this phoenix like because I won’t be told what to do. I wanna know that I gave it my best so that my mom is able to tell herself [I’m] kicking ass.

As such, changing their perspectives enabled them to cope more effectively. Similarly, Janet described experiencing a turning point when she realized that a wheelchair which is a symbol of disability was “enabling” and “made her more able” which helped with acceptance.

Others applied helpful mindsets to cope with new physical challenges. Jacob who began experiencing tendinitis, chose not to “join the club of misery…just live and get really hard core and keep fighting….My shtick isn’t gonna be about oh I’m so sore you know! I don’t want to be the illness. I’m not gonna live like that.”

Participants made decisions to behave proactively and to engage in self care, which helped them to manage symptoms. Daisy shared how she manages the pain she began experiencing in her mid twenties, “I just try going for walks to clear my mind [as] I’m very much um touched by nature, it affects my body in good ways.” In his early forties Jacob began to “not push myself to do stuff. I’m gonna drink a lot of water. I’ll go ride the bike. Do whatever it takes to feel better, instead of working on diminished scales for hours.” Some spoke about using their energy in constructive ways, as Kyle explained “I’m having trouble with my hands and feet so I took up indoor climbing in December. I’m not the type of guy who’s….doing really well at that sport naturally, but I’m in there confronting the disability.”

Being proactive also involved seeking out new interpersonal resources, including those outside of the family such as mental health professionals, whose advice led them to learn new strategies to cope, along with becoming more accepting of their bodies. Janet chose to see a therapist to deal with the emotional consequences of her MS symptoms after realizing “I am one unhappy puppy…I didn’t know how to take all this and make it work so I could have that strength to continue because I might [have] look[ed] so strong to a lot of people but I wasn't on the inside.” A counsellor told Daisy:

> “You have to make pain your friend…have a relationship with your pain.” So if your friend is in a bad mood that day, take care of it. So if I’m in a lot of pain I don’t have to beat myself up cause that’s what I was doing….It’s just all just acceptance. I can’t change what is…There’s no cure for me. I can’t get an arm transplant or a body transplant.

For some participants who made the decision to begin to use new assistive devices as a result of mobility challenges, they were able to navigate their environments more effectively, and feel more confident and accepting of their bodies. For example, Jessica shared that she “was able to go out and do more, become more active again, become more independent” when she started using a wheelchair. When Samantha began using a wheelchair at age 27, “My personality came out. [I was] Not scared and shy anymore, less insecure. I have this confidence when I wheel myself and it feels good... as opposed to walking like a robot because that’s how I felt.” For some customizing their chair helped them with acceptance. Janet shared that, “choosing my chair and the color I wanted it to be, making it so that it was me…[decorating it with art]...gave me a sense of ownership of that device, but also the acceptance of me as the disabled person. I am owning myself. I am owning [the disability].” Continuing to use assistive devices enabled participants to carry out valued activities and roles during their adult years. Walter shared finding that the “Wheelchair is a freeing thing... This is how I go to my job; this is a how I make money and feel like I'm contributing; this is a how I'm able to be an artist because of the wheel chair.”

Participants continued to take direct action to deal with attitudinal and environmental barriers. These strategies included walking away, engaging in multiple types of advocacy efforts, advocating for themselves, and educating others about the experiences of persons with an impairment. Charlie continued to maintain his webpage while Janet explained how she likes to begin presentations she gives:

> So before I start I say “I'd like to show you something... let me show you this.” I have a PowerPoint presentation. It’s images of me skydiving, scuba diving, repelling up the buildings... And I show it to them…This, this is my life. Do not assume that just because I'm using a wheel chair, just because I have a disability, that I am limited in any way.

Other participants spoke about directly contacting business and making complaints to bring about change. Mary Judith explained, “I have made stores in the area become accessible [as] I’ve put in so many complaints and calls and they’ve changed a lot.” Similarly, Walter explained, “those restaurants [with high tables] that don’t have any place for wheel chairs, I wrote them emails saying this is happening and this is bullshit. I won't be back in your store until I have a place to sit.”

One participant described how his Christian faith helped him cope with his diagnosis. Kyle explained that after being diagnosed:

> for about the next year everything just kept changing…it was pretty intense, my job was threatened, I was in a new relationship, my legs started flickering and every time I looked in the spiritual part..the faith part of my heart, I just felt a comfort. I never blamed God. I just felt ok.

During their lives, participants encountered many challenges and found many ways of coping which continued to inform their acceptance process.

**Process of Acceptance.** Adult participants' relationship with and perceptions of their bodies, along with their disability identity, continued to shift and change. That is, acceptance continued to reflect an ongoing process. For many participants, as they aged they continued to become more comfortable with their bodies, seeing their bodies and themselves in a more positive light, with some even coming to celebrate their bodies. For example, Jessica explained:

> [I've] realized that there are all kinds of bodies out there in the world and that my body isn't that different and even if it is different, it doesn't have to be a negative thing…my body can still be appreciated by other[s] and myself even though I have a physical disability [so] within the last couple of years I've stopped [hiding parts of my body] and feel confident wearing t-shirts that don't have sleeves.

Similarly, Daisy stated being able to love her body in adulthood:

> ..what's changed is just my acceptance of myself and then to be able to love myself. To stand in a mirror unclothed and look at my body and see that my body is very different but it's beautiful. To look at my shoulder, because it's not amputated so I don't have any scaring, and be like what a beautiful shoulder I have….it's so nice to be able to do that.

For other participants, acceptance involved being able to honestly acknowledge how living with an impairment has shaped their lives and even benefited them. As participants acknowledged the effects of physical changes, they were able to adopt new perspectives reflected in their disability identity. For Jacob when he was a young adult, “I could ignore [physical symptoms] and it didn’t even register that my hands were fairly crippled at the time…..I just externalized a lot of that” but in his forties he began to see himself in a different light:

> I hadn’t really thought of myself as disabled until the last few years. I’ve had some major tendinitis, trigger finger, and fascia in the hands. I have had to cut back [on] performing so in the last couple of years I’ve started to think this is becoming a disability. So now…I’m just starting to call myself disabled although I don’t think I’m disabled by normal standards…It’s just a whole bunch of minor conditions that add up to losing my ability to do some things.

Kyle argued that his MS has helped him grow which was tied to acceptance:

> Ya [my MS] helped me grow up, it’s made me a lot more deliberate and [able to] prioritize…it’s given me some grit that I might not have had...[so] I’m thankful for the growth and learning and of course you would want to make your body more comfortable, but I wouldn’t at this point trade [my impairment] because the learning has been so quality for me.

Participants described a complex relationship with their bodies, as at times they still felt frustrated with their bodies. As Daisy shared, “[dealing with the pain] It’s a strain…Like the other day I was trying to mount some of my photos onto the canvas and I just screamed out like ‘I fuckin hate having one arm! Like I hate this pain!” As well Adam explained that it’s a “battle [to] keep going” as “thinking and walking” can be difficult, which leads to “frustration.”

Participants continued to have moments of self-doubt or to be self-conscious about certain areas of their bodies. As Janet explained “with an acquired disability, there’s judging yourself [and] self-doubt...you pick up the garbage and hold onto it, you realize what you’ve done, let go of it then you pick some more up. That's just human nature ” and Walter shared, “I’m pretty good with [my body]. I'm a fat guy but this is part of who I am…I like myself most of the time” however “I keep my feet covered up at all times. I don’t like looking at them. I wear socks except when I have a shower.” Further, while Michael felt that his impairments gave him a valuable perspective, he continuing to feel uncomfortable in his body:

> I’ll take selfies because I like maintaining the illusion that I’m happy and comfortable with [my body]….I do that by posting photographs of myself smiling online and I allow myself to show my body because I want to maintain the illusion that I’m comfortable with it. But I’m not really.

Overall, participants described a complex and nuanced relationship with their body and multifaceted disability identities. Generally, participants developed less negative disability identities as they aged, although some continued to struggle with accepting their bodies. Their experiences living in unique bodies and their artistic experiences did not occur in isolation, as interactions with family members continued to intersect with their disability identity and artist identity, supporting positive perceptions tied to both identities.

### ***Family Interactions***

Some aspects of participants’ relationships with family members continued to stay the same in adulthood, but relationship dynamics also shifted. While participants experienced stressors within family relationships, loving and supporting relationships with immediate and extended family members continued to be a constant in participants’ lives. As Daisy shared, “I’ve always been especially close with my family, love is always number one…feeling their love has been a very consistent thing in my life.” Family members’ words and actions continued to result in their emotional and practical needs being met, which left them feeling valued, and enabled them to continue to reach valued milestones and to maintain positive self-perceptions. For example, Adam’s sister provided practical support helping him move to a new city. Further, Charlie felt good that his accomplishments were recognized by his parents, and was grateful they provided financial support as he continued to receive disability benefits:

> I sent my mom my resume about a year ago and she called me up crying saying “You’ve done all these amazing things..Don’t worry…just tell me what money you need…” and so I checked my bank balance a day later and my balance [was] up by a thousand dollars.

As well, Walter stated that his parents:

> Gave me the supports that I needed to…stay healthy and get to a certain point in my life where I have a wife, a cat, a condo, and a mortgage..where I can live 250 miles away from home and take care of myself. So it was blood, sweat and tears that were worth it…

Receiving advice and encouragement from parents, aunts, along with other adult siblings, continued to be valued by participants, as they were able to cope and shift their perspectives. For Jessica, she became really close with one of her aunts “who shares the experience of living with depression and anxiety, so although she doesn’t have a physical disability, we’re able to really connect and relate given our mental health issues.” Additionally, Michael shared that:

> My brother has helped me in a lot of ways…he is doing his level best to be an advocate on my behalf...He says to me “The keys to the kingdom are to give yourself a break. Because once you stop yelling at yourself constantly about all things you’re not and can’t do...you’ll have the energy to actually get done the things that need doing…”

For participants, particularly those with acquired impairments, it was not always easy to accept assistance with everyday tasks which they were previously able to carry out themselves, although they were able to grow from these experiences. As Kyle explained:

> My mom she'll come and help me out around the house…she can come and whip off my dishes…[so] I've had to be okay with my mom supporting me that much. As a 35 year old man it feels weird and I've struggled with it cause of [my] insecurity, but her response it's good because it's a clear, concrete place where she can help...So [I've been] learning how to accept the support.

Similarly, for Jessica, relying more on close family members, such as her aunt, has:

> …been challenging because I don't like asking for help whereas now I'm sort of forced to ask for help in certain situations [so] I've had to learn to try to be more open and communicate with the people that I rely on for personal care.

In adulthood, relationships became more multifaceted and reciprocal, with participants striving to take care of their family members. As their own functioning changed, and they witnessed the effects on close family members, they were motivated to attend to family member's emotional needs. Janet explained, "MS just doesn't affect you, it affects your whole family….And it's healthier, if someone's happier, if my husband or parents or siblings know that I know that I'm gonna be OK, then they're gonna be OK too." As Kyle explained:

> People really love my mountain photos, my family says "We worry about you but when we see those pictures out hearts just are, they're so inspired." So it's like even really effortlessly, I can make someone feel pretty good, by going out and working hard and posting a photo of it..[and] multiplying a positive thing.

As during previous periods, the family continued to support participants' interests.

**Fostering and Supporting Interests.** As during earlier periods, family continued to encourage, and support participants interests, particularly their artistic interests and careers. Parents and extended family members provided positive feedback about their art, helped them acquire needed resources, and attended their art exhibits. For example, Charlie shared that his mother helped him to acquire a valuable tool which lead him to create more video work. When he asked her about adding a camera to his Christmas list, she told him to "just order one and so that's basically how I actually got going [with my video work]." Walter explained, "My sister has a husband who works shift work and they have three kids. They piled everybody in the car and came down just to see my exhibit…they made the five hour trip just to support me." However, parents did not always understand their choices which caused conflict. Charlie began to spend increased time making art, using his computer to create and edit much of his photo and video work. When he asked his dad if "he could [help me]get a new computer..he was like why do you need it? You're not really doing anything. Are you really gonna apply yourself? And that's when I got quite offended."

For those participants who had children, they sought to foster their children's development, passing on particular skills and knowledge they gained as an artist whose body functions differently. As Paul explained "My role, I think [is to] just support these children [so they] grow happy, discover, explore whatever they think...Mostly I talk with them but sometimes there are times when we use the sign language...sometimes they are interested in, how you sign this, how do you sign this, then I tell them." Similarly, Jacob explained that "Always being creative and investigating, discovering is [a] really important role for me and I'll do that with my boy. We've done some science experiments; he's done some really cool stuff. I'm really excited about what he's done that way." Although this participant shared that at times he could not always share his art practise with his son:

> I really wanted him to hear how if you work at something hard…you discover things..[but] because I'm just not practicing, he doesn't hear that….that's a little disappointing...cause he would be even more excited about arts and life if he saw me doing things that I really loved doing.

Some participants even shared being able to be role models for extended family members: As Janet explained:

> My niece had a big assignment…for school. She had to write a story about her hero. She chose me. She had pictures of my art, stories of me as an artist and [as] a person with a disability who goes scuba diving…She got an A++. I was over the moon…It really has changed her life and given her a level of confidence, she's always able to say, "Yeah, if my aunt can do that, I can [too]", that really makes me feel so proud and happy.

Beyond relationships with family members, romantic relationships informed participants' identity as a partner with a different and changing body.

### *Adult Romantic Relationships*

Romantic relationships were a central part of participants' lives during their adult years. Participants described how having a different body intersected with their identities as romantic partners. For some participants, after acquiring their impairment, they were concerned about how their physical differences would be perceived, and about their desirability as a partner. For example, Kyle stated, "When I was first going blind five years ago, I started to really worry about what a girl would think of me." However, despite these concerns, participants were not deterred, and found themselves in relationships with lasted a few months to many years, including relationships with persons who had and did not have an impairment. Participants described how possessing a distinctive body interacted with their identity as a partner as they engaged with their partners.

**Navigating Relationships Challenges.** Within their relationships, participants experienced everyday stressors, such as differences of opinions, disagreements or misunderstandings, with participants sharing how their unique bodies and shifting abilities could create stressful situations. Daisy struggled to:

> …let go and let him take care of things cause…in the beginning I didn’t want to like have to be taken care of. I’m a very independent person so that was almost like a power struggle, him just wanting to help me and sometimes me taking it as you think that I can’t do it. [But he explained], “No, I don’t want you to hurt yourself so I’m going to do that for you”…[so] it’s strengthened our love and respect for one another.

For some whose partners were caregivers, it could be challenging to balance multiple roles of partner and recipient of care. For example, Mandy Judith explained that her boyfriend is:

> …my permanent caregiver. He does absolutely every single thing…we are together all the time… he’s on the clock all the time [so] it doesn’t really leave much room for him to be a boyfriend because he’s worried about doing other things [and] I’d rather be a girlfriend than for him to take care of me…

Despite some of these challenges, participants engaged with their partners on multiple levels and were able to work through these challenges.

**Engagement.** Participants engaged with their partners on emotional, practical, or physical levels. Many participants reported loving and emotionally supportive relationships with partners, which enabled participants to experience companionship, and left them feeling valued.

Partners often demonstrated caring and support when participants navigated life decisions and impairment-related challenges which could bring them closer together, enabling participants to pursue artistic interests. When Walter chose to pursue his career as a photographer:

> That was real difficult time learning how to slow down with spending, where we needed to cut corners and she was willing to do that with me...Practically it would be difficult for me to be an artist, making what I make. I’d have to work full-time if I didn't have [my wife]. I’d have very little time energy and left to be the artist that I wanna be. So she provides emotional support and financial support as well.

Daisy shared that:

> Dealing with my physical struggle… has bonded us closer because he’s had to take care of me more than some husbands have to take care of their wives. We’re together a lot of the time because of that, he does want to make sure I’m okay all the time. I’m so grateful for him to be able to have such compassion for me.

Partners’ encouragement helped participants to make decisions as their functioning changed or worsened, which led to them feeling empowered, and benefited their quality of life. As Janet explained:

> We were at the big people in motion trade show and [my husband] got a chair, wheeled it over to me and said “Here, why don’t you give this a try.” I was so angry with him, [said] “No, back off” [but] he came up to me a couple of times. “What about this one?” and for me to finally get into it and try it. And then that click, it was like wow, look at far I've just gone! Wow! And I can do it all over again.

Partners cared for participants in many practical ways, for example taking care of them when ill, and completing everyday tasks. For Mandy Judith, “[When] I go to campus my boyfriend help[s] me get ready.”

Participants continued to describe engaging with partners on a physical level, with these interactions continuing to provide opportunities for physical comfort, pleasure, and having their unique bodies appreciated by a partner. Some participants felt that interactions enabled them to become more comfortable with their bodies. For example, Jessica stated, “having intimate relationships with other people, has really helped [me accept my body].. just the experience of exposing my body to other people in a physical way and having it being enjoyed and appreciated.”

In turn, participants were committed and supportive partners themselves, demonstrating this through their words and actions. As Walter explained, being a husband means he is “somebody to have fun with, to share the good things with, hold somebody [and] just to be there for each other. [My wife] makes the good time better and makes the bad times not so bad and I’m trying to do the same.” Participants took on various roles in the partnership to assist partners and sought out particular resources. Jacob shared taking on the role of stay at home dad so that his wife could work. Additionally, Mandy Judith explained, “He takes care of me in the house physically and I’ll just take care of the bills and the stuff that I can do so like we balance each other.” She went on to say “There’s a lift that I want to get” which would make it easier for her partner to take care of her and given them a chance to spend more quality time together. As each partner contributed to the relationship, participants had the opportunity to see themselves as equal and valued romantic partners with valued skills and abilities. Participants’ reciprocal relationships were a positive aspect of their lives, and they were motivated to work with their partner and take specific steps to maintain relationships as they encountered challenges.

While participants were able to work through stressors, sometimes these challenges could lead to the relationship ending, especially when partners found it difficult to understand participants' impairment-related challenges and their implications. As Kyle shared, a potential partner did not understand the significance of a valued coping strategy, "I was seeing a gal just recently who said "Oh you have time for hiking but you don't have time for other things" and I said, "You don't get it. I have to hike because if I don't, I fight depression, hiking for me is survival" and so he hopes to find someone who sees the way he "battles MS as a strength." For participants who were single, they explained looking forward to finding another partner in the future, and to having the opportunity to experience mutually satisfying relationships and to meeting their partner's needs. Michael, whose previous relationships ended, shared "What I want is to love somebody really well and to contribute to a 50/50 partnership. I want to be able to give her the things she needs such that she does not have to throw up her hands in despair…and leave." As well, Jessica shared that, "certainly my next goal in life is to establish a long-term relationship, potentially get married, potentially have children."

Overall, it was found that participants' various identities developed over time and intersected in multiple ways. Most participants artistic interests developed at a young age and continued throughout life, fostered by choices that they made along with family and community connections. As their practises developed and they interacted with artistic communities, their identities as artists became more solidified and took on new meanings over time. Participants were artists living with impairments, these interacted with their surrounding to present a range of challenges and opportunities. As they navigated these challenges and opportunities, their disability identity evolved over time. This identity became more nuanced and complex along with becoming connected to other identities in new ways. While many people generally moved towards acceptance and even appreciation of their different bodies, participants held nuanced perceptions of themselves and their bodies which were similarly influenced by family, school, romantic partners, and community relationships. As their disability identities developed over time, artistic practises served as a means to explore their relationship with their bodies, as well as other identities.

# Chapter Five: Discussion

The three research questions I sought to address with this study include: 1) What identities do artists with congenital or acquired physical impairments identify as salient identities 2) What are the contextual factors which have influenced the development of these salient identities? and 3) What is the role of art-making for artists with physical impairment(s) in negotiating these multiple and intersecting identities? Using an intersectional epistemology, I will discuss the multiple intersections evident within each of the individual participants' identities, as well intersections between different identities and contextual factors, in order to answer these three research questions.

A number of group-based and person-based social identities, along with social relational identities, are present in participants' narratives. More specifically, the intersectional identities participants discuss include their 1) their disability identity, 2) their identity as an artist, which was tied to paid and non-paid activities, and for some participants, other work-related identities not connected to their artistic practice, 3) familial identities which include child, sibling, grandchild, niece, parent, and partner 4) the occupational role identity of student and teacher / mentor, and 5) their identity as a community member within multiple communities and community organizations.

## Disability Identity

One's disability identity reflects a person-based social identity, as over time individuals develop an understanding of what it means for them to be a person with an impairment. For a group of artists with physical impairments, this understanding reflects a host of self-perceptions, which evolved, shifted, and became more nuanced over time. Consistent with the various identity options articulated in the disability identity literature (Cameron, 2007; Darling, 2013; Dirth &

Branscombe, 2018; French & Swain, 2008; Gibson, 2009; Gill, 1997; Morris, 1991; Onken & Slaten 2000; Shakespeare, 1996; Smart, 2001; Swain & French, 2000, 2008, Triano, 2006), a similar diversity of disability identities options are evident in participants' narratives across time. These identities include shame-based and pride-based identities but also disability identities reflecting varying degrees of acknowledgment and/or acceptance of one's impairment and different body. This diversity of disability identities apparent in both this study and previous studies reinforces the notion that no one fixed disability identity exists, as our identities are continually evolving based on various internal and external influences. As such, it is important to continue developing a nuanced understanding of the multiple disability identity options available to individuals with various impairments, and how these identities can change and shift over time.

When examining participants' narratives, several contextual factors that inform the identity development process are evident. Consistent with the contextual factors identified in the existing literature, these include specific physical, accessibility, and interpersonal challenges (Oliver, 2009; Wendell, 1996). More specifically, negative cultural discourses and attitudes towards impairment and disability (Barnes & Mercer, 2010; French & Swain, 2008; Garland-Thomson & Bailey, 2010) can inform how individuals with impairments feel about their bodies and the trajectory of the identity development process. In particular, they can similarly reinforce disempowering self-perceptions tied to bodily differences. As such, this contextual factor continues to present a barrier to the development of a positive disability identity and acceptance of one's body for artists with impairments, particularly for those with physical, visible impairments who internalize these negative messages. However, narratives collected from participants reveal multiple potential ways of managing stigma, reinforcing the importance of recruiting other valued creative and relational identities, along with drawing on a web of interpersonal resources, to construct an empowering disability identity.

Given that the current study focuses on the experiences of artists with physical impairments, I can attend to individuals' relationships with their different bodies but also their relationships with assistive devices. For some artists, negative feelings about physical differences and towards assistive devices can inform their willingness to use assistive devices. Additionally, negative feelings towards these devices can also stem from feeling restricted when using a certain assistive device. Consequently, participants' narratives reveal that making the decision to stop using an assistive device can be empowering and foster positive perceptions of one's body. Conversely, using certain devices, such a wheelchair, can enable someone to access a wide range of experiences, and perform valued roles. As such, the use of a wheelchair can have positive associations, as it may enable someone to feel empowered and independent as a person with a unique body. Thus, results show the multiplicity of relationships persons can have with assistive devices. More specifically, they illuminate how shifts in someone's perception of an assistive device can inform an artist's developing disability identity, as well as how assistive devices can be a medium of artistic expression.

Consistent with various existing disability identity models (Darling, 2013; Gibson, 2009; Gill, 1997) and the adaptation literatures (Livneh, 1991, 2001), results suggest that the task of developing and maintaining a disability identity is an ongoing process that does not progress in a linear fashion. Further, this task is also a complex process with multiple trajectories and outcomes. Results of this study similarly demonstrate that one outcome involves coming to terms with and accepting one's body and integrating this aspect of oneself into one's disability identity. Additionally, artists with physical impairments can also experience varying degrees of ambivalence towards their different and changing bodies. They can construct a disability identity which contains both negative and positive self-perceptions in response to their changing functioning and many life experiences over time. As such, the results of this study reinforce the importance of recognizing the variability that exists within the acceptance process for artists with physical impairments.

Furthermore, results of this study are consistent with the literature regarding some of the potential differences in the task of developing a disability identity for those with acquired and congenital impairments (Darling, 2013; Liventh; 2001; Marini, 2018; Smart, 2001). Consistent with this existing literature, within participants' narratives, the timing and pace of the identity development process is indeed affected by the age at which the artist develops an impairment, and how their physical functioning changes over time. Artists in my study were able to navigate the world with different bodies from birth and thus begin the process of constructing a disability identity from an earlier age. While artists with acquired impairments have already established identities as persons with certain capabilities, which have to be re-evaluated when their functioning changes. Despite these differences, many similarities can be found in the nature of disability identities constructed across time, and in the identity development process for this group of artists with physical impairments.

Overall, this study sheds light on how changes in physical functioning over time interact with contextual factors, such as the nature of spaces and resources within spaces, to shape a person's evolving disability identity. Moreover, this study adds to the existing literature as participants' narratives reveal how changes in a person's physical functioning and disability identity affect how individuals negotiate a host of other intersecting identities. Thus, I am building upon the existing literature by identifying how, for a group of artists with physical impairments, a person’s disability identity can simultaneously intersect with other identities over time. Further, the results reveal how one can draw on other identities to manage the stigma connected to one’s disability identity.

### ***Disability and Community Member Identities***

An individual’s person-based disability identity can intersect with a developing group-based / collective identity, which is tied to membership in a particular disability community or a broader disability community. For participants in this study, this identity is based on interactions with and a feeling of connection with other persons with impairments they encountered at camps, community organizations / community centres, hospitals, schools, and disability-related events. Consistent with the literature regarding the DPM (Corbett, 1994; Swain & French, 2008), this study finds that identification with other individuals with physical impairments, along with other types of impairments, can provide a basis for developing more empowering disability identities through various channels. More specifically, developing relationships and friendships with other persons with impairments, can enable a person to gain exposure to diverse bodies and perspectives, and consequently relate to others’ experiences and feel a sense of normalcy and belonging. As a person develops relationships with other community members, this can provide the basis for acknowledging physical differences, experiencing increased comfort with one’s body, developing new perceptions of one’s body and impairment, and ultimately developing a non-deficit-based disability identity. Alternatively, connecting with others who have impairments can provide opportunities to talk about dissatisfaction with one’s body or difficult impairment-related experiences, thus enabling the individual to also express negative perceptions tied to their disability identity in a constructive way. Individuals can also turn to friends or mentors in disability communities when faced with impairment-related or interpersonal challenges, and encountering accepting and helpful responses, can leave individuals feeling capable of navigating barriers they face. As such, these interactions can function as valuable resources when constructing empowering disability identities, while at the same time strengthening and reinforcing the value of identities tied to community membership.

Furthermore, consistent with the literature about the DPM (Garland-Thomson & Bailey, 2010; Rothman, 2018), connections with persons with impairments can provide exposure to role models and mentors. More specifically, exposure to others who are comfortable with themselves, and have found ways to meet their needs and live fulfilling lives, can be a catalyst to experiencing shifting perceptions of one’s own body and life prospects. A distinct finding in this study was how these beneficial community interactions can also in turn shape the identities individuals construct as community members. For example, a person may be motivated to find ways of assisting other persons with impairments and giving back, perhaps through taking on leadership roles, becoming role models themselves, setting a positive example, and helping other community members reach their goals. Thus, through assisting other community members to develop positive self-perceptions, individuals can feel good about themselves, and develop other affirming identities in addition to their disability identity.

Moreover, consistent with the DPM literature (Oliver & Barnes, 1998), community connections can help someone with a stigmatized difference respond in ways that leave them feeling empowered and more comfortable with their bodies. More specifically, feeling a sense of connection to other persons with impairments can lead to engagement in advocacy efforts which benefit both oneself, and others with impairments, thus serving as a basis to develop a more empowering disability identity. For study participants, these efforts involve speaking up when one encounters barriers and even serving on various local boards and committees to advocate for change in one’s communities. As such, disability identities can intersect with or come to encompass advocacy identities, with positive meanings becoming attached to both identities. For example, these meanings can include being someone who had valuable perspectives to share, can stand up for themselves, and can also make a larger difference in their communities. As such, the results of this study further reinforce the importance of community connections for marginalized groups who encounter stigma in their lives.

Unique to this study, an examination of participants’ narratives reveals that an artist’s disability identity intersects with other social relational identities over time and that artists with physical impairments can also move towards developing a more empowering disability identity based on input from persons outside of disability communities.

### ***Disability, Family, and Partner Identities***

A noteworthy finding was the multiple intersections found between one’s disability identity and family identities for a group of artists with physical impairments. Changes in a person’s functioning and their evolving disability identity can intersect with their familial identities, informing the self-perceptions tied to both identities. An analysis of participants’ narratives reveals how changes in functioning can precipitate changes in family dynamics and consequently family-based identities over time. For example, when someone acquires an impairment during their young adult or adult years, and family members begin providing assistance in new ways, this may lead individuals to redefine what it means for them to be a son, daughter, or sibling within the family unit. Additionally, an analysis of participants’ narratives reveals how interactions with family members can lead to shifts in how a person sees their body and assistive devices. An individual may be able to adopt new perspectives regarding their impairment, impairment-related challenges, or assistive devices. Consequently, they may feel more capable and confident of being able to navigate changing functioning, and impairment-related challenges or external barriers. Additionally, family interactions can play a key role in helping someone develop traits that enable them to navigate physical and attitudinal barriers, thus laying the groundwork for developing perceptions of competence and resiliency. As such, parents and other family members can be key contributors to the development of a more empowering or adaptive disability identity, while simultaneously fostering positive self-perceptions tied to one’s family identity. More specifically, these interactions can lead artists with impairments to construct a disability identity as a competent and capable person with a unique body who has value and worth. Simultaneously, they can construct an identity as a valued, responsive, and caring family member, who can have a positive influence on other family members. Altogether, these adaptive self-perceptions can serve as a resource for countering stigmatized identities.

Moreover, disability and partner identities can intersect when changes in physical functioning affect relationship dynamics, leading to changes in that nature of the relationship and possibly the person’s marital status. Over time, experiences as a romantic partner can provide opportunities to develop affirming self-perceptions, reflecting someone with a different body who is loved, capable of managing relational challenges, and someone who can enrich another person’s life. Even if relationships end, these experiences can lead an individual to discover more about their desires and priorities for future relationships. As such, romantic relationships are a similarly valuable resources for fostering positive self-perceptions, along with moving towards a more adaptive disability identity.

### *Disability and Student Identities*

Specific to this study, many intersections are also evident between an individual's disability identity and student identity for a group of artists with impairments. Possessing a unique body and experiencing changes in functioning interacts with contextual factors to affect participants' ability to engage in their studies, as well as pursue their artistic interests, thus leading to these identities being reinforced or re-negotiated. As such, accessibility barriers and inaccessible spaces within educational settings, can influence an individual's ability engage in academic or extra circular activities, and thus perform their role as a student. Additionally, the presence or absence of resources or accommodations can affect a person's ability to enact their student and artist identities, thus shaping perceptions tied to these identities. For example, when physical and learning needs can be met and artistic interests fostered, individuals can come to feel like accomplished students and artists. Interpersonal resources within a school environment are also vital to consider, as interactions with school peers can shape the disability identity development process in both positive and negative ways. For example, encountering accepting responses from school peers and forming friendships with other students, can contribute to developing positive self-perceptions as a student with an impairment.

Overall, I am building on the existing literature by identifying the multiple intersections between one's disability identity and other identities within a group of artists with impairments, along with articulating how multiple relationships can contribute to shifts in the same identity, for example a person's disability identity. Furthermore, in this group of artists with physical impairments, intersections between an individual's artist identity and a host of other identities are evident in their narratives.

## Artist Identity

Artist identities are person-based occupational identities reflecting an individual's understanding of who they are as an artist. This study expands our understanding of how artist identities change and evolve overtime, with an interest in the art and engagement in creative activity, providing a basis upon which to construct an artist identity. Additionally, evolving artistic interests and artistic influences, along with the nature and content of a person's maturing artistic practice, all inform how an individual understands their artist identity. This identity becomes more solidified but also more multifaceted over time, reflecting both a sense of connection to a broader category of artist but also various personal meanings specific to the artist. Consistent with a broad definition of disability arts (Sutherland, 2003) and results of the study by Solvang (2012), artists in the current study create art reflecting a range of experiences, including but not limited to their impairment-related experiences. Artistic pieces also reflect interests, ideas, and perceptions about diverse life experiences connected to a range of identities. As such, it is important to remember that artists may choose to create art to express a wide range of identities and aspects of themselves, such as those connected to valued pastimes or their spirituality. Within participants' narratives, their artist identity intersects with their disability identity in multiple ways which further shaped artistic practices and identities.

### *Artist and Disability Identities*

Study results are consistent with the DAM literature and a small body of literature examining the experiences of artists with impairments, as I identify similar intersections between disability and artist identities. Consistent with existing literature regarding the disability arts movement (Barnes & Mercer, 2001; Barnes, 2003; French, Swain & Cameron, 2003; Morrison & Finkelstein, 1992; Sulewski, 2012; Taylor, 2005), artmaking can serve important intrapersonal functions. Artists with physical impairments can use their artistic practices to explore their relationships with their bodies and by extension their disability identity. Artists can express their feelings, and self-perceptions, both negative and positive, tied to their bodily differences and experiences of impairment. As such, art making can be a tool for coping with impairment-related difficulties and managing associated negative emotions, which in turn can inform positive self-perceptions regarding one's ability to handle adversity. Additionally, creating art can help to provide distance from negative feelings and perceptions tied to impairment, instead enabling the artists to focus on other aspects of their lived experiences.

As in other studies by Solvang (2012) and by Sulewski (2012), results reveal that prioritizing and emphasizing one's artist identity in interactions with others can be a way to shift the focus away from impairment. Adding to the literature, in participants' narratives it is evident that this strategy can be used by artists at critical points in their lives, such as after a new diagnosis or a change in functioning. By emphasizing their artistic identities, artists can present an identity associated with qualities they like about themselves, such as being a creative person, and competences tied to their artistic identities. They can present themselves as multifaceted and someone who is more than just their impairment, potentially shifting others' perceptions of who they are. As such, study results further reinforce the role of art making in mediating social interactions and consequently informing identity construction.

In line with the disability arts literature (Abbas, et al, 2004) and a study by Taylor (2005), participants' narratives reinforce that creating art can serve as an avenue for developing increased comfort and acceptance of one's different and changing body, as well as communicating this acceptance to others. Through creating art, artists can cultivate positive perceptions of their different bodies and construct a non-negative disability identity, while also constructing an identity as a creative and talented artist.

This study adds to the existing disability arts literature, as I developed an understanding of how physical impairments specifically, can inform a person's artistic practice and products in both negative and positive ways. Living with a physical impairment can shape how a person expresses themselves creatively, their choice of artistic activities, decisions about materials they use, the nature and content of artistic products, and consequently their identity as an artist. For example, as found in this study and a study by Sulewski (2012), possessing a physical impairment can led to the creation of art with a distinctive point of view tied to particular physical and personal traits.

Another unique aspect of this study revealed in participants' narratives is how changes in physical functioning and experiencing impairment-related difficulties at different points in time, can inform the trajectory of a person's artistic practice and artistic career in a myriad of ways. More specifically, the onset of impairment and changes in physical functioning can influence an artist's ability to create and their approaches to creating. Additionally, ongoing changes in functioning can lead to fluctuations in the frequency of production, as someone may cease or slow down their artistic production. These decisions can consequently shape how someone choses to identify and the labels they adopt. Further, as functioning changes, artists may need to re-evaluate their artistic capabilities and artistic practices and learn to create in new ways. Creative priorities and goals may also shift and change, as artists pursue alternative artistic directions or move their practice in new valued directions. All these changes can consequently inform the self-perceptions tied to one's artist identity, as individuals may need to redefine what it means for them to be an artist. As an example, one study participant moved from identifying as a journey musician, to a “side man” when he had to cut back on performing due to impairment-related challenges. Building on the adaptation literature (eg Liventh, 2001, Smart, 2001), participants’ stories highlight how acquiring an impairment leads an individual to renegotiate already established identities, including their identity an artist with particular physical and artistic capabilities.

Specific to this study, participants’ narratives also reveal the different ways that artists with physical impairments can still be creative and adapt their practice to maintain and renegotiate this valued identity over time. These strategies can include drawing on a variety of personal, technological, or social resources that are available at different points in time. Artists may also be motivated to move their artistic practices in new and more valued directions, for example choosing to make art focused on different themes or subject matter, in order to experience continuity in their artist identity after acquiring an impairment. As such, developing and living with an impairment has the potential to disrupt but also enrich artistic practices in multiple ways, thus influencing the content of both artist and disability identities. Further, findings from this study expand our understanding of how acquiring a physical impairment can simultaneously affect multiple life domains and identities.

This study expanded upon the existing disability arts literature, as I was able to attend to how possessing a distinctive body, and specifically a physical impairment, interacts with the environment to inform identity outcomes. As the study focuses on artists with physical impairments, the nature of physical spaces, the barriers within these spaces, and available tools within artistic spaces, can all inform an artist’s ability to engage in artistic activities and the trajectory of their practice. Consequently, an artist’s identity can be reinforced or renegotiated. For example, encountering accessible studio spaces or work environments, along with helpful tools within those spaces, can foster creative activity and thus support the development of one's artist identity. Alternatively, if artists encounter external barriers and thus cannot pursue certain creative activities or careers, they may find alternative creative pathways and consequently come to re-define who they are as artists. Thus, this study contributes to the growing body of literature, as I was able to develop an understanding of how possessing different bodies can interact with the degree of accessibility in the environment to shape artistic careers, and thus an artist's multiple identities.

However, an individual's artist and disability identities may not always intersect with one another. In this study and a study by Solvang (2012), results indicate that artists regularly make decisions about how to present themselves to others. The artist can choose to stress their artist identity, while at other times choosing to embrace the label of disabled artist, for example when they want to make a political statement, reinforcing the notion that enacting artist and disability identities occurs in the context of an audience.

Additionally, another unique contribution of this study is how being an artist who uses an assistive device can interact with one's environment to inform one's artistic practice and multiple identities. More specifically, the kinds of assistive devices artists use can inform their artistic activities, the trajectory of their artistic practice, and the artistic products they create. For example, as an artist who uses a wheelchair, a person may choose not to engage in certain types of creative activity or pursue certain artistic careers, instead seeking out alternative options. Additionally, through physically transforming assistive devices via creative activity, this can help to shift perceptions of these devices along with helping an artist to gain a greater acceptance of their impairment. Further, when assistive devices are transformed via one's artistic practice, the artist can emphasize their creative, artistic side, and present themselves as a multidimensional person. As such, assistive devices can function as sites for sites for negotiating and emphasizing a person's multiple identities.

Participants' narratives indicate that one's artist identity can encompasses someone who creates artistic products but who also shares these products with others, with the hope of affecting, influencing, or inspiring others. As such, artists can lessen the relevance of their disability identity and any associated stigma or negative associations, instead emphasizing an alternative identity, such as an artist who strives to help and inspire others through their art making. As such, the results of this study are consistent with the functions of disability arts articulated in the disability arts literature (Abbas et al., 2004; Cameron, 2007; Jacobson & McMurchy, 2010; Swain & French, 2000). Creating and sharing art pieces can provide opportunities for advocacy and influencing societal perceptions of persons with impairments, thus providing an avenue for managing a stigmatized identity. That is, artistic products can present persons with physical impairments in non-negative ways, challenging negative discourses tied to impairment and disability in the wider society, and creating alternative discourses tied to disability identities. Further, consistent with the disability arts literature (Barnes, 2003; Barnes & Mercer, 2010; Sutherland, 2008), artworks can draw attention to environmental and accessibility barriers persons with physical impairments face in their daily lives. As such, a person's identity as an advocate or change agent can be centred when artists create and share their art.

### *Artist, Family, Partner, and Student Identities*

An examination of participants' narratives underscores the constellation of social relational identities, such as family, partner and student identities, that can intersect with a participant's identity as an artist across time, informing the evolution of these multiple identities.

Participants’ narratives reveal how artists can take actions to foreground their artist identity when interacting with family members, friends, partners, and classmates. Consistent with the study by Sulewski (2012), choosing to share artistic products with these people and encountering positive reactions can lead artists to develop positive feelings and self-perceptions which over time become integrated into these family, partner, friend, student, and artist identities. Some of these feelings can include experiencing increased confidence, feeling accomplished, and proud of one’s artwork. Additionally, individuals may come to see themselves as productive and talented artists with a distinct perspective who contributes to the arts and others lives in positive ways. Gifting art to family and friends can reaffirm that the artist is a creative individual, as well as a family member or friend who wants to take care of others emotional needs and have a positive influence on them. This is especially the case when the artist receives a diagnosis or experiences changes in their functioning which affects family members.

Additionally, the findings mean that family members and partners can be key facilitators of a person’s artist identity through encouraging artistic interests and activities, encouraging the pursuit of arts education and a career in the arts, financially supporting artistic activity, or engaging in shared creative activity. These efforts can strengthen the relationship, reinforcing the importance of family or partner identities, while also leading artists to become more skilled and widen their artistic practice, thus contributing to the development of their artistic identities. Further, an artist may make artistic, education or vocational decisions based on their relationships with family members or partners, which determine the trajectory of their artistic practice and careers. Similarly, supportive reactions from school peers and staff to artistic interests and artworks can support the development of artist and student identities. As such, the study provides a distinct contribution to the existing literature, as results indicate that those outside of artistic communities can be key facilitators for fostering valued artist identities for artist with physical impairments.

Creating and sharing art provides opportunities to manage stigmatized disability identities as one can stress other identities, such as an artist and adaptive personal qualities when changes in functioning affects close relationships. Further, results indicate that creating and sharing art can mediate social interactions, specifically within valued existing relationships, across time and within different spheres of a person's life. Overall, this study builds on previous studies by revealing how art can be a tool used to mediate how artists with stigmatized differences perceive themselves and are perceived by many other people with whom they interact.

### ***Artist, Community Member, and Disability Identities***

An individual's person-based artist identity also intersects with a group-based or collective identity. For participants, their narratives indicate feeling a connection with a larger community of people whom also identify as artists more generally, or whom identify as a specific type or kind of artist. Further, this group-based identity is often tied to membership in local artistic centres or collectives, as well as relationships with local artists with and without impairments.

Results of the current study indicate that for a group of artists with physical impairments, persons within arts and disability arts communities are key influencers of an artist's multiple intersecting identities. Consistent with the disability arts literature (Swain, French & Cameron, 2003; Vasey, 1990, 2004; Walker, 2005), community connections with persons in the arts and disability arts communities, and the outcomes of interactions with these community members, play an integral role in shaping an artist's intersecting artist and community member identities over time. These community connections can inform the experiences that artists have, the artistic and personal choices that they make, and thus the personal meanings that become attached to their artist and community member identities. Through interacting with and developing relationships with others in art and disability art communities, a person's artistic capabilities and skills can be fostered and recognized. More specifically, accessing creative tools, spaces, opportunities, and resources within these communities can lead to the development of artistic skills and capabilities, thus fostering artistic identities. Further, opportunities to present and share one's work, and receive constructive or affirmative feedback, can reinforce existing self-perceptions, and present opportunities to expand or develop new understandings of what it means to be an artist or artist with an impairment. At community events, individuals can prioritize their artist identity, and when an individual's identity as an artist is affirmed and celebrated by community members, this can result in positive self-perceptions becoming attached to their artist identity. They can come to see themselves as competent, talented, successful artists, with a valuable perspective to share. As such, community connections can lead artists to see themselves in new ways, with new descriptors and attributes becoming attached to their identity as artists. Alternatively, less supportive responses can also cause individuals to renegotiate their artist identity or turn to other avenues to affirm this identity.

Building on the existing disability arts literature, it was found that for a group of artists with physical impairments, identifying as a member of a local art or disability arts organization, or artist collective, can be very meaningful, informing perceptions tied to being an artist and community member, along with fostering the development of new and valued identities. Artists can be exposed to leaders, role models, mentors, and teachers within art and disability art communities. They may also encounter and be motivated to take advantage of opportunities to become leaders, mentors, or teachers themselves. As such, their own community member identities can evolve, as they came to see themselves as artists who could contribute to the development of others in the community and beyond. Further, seeing oneself as a member of a particular community can motivate a person to engage in behaviors which reinforce that identity while also leading to evolutions in other identities. That is, a person can mobilize the knowledge, skills, and abilities tied to one identity, in this case one's artist identity, in the service of expressing another valued identity. For example, creating art, perhaps related to one's experiences of impairment, with the hope that others with impairments could relate to the content or the message of the piece. Further, changes in one's role or status within art and disability art communities, such as becoming more well-known as an artist, can also result in beneficial shifts and evolutions in both one's artist and community member identities. As such, relationships within these creative community spaces can foster or hinder the development of multiple identities, including artist, disability, and community identities.

Consistent with the disability arts literature (Arts Council England, 2003; Morrison & Finkelstein, 1992; Swain, French, & Cameron, 2003; Vasey, 1990), community connections, specifically with individuals in disability art communities, have multiple implications for an artist's disability identity. These connections can provide an avenue for developing positive and empowering disability identities, as new self-perceptions can be fostered. Artists with physical impairments can have opportunities to share their stories and discuss impairment-related experiences with other artists who also have physical and other types of impairments. They may also have opportunities to learn how other artists with impairments deal with challenges they experience in their daily lives and in the creative practice. Community events can present opportunities to talk openly about one's experiences as a person with a different body, and potentially how these experiences inform their art and identity as artists.

Additionally, building on the existing disability literature (Walker, 2005), the importance of mentors and role models specifically within disability artistic communities is evident in the narratives of artists with physical impairments. More specifically, artists may be exposed to other artists with impairments who can become role models, which can inform the construction of more adaptive disability identities. In turn, artists may become role models themselves, with hopes of inspiring and supporting the development of other artists and persons living with impairments. Thus, artists with stigmatized identities can develop identities as role models and mentors, leading to the development of more empowering artist and disability identities.

This study built upon the existing disability arts literature, highlighting how within community creative spaces, artists can encounter profound and complex accessibility barriers, which can make it difficult for them to enact their community and artist identities. However, community members can assist artists to navigate these barriers, enabling them to enact their identity as an artist. As such, community relationships can be valuable resources for developing perceptions of competence and helping individuals move towards a more adaptive disability identity while at the same time reinforcing the value of their artist identity. Overall, community identities intersect with a host of other identities in a myriad of ways and play a similarly vital role for a group of artists with physical impairments as for artists with a diverse range of impairments.

Overall, the results are consistent with those reported in studies with more diverse samples of persons and artists with a range of impairments, thus highlighting the commonalities in disability identities that those with various impairments and those with physical impairments can construct. Additionally, facilitating factors and challenges that are relevant for individuals with impairments are also operating in this small group of artists with physical impairments. For example, the results of this study are consistent with our knowledge about the influences of social discourses and persons within disability communities on an individual's disability identity. Furthermore, common pathways of identity construction were found to operate for both those in previous studies and participants in the current study. More specifically, art making played an important role in identity construction and negotiation for this group of artists as well. Moreover, the important role of community connections already identified in the disability and disability arts literature for developing affirmative disability identities was found to be equally important for this group of artists with physical impairments. However, this study builds upon and extends the findings of the limited studies exploring artist and disability identities, and thus makes several unique contributions to the literature.

## Unique Contributions

This dissertation builds upon and contributes to the existing literature regarding the experiences of artists with impairments in multiple noteworthy ways. First, I am examining a specific group, artists specifically with physical impairments, that has not been examined in the literature apart from being included in mixed samples of participants with multiple kinds of impairments. Thus, the stories of an important group of artists are being prioritized as I investigated how artists' embodied experience, that is how living in bodies with physical differences, can shape many aspects of their everyday experiences and self-perceptions. More specifically, I am able to articulate how specifically having a physical impairment can inform an artist's motivation, their artistic practices, and creative process, as well as the content of art pieces. Further, I am able to discover how artistic practices intersect with and inform multiple identities beyond that of artist. By including participants with various physical impairments, both commonalities and unique aspects of their experiences are identified, informing our understanding of how a subset of artists live in and navigate the world with different bodies. As many artists are likely to experience various bodily changes in appearance and function during their lives, I am able to identify strategies and resources that artist can draw upon when constructing multiple identities. These creative experiences, strategies, and communities can all inform strategies and interventions that artists can utilize to navigate the world and construct non-deficit-based identities.

Moreover, within this study, the important role of artistic activity and artistic communities for an artists' multiple identities was highlighted. An examination of participants' narratives also highlights the role a web of interpersonal connections with family, partners, school staff and other students, along with members of disability and art communities, can play in forming their artist identities. As such, a constellation of relationships and influences in the daily lives of a group of artists with physical impairments was identified, thus enabling me to articulate their individual and combined influence on identity development over time. As such, this study adds to the limited literature by providing a much broader and more comprehensive picture of the life experiences of a group of artists with physical impairments and exploring specifically how a group of artists with physical impairments negotiate their multiple intersecting identities.

A second important contribution of this dissertation is the particular combination of multiple epistemological frameworks, specifically intersectionality, and the social model of disability, which allows for an examination of the process of identity construction from a strengths-based perspective. Consequently, a range of disability identity possibilities are apparent, with many external challenges to constructing a positive disability identity, along with resources being identified. By taking the perspective that variations in bodies are normal and expected, and by locating disability in person-environment interactions, participants are viewed as active agents and resilient individuals responding to challenges they encounter, and accessing various resources when constructing and managing not only their disability identity but other identities as well.

Further, employing these two frameworks enables me to identify multiple contextual factors, including various barriers and facilitators, that inform the ways that artists with impairments constructed and managed their multiple identities. Through focusing on those with physical impairments, I can explore environmental factors specific to those with physical impairments and the use of assistive devices, along with associated identity implications.

More specifically, results suggest that various interpersonal resources are key drivers of the identity development process. Thus, the web of individuals an artist with physical impairments encounters, and the people they develop relationships with, inform the content of artists' multiple intersecting identities. As such, through using both frameworks, I was able to identify a more complex range of influences which can foster or constrain the development and evolution of an artists' multiple identities.

Finally, a third unique contribution is the holistic and comprehensive nature of the stories collected from participants. This study extends the findings of similar studies exploring the experiences of artists with impairments, as I attended to multiple contexts, multiple identities, and how these identities intersected across time. More specifically, I examined a host of identities simultaneously and thus am expanding upon the existing literature by elucidating the intersections between identities of artist, family member, romantic partner, student, person with an impairment, and community member for one group of artists with physical impairments. Utilizing a narrative approach when examining this understudied group leads to an understanding of how multiple identities in one group of artists develops over time which is not yet present in the literature. Using this approach also enables me to examine how shifts in one identity can lead to shifts in other identities over time, for example, with certain identities being emphasized, or conversely being relinquished, becoming less prominent, or being redefined. As such, employing a narrative approach enables me to attend to the relative importance of different identities in different contexts across time. I can identify how artists' various identities intersected in similar but also new ways across different life periods. For example, a person's artist identity can be redefined and intersect with their family or partner identities in new ways after they develop an impairment and as their functioning changes. Additionally, through attending to the network of relationships within participants lives, I examined decisions participants made about which identities to emphasize in different contexts and different relationships.

Moreover, employing a narrative approach leads to an analysis of the influence of contextual factors, such as the nature of physical spaces, disability discourses, and interpersonal resources. Consequently, I can understand how they operate both at distinct time points and across time. As a result, I have now developed an understanding of the similar and different ways contextual factors shaped an artists' identities at different ages. Thus, I have now developed a holistic understanding of how a group of artists with impairments construct and manage their identities.

## Strengths and Limitations

The current study has several strengths and limitations which will now be reviewed. Given that all studies to date have utilized samples of artists with a variety of impairments, one strength of this study is a focus on those with one type of impairment, that is physical impairments. This enabled me to understand specific challenges this group may encounter and which specific resources artists with physical impairments can draw upon when constructing their multiple identities. Even though participants reported a range of physical impairments, I developed an understanding of how participants' embodied experiences, as persons with bodies that do not meet certain expected cultural standards, shaped their everyday experiences and the identities they construct. In addition, through examining these narratives, I discovered how possessing a body that diverges from normative cultural standards mediated participants' social interactions with others across multiple contexts, and the resulting effects on participants' identities. As the sample includes both those with congenital and acquired impairments, I was able to attend to and articulate similarities and differences in these participants' narratives with respect to their multiple identities, how these identities can be constructed, and factors that shape these identities (such as stigma), thus adding to the existing literature.

A second strength of this study is the collection of data through multiple channels, with interviews being conducted along with an original artwork being collected from each participant. Through examining the content of participants' artworks and discussing these artworks in the interviews, I developed a more in-depth understanding of the role of creative activity for constructing and managing identities. More specifically, I was able to focus on how artistic practices and artworks can be sites for negotiating multiple identities, including artistic and disability identities, as well as other social identities, thus adding to the existing research base. While I invited artists to share one piece of art they had created, future studies employing more longitudinal designs could collect multiple pieces of art from participants. Collecting multiple art pieces could further elucidate how participants' disability and artist identities can change and shift across time, and how these changes can inform and shape the art they produce, adding to insights gained from retrospective studies.

A third strength of this study is the use of multiple, epistemological frameworks. Utilizing intersectionality led me to attend to the many intersections between personal, person-based and group-based social identities, and collective identities. More specifically, I attended to not only disability and artist identities, but other social and relational identities tied to work, school, family and community roles. These efforts enabled me to develop a holistic, nuanced, and contextualized understanding of participants' multiple identities, and how artists with physical impairments construct these identities. Utilizing both intersectionality and the social model of disability as frameworks led me to consider a variety of contexts and contextual factors, such as accessibility and interpersonal factors within various contexts which informed participants' self-perceptions tied to personal and social identities. As well, the use of the social model enabled the researcher to take a non-deficit and non-pathologizing approach when designing and carrying out this study, for example with respect to recruitment, data analysis, and the language used when writing up the results which leads to participants not being further marginalized. As such, future researchers should consider taking a holistic and strength-based approach when examining the experiences of artists with impairments.

A fourth strength is attending to the dimension of time. That is, the use of a narrative methodology enabled me to examine how participants' disability and artist identities changed over time, instead of just examining relevant identities at one point in time which has been done in previous studies. I was also able to examine how participants' narratives unfolded over time and what precipitated shifts and changes in their identities, along with how identities intersected in different ways at different points in time, further contributing to a nuanced understanding of participants' identity experiences.

While the study has several strengths, the study also has some weaknesses. First, while the sample is diverse in multiple ways, for example including both men and women, and also including those with a range of congenital and acquired physical impairments, the sample is not as diverse in other respects. The sample is not ethnically diverse, with the majority of the participants being of European heritage. Given the lack of ethnic diversity in the sample, how ethnic identities intersected with other identities, such as disability and artist identities, and the role ethnic communities may play is not explored in the current study. Further, the role that queer communities may play for artists with physical impairments is also not explored in the current study. As such future studies could examine interactions between ethnic, queer, and disability identities for artists with physical impairments, as possibly possessing multiple minority identities may shape the everyday experiences and self-perceptions of artists with impairments in ways not identified in the current study.

Second, more than half (seven out of twelve) participants in the sample returned their narrative summaries which I compiled with only minor changes and adjustments. However, five participants did not return their narrative summaries, so I was not able to confirm my understanding of these participants' stories. As well some time passed between when the interviews were conducted and when narratives were created and sent to participants to review, which may have been a contributing factor to not all participants returning their narratives. While several participants, in particular those who returned their narratives, were able to select pseudonyms for themselves, not all participants responded to the researcher's request to return their summaries and provide pseudonyms and it is possible that these participants may have chosen alternative pseudonyms for themselves.

Third, given that all participants in the study were recruited through reaching out to disability arts organizations and disseminating recruitment materials online and in person, artists with physical impairments who may be less (or not at all) connected with their local arts or disability arts communities may not be represented in the current study. As exposure to these communities seems to provide a basis for positive identity development, future studies could examine the experiences of artists who do not have the same type or level of community connections to help identify specific challenges this group may face and elucidate alternative pathways for developing non-shame-based disability identities.

## Implications

Based on the results of this study, there are several implications for conducting research with artists with physical impairments and working therapeutically with those who have physical impairments.

### *Research Implications*

The diversity in participants understanding of their disability identity reinforces the idea that many different disability identities can be constructed or re-negotiated along with underscoring the importance of continuing to develop a nuanced understanding of possible available identity options.

With respect to conducting research with artists with impairments, it is important for researchers, particularly those who do not have an impairment themselves, to take steps to form relationships with disability and disability art communities, especially given that potential participants may have had negative experiences with medical professional or researchers in the past. I recruited participants through multiple strategies, although attending festivals and events was a key strategy which was successful in directly recruiting six of the study participants. These efforts provided opportunities to interact one on one with potential participants and to share my motives for conducting research. This also enabled me to demonstrate support for disability arts organizations and artists themselves, which was necessary when attempting to access this potentially marginalized population.

As researchers are engaging in not only recruitment but other phases of the research process, taking time to reflect on how their own life experiences and perspectives shape the research process is necessary. Through using one qualitative method and an intersectional framework, I was able to think about how my own connections with impairment and disability shaped the research. In particular for those who have not experienced an impairment, and have internalized societal ideas about impairment and disability to varying degrees, this process is important so as to increase awareness of how the ideas and values tied to able-bodied norms may interact with multiple steps of the research process, and the conclusions at which researchers arrive. Further, this increased awareness can result in artists with impairments being empowered and not further marginalized.

Given the few empirical studies found in the literature, and the likelihood that most people are likely to experience physical impairment at some point in their lives, another implication is the need for both more quantitative and qualitative studies that employ multiple methods of data collection and epistemological frameworks, in order to fully understand the experiences of artists with a range of impairments, More specifically, to understand how people with marginalized identities construct an understanding of who they are, along with the role that art making can play in their lives, since it is an effective vehicle for expression and communication. As the current study used multiple frameworks, future research should continue to situate participants' experiences in various contexts, along with employ strength-based perspectives, such as the social model of disability, so as not to perpetuate deficit-based models. Future research can also continue to build complex and nuanced understandings of the experiences of participants with all types of impairments through taking a holistic approach, that is by examining peoples' experiences across time or across multiple contexts.

Given the limited research focusing specifically on those the identity development of persons with congenital physical impairments, and the potential nuances in the process of constructing a disability identity for those artists with physical impairments, future research should more closely examine the experiences of persons with congenital impairments. This may allow researchers to understand their experiences, with the hope of elucidating additional strategies that can help young people to develop more affirmative disability-based identities along with other identities.

Based on the design of the current study and results found, another implication of this study is the value of considering and collecting multiple types of data when conducting research, such as more than just verbal data derived from interviews when examining participants' experiences and when examining artists' experiences. As creating and sharing art can mediate social relationships, further research could examine how producing more interactive and performative types of work could inform participants' multiple identities, with researchers incorporating ways to collect audio or video materials into their research procedures.

### *Clinical Implications*

From the results of this study, there are several implications for counsellors and psychologists working with individuals with physical impairments who also identify as creative individuals. Counsellors and psychologists working with those who have physical impairments (and other types of impairments) can serve their clients well by taking a non-deficit approach in their work, increasing their knowledge of alternative perspectives about impairment / disability beyond a deficit model, an approach which is likely to help empower clients. As well, professionals should examine their own assumptions about impairment / disability and when working with participants take a holistic approach and seek to understand possible contextual factors affecting clients' experiences. More specifically, when clients are discussing their multiple identities, professionals can attend to where the individual are situated in the process of understanding who they are. Professions should not assume that artists with impairments have constructed a shame-based disability identity or alternatively a pride-based identity but rather provide a space for clients to talk about both negative and positive feelings about their bodies along with challenges and benefits of living with different bodies. Further, professionals may not want to push their clients to develop a disability identity based on pride, as this may not resonate with the clients' experiences. As there are a wide range of disability options available to artists that can encompass acceptance of one's impairment, a professional can likely help an individual construct a disability identity that is most adaptive for them at their particular stage of life. Further, counsellors can also attend to a client's relationship with assistive devices. Professionals can explore with the client, the implications of choosing to use or alternatively, choosing not to use an assistive device, as both decisions can have positive implications for an artist's disability identity.

Counsellors also can attend to interpersonal resources in a client's narrative, or help clients to identify possible interpersonal resources, which may help them to construct non-stigma-based disability identities. Through assisting clients to explore their multiple identities, such as artist identities, romantic identities or community member identities, this process may provide insights that can help them to manage a stigmatized identity. That is, professionals should attend to a client’s multiple identities since a client’s disability identity is likely to intersect with other identities including various relational, occupational, and community identities. Further, through understanding these many intersections, both in the past and present, this may help a counsellor to best assist their clients.

As this study focused on artists with impairments, if a counsellor is familiar with the use of arts in the counselling process, they could assist the client in using artistic activities both in and outside of the session to help them articulate and explore their various identities. They may also investigate and discuss with the client ways of using art as a tool to renegotiate their identities when life changes occur, for example to foster positive emotions and as an avenue to shift the focus away from limitations they may be experiencing. However, it is important to not assume that clients will want to produce art informed by their experiences of impairment but may want to use art to express other valued identities. Through developing an awareness of both common experiences of client’s with physical impairments, but also attending to the individual experiences of each client and meanings they attach to their identities, counsellors can provide beneficial services.

Overall, in this dissertation, I investigated the experiences of twelve artists with multiple kinds of physical impairments, revealing the multiple ways one group of artists with impairments developed, and renegotiated their intersecting identities over time. Through examining their narratives and artwork, a complex picture emerged of intersecting identities that were continuously being constructed, enacted, and revised. The saliency and importance of disability, artist, family, romantic, and community identities varied across time, and were informed by multiple external contextual factors artists encountered. From these narratives, several implications and future directions were identified. In sum, examining the experiences of artists with impairments provides important and valuable insights that can benefit both artists with and without impairments alike, given that impairment is a universal experience.

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## Appendix A: Possible Publications Outlets

- Arts & Health
- Art Journal
- Arts in Psychotherapy / International Journal of Art Therapy
- Visual Studies
- Canadian Journal of Disability Studies
- Disability Studies Quarterly
- Identity: An international journal of theory and research
- Journal of creativity in mental health

## Appendix B: Timeline for Proposed Study

| | |
|---|---|
| May, 2014 | Submission of ethics application |
| End of June, 2014 | Begin participant recruitment |
| July to October 2014 | Data collection and transcription of interviews |
| November 2014 to February 2015 | Data analysis and member checking |
| March to June 2015 | Write-up of results and discussion section, addition of recent references, detailed editing of dissertation |
| August 2015 | Dissertation Defense |

## Appendix C: Email Message to Target Organizations

Dear [Insert Directors Name]:

My name is Jennifer Titus and I am a doctoral candidate in the Department of Educational and Counselling Psychology at McGill University. I am currently conducting a dissertation study entitled *Navigating Multiple Identities through Art-Making: Stories of Visual Artist with Acquired Physical Impairments,* under the supervision of Ada Sinacore, PhD (Associate Professor in the Counselling Psychology Program at McGill University). This study aims to explore the role of art-making in the lives of individuals with acquired physical disability, particularly the relationship between art-making and an individual's identities. The results of this study will help to develop an understanding of how individuals may utilize art making in their daily lives when having experienced changes in their physical functioning.

I would greatly appreciate your assistance in recruiting participants for this study by forwarding the attached recruitment flyer to members of your organization or individuals registered with your office. Individuals who participate in this study will be asked to participate in one to two confidential interview(s) about their experiences of acquiring an impairment and the influences of this experience on their art-making, and understanding of who they are. The interview format will be flexible in order to accommodate the needs of the individual, and include face to face or Skype interviews. Participation in this study is voluntary and participants will be compensated with a $20 gift certificate for an art supply store.

If you have any questions about this research project, please do not hesitate to contact Jennifer Titus, via email at jennifer.titus@mail.mcgill.ca.

Sincerely,

Jennifer Titus, M.A.
Doctoral Candidate
Counselling Psychology Program
Department of Educational and Counselling Psychology
McGill University

## Appendix D: Recruitment Message

*Are you an artist with an acquired physical disability?*

*If so, we are interested in hearing your story!*

**What:** A study examining how acquiring a physical disability influences the way people understand who they are and the activity of creating art. The results will help us to understand factors that influence peoples' self-perceptions and creative activities.

**You can be involved in this study if you:**

- are 20 to 40 years old
- Acquired a physical disability within the last 5 to 10 years
- Able to communicate in English
- Do not have an intellectual disability

**What the study involves:**

- One to two interviews lasting 30 to 60 minutes
- A follow up meeting

**Contact information:**

- 438-883-1750
- jennifer.titus@mail.mcgill.ca

*Please advise me of any accessibility needs so that I can do my best to accommodate you.*

This study is being conducted by Jennifer Titus, Doctoral Candidate, Department of Counselling and Educational Psychology, McGill University

## Appendix E: Recruitment Flyer

*Are you an artist with an acquired physical disability?*

*If so, we are interested in hearing your story!*

**What:** A study examining how acquiring a physical disability influences the way people understand who they are and the activity of creating art. The results will help us to understand factors that influence peoples' self-perceptions and creative activities.

### You can be involved in this study if you:

- are 20 to 40 years old
- Acquired a physical disability within the last 5 to 10 years
- Able to communicate in English
- Do not have an intellectual disability

### What the study involves:

- One to two interviews lasting 30 to 60 minutes
- A follow up meeting

### Contact information:

- 438-883-1750
- jennifer.titus@mail.mcgill.ca

*Please advise me of any accessibility needs so that I can do my best to accommodate you.*

This study is being conducted by Jennifer Titus, Doctoral Candidate, Department of Counselling and Educational Psychology, McGill University

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Art-making and identity<br>jennifer.titus@mail.mcgill.ca | Art-making and identity<br>jennifer.titus@mail.mcgill.ca | Art-making and identity<br>jennifer.titus@mail.mcgill.ca | Art-making and identity<br>jennifer.titus@mail.mcgill.ca | Art-making and identity<br>jennifer.titus@mail.mcgill.ca | Art-making and identity<br>jennifer.titus@mail.mcgill.ca | Art-making and identity<br>jennifer.titus@mail.mcgill.ca | Art-making and identity<br>jennifer.titus@mail.mcgill.ca |

## Appendix F: Application for Ethics Approval for Human Subject Research

Applicable Research Ethics Board
___REB-I ___REB-II ___REB-III

**Application for Ethics Approval for Research Involving Human Participants**
(please refer to the Application Guidelines [www.mcgill.ca/research/researchers/compliance/human/] **before** completing this form)

**Project Title**: Navigating Multiple Identities through Art-Making: Stories of Visual Artists with Acquired Physical Impairments

**Principal Investigator**: Jennifer Titus **Dept:** Educational and Counselling Psychology

**Phone #:** 438-883-1750 **Email:** jennifer.titus@mail.mcgill.ca
**(a McGill email MUST be provided)**

**Status: Faculty ___ Postdoctoral Fellow ___ Other (specify) ______**

**Ph.D. Student X Master's Student ___ Undergraduate ___**

**Type of Research: Faculty Research ___ Thesis X**
**Honours Thesis ___ Independent Study Project ___**
**Course Assignment (specify course name and #)_________**

**Other (specify) ____________**

**Faculty Supervisor (if PI is a student):** Ada Sinacore **Email:** ada.sinacore@mcgill.ca

**Co- Investigators/Other Researchers (list name/status/affiliation):**

**List all funding sources for this project and project titles (if different from the above). Indicate the Principal Investigator of the award if not yourself.**

Awarded: FQRSC Bourse de doctorat en recherché

Pending:

---

**Principal Investigator Statement:** I will ensure that this project is conducted in accordance with the policies and procedures governing the ethical conduct of research involving human participants at McGill University. I allow release of my nominative information as required by these policies and procedures.

**Principal Investigator Signature: ______________________________ Date: _____________**

**Faculty Supervisor Statement:** I have read and approved this project and affirm that it has received the appropriate academic approval. I will ensure that the student investigator is aware of the applicable policies and procedures governing the ethical conduct of research involving human participants at McGill University and I agree to provide all necessary supervision to the student. I allow release of my nominative information as required by these policies and procedures.

**Faculty Supervisor Signature**: _______________________________ **Date**: ______________

**Respond directly on this form to each section (1-8). Do not re-order or omit any section or any of the questions under each section heading. Answer every part of each section. Forms with incomplete sections will be returned.**

## 1. Purpose of the Research

***a)****Describe the proposed project and its objectives, including the research questions to be investigated (one-two page maximum).*

Once central life task all individuals must navigate is the process of constructing, re-negotiating and maintaining multiple identities (Marcia, 2002). These identities intersect with one another and can change and shift across time (Deaux, 1993; Jones & Abes, 2013). Furthermore, this task represents an ongoing and continuous endeavor that occurs over time as individuals interact with other people and the larger social context (Jones & Abes, 2013). While individual's have multiple identities, the current study will focus on two in particular, those of disability identity and artist identity. Disability identity refers to an individual's self-perceptions of their impairment and experiences of disability, along with the meanings and emotional significance associated with this identity (Darling, 2013; Deaux, 1993). Within the literature, several disability identity options have been articulated ranging from negative (based on shame of bodily characteristics) to positive (based on pride in one's body and lifestyle). Furthermore, these identity options are informed by cultural beliefs, assumptions and meanings associated with the social group of disabled people (Swain & French, 2000, 2008). Another important variable which influences how individuals construct their disability identity is related to the time of onset, with individual's having either a congenital or acquired impairment. In this case, impairment is defined as difference or variation from particular cultural standards of bodily form and function, which influences how individuals perform daily activities (WHO, 2002). More specifically, acquired impairment refers to bodily differences that develop after the individual is born (Smart, 2001). Scholars have discussed how individuals with acquired impairments are likely to face specific identity related challenges. That is, they are likely to go through a psychosocial adaptation process when they acquire an impairment, a central part of which is re-negotiating several identities (Livneh, 2001; Smedema, Bakken-Gillen, & Dalton, 2009). Additionally, some of these identity related challenges include renegotiating their identity as an able-bodied person and potentially relinquishing advantages associated with this identity (Garland-Thomson & Bailey, 2010; Smart, 2001). A second identity of interest is that of artist identity, which refers to self-perceptions regarding one's creative or artistic skills, abilities and activities and is also informed by cultural ideas about what an artist is and the assumptions, ideas and actions of other people (Bain, 2005).

Given that identities intersect with one another in multiple ways and the implications of these intersections for an individual's lived experience (Nash, 2008), it is vital to explore the identity category of disabled artist. One important movement that reflects the production of a range of art forms by individuals with impairments or disabled people is the Disability Arts Movement. Scholars and artists have identified the many implications of creating disability art for an individual's multiple identities, specifically an individual's disability identity and artist identity. Disability art is defined as art forms, works or productions that are created by disabled individuals that may or may not be informed by or reflect experiences of impairment and disability and are meant to be shared with other disabled people

(Mansfield, 2006; Sutherland, 2005, 2010). Disability arts provide opportunities for people to express themselves in creative ways and communicate their feelings, views and personal experiences (Swain, French & Cameron, 2003). Additionally, creating disability art provides an avenue for individuals to explore and construct their disability identity (Barnes & Mercer, 2001, Barnes, 2003). For example, individuals may develop a disability identity characterized by positive attributes, self-respect and self-acceptance or perhaps experience a shift in the meaning attached to this identity, from negative to neutral or positive meanings. As such, individuals may produce art that reflects self-acceptance of bodily difference or pride (Abbas, Church, Frazee, & Panitch, 2004; Taylor, 2005). Furthermore, the disability arts movement provides a basis for individuals to collectively identify as disabled people, as it reflects a collective artistic expression of the experiences of disabled people (Barnes & Mercer, 2001). Additionally, creating and sharing disability art helps individuals to construct a positive identity as an artist who has an important and distinctive point of view. Sharing art with others can provide affirmation and validation of this identity (Abbas, et al., 2004). Furthermore, creating disability art and being involved in disability arts organizations enables individuals to develop new or existing artistic skills and abilities, increasing their self-esteem and self-confidence (Sutherland, 2003; Swain, French, & Cameron, 2003, Vasey, 1990). As well, involvement in the disability arts movement enables people to make connections with other individuals, building a sense of belonging and providing positive role models (Vasey, 1994, 2004; Walker, 2005). Moreover, disability arts provide a way for disabled people to challenge and resist problematic cultural imagery and negative stereotypes, as well as broader societal structures and oppressive practices (Barnes & Mercer, 2010; Vasey, 2004), all of which shape how individuals view and understand themselves. One important study that has specifically examined the experiences of young adult visual artists with a range of impairments, has found that these two identities interact in nuanced and complex ways. For example, identifying as an artist helped individuals to counter social stigma associated with their impairment and enabled them to be seen as a multifaceted person, not just an individual with an impairment (Sulewski, 2012). Finally, individuals may manage these intersecting identities in multiple ways. For example, emphasizing the primacy of their artist identity over their disability identity, feeling their disability identity is not important to their role as an artist or that their disability identity informs their art-making in very important ways (Solvang, 2012; Sulewski, 2012).

While there is a growing body of literature regarding the identity implications of creating art for individuals with various impairments, very few empirical studies exist examining how these artists manage their multiple identities. Further, these few studies generally focus on young adults and have some methodological weaknesses. These include: a lack of a description of participant or demographic information, a lack of articulation of the frameworks / definitions of impairment and disability being used, lack of attention to multiple identities beyond disability identity and artist identity, and finally mixed samples. These samples include individuals with a range of impairments and include individuals with both congenital and acquired impairments. Thus, the current study seeks to build in the existing literature in several ways. First, given that art-making has been shown to provide an avenue for developing and affirming non-stigmatizing identities, a further examination of the links between creating art and negotiating identities is strongly warranted. Second, given the potential identity related transitions faced by those with acquired impairments and the lack of focus on artists with acquired impairment, as well as those with specific types of impairments, this study will explore the experience of visual artists with acquired physical impairment(s). Thus, the proposed study aims to investigate the how visual artists with acquired physical impairment(s) use art-making to negotiate their multiple and intersecting identities over time, and the context in which this process occurs. Specific research questions include: (a) What do visual artists with acquired physical impairment(s) identify as their salient identities? (b) What are the contextual factors which have influenced the development of these identities? and (c) What is the role of art-making for visual artists with acquired physical impairment in negotiating these multiple and intersecting identities?

***b)****What is the expected value or benefits of the research?*

The research will help participants to develop a greater understanding of how individuals with acquired impairment negotiate their various identities and the role of art-making in their lives, particularly for managing their multiple identities. The study will help to provide an understanding of how art-making can be used a tool for promoting well-being through helping individuals to develop more positive self-perceptions. This research could also shed light on ways that art-making can inform how individuals respond to circumstances in which they experience changes in their physical functioning and their identities are disrupted or challenged.

***c)****How do you anticipate disseminating the results (e.g. thesis, presentations, internet, film, publications)?*

Results will be disseminated through writing doctoral dissertation, presentations at conferences, and professional publications.

## 2. Recruitment of Participants/Location of Research

***a)****Describe the participant population and the approximate number of participants needed.*

Individuals aged twenty to forty who identify as visual artists and have an acquired physical impairment will be recruited. Additionally, participants will have acquired their impairment within the last five to ten years. The study will recruit between 10-15 participants.

***b)****Describe how and from where they will be recruited. Attach a copy of any advertisement, letter, flier, brochure or oral script to be used to solicit potential participants (including information to be sent to third parties).*

Participants will primarily be recruited from Montreal but also from other major cities in Canada including Vancouver and Toronto. Participants will be recruited through employing various strategies. First, the recruitment flyer will be placed within physical spaces in the community, such as in visual art centres, art stores and community centres, as well as online, including Criagslist, Kijiji, McGill Classifieds, and facebook. With respect to facebook, contact information for the researcher will be provided and potential participants will be asked to contact the researcher directly. Second, through word of mouth and employing snowball sampling, participants will be recruited. More specifically, at the end of the interview(s), the individual will be asked if they know others who may be interested in participating in this study. If this is the case, a business card will be provided with the researcher’s contact details so that the potential participant can contact the researcher. Additionally, participants will be recruited through attending various art events in the community, such as exhibitions, festivals, galleries, and art classes offered through community organizations after obtaining relevant permissions. The researcher will also approach community organizations and educational institutions to recruit participants. Specifically, the researcher will contact people through emailing community organizations that specifically serve individuals with acquired physical impairments, as well as offices within post-secondary institutions which serve students with impairments and ask them to circulate the attached recruitment message to their members or constituents. Examples of community organizations include the Multiple Sclerosis Society, Muscular Dystrophy Canada, Disabled Women’s Network, and Canadian Paraplegic Association. Additionally, disability arts organizations will be contacted in the same manner. Examples include Tangled Art and Disability, Creative Spirit Art Centre, Abilities Arts Festival, Entr’actes, Visions sur I’Art Quebec.

***c)**Describe the setting in which the research will take place.*

The setting this research will take place is primarily in Montreal. Face to face interviews will occur in Montreal in locations that are convenient for participants (eg homes or studios) and Skye interviews will take place online.

***d)**Describe any compensation subjects may receive for participating*.

Participants will receive a $20 gift certificate for an arts supply store as compensations for participating in this study.

### 3. Other Approvals

*When doing research with various distinct groups of participants (e.g. school children, cultural groups, institutionalized people, other countries), organizational/community/governmental permission is sometimes needed. If applicable, how will this be obtained? Include copies of any documentation to be sent.*

**N/A**

### 4. Methodology/Procedures

*Provide a sequential description of the methods and procedures to be followed to obtain data. Describe all methods that will be used (e.g. fieldwork, surveys, interviews, focus groups, standardized testing, video/audio taping). Attach copies of questionnaires or draft interview guides, as appropriate.*

Methodology. In order to investigate the experiences of visual artists with acquired physical impairments a qualitative methodology will be employed. In particular, narrative inquiry was selected for the proposed study. Narrative inquiry is a qualitative research approach that is best suited for gaining an understanding of the stories' individuals construct about their lived experiences and the meanings they ascribe to their experiences. Further, narrative inquiry allows for the researcher to collect both verbal / written accounts and visual images in order to understand their experiences (Reissman, 2008). In addition, recognizing the social and interpersonal nature of people's lives, narrative inquiry attends to contexts in which the story unfolds (Clandinin & Rosiek, 2007). Thus, in this study I will collect individual's stories about their experience of acquiring an impairment and the impact this experience has on individual's identities and art-making.

Procedures. Participants who meet criteria for the study will be asked to sign the consent form. They will participate in one to two interviews, each lasting 30-60 minutes that will be audio tapped. The format of interviews will be flexible to order to accommodate individual's needs and ensure a diverse sample is collected. Interviews will be carried out face to face in the summer and fall of 2014. For individuals who cannot meet face to face or who require certain accommodations, interviews will be conducted through Skype. Participants will be asked to select one piece of original artwork to discuss during the interview. If individuals bring their actual artwork to the interview, the researcher will take a color photograph of the pieces. In contrast, for Skype interviews, the participant will be asked to email a colour image of the artwork to the researcher. An interview guide was developed for this study and will used to guide the interviews. Given that participants are not being given a demographics form to complete, the interviewer will ask about demographic information at the beginning of the interviews. Additionally, at the end of the first interview, if required, a second interview will be scheduled with participants. After the interviews, a follow up meeting lasting approximately one hour will be conducted with participants.

**5. Potential Harms and Risk**

***a)*** *Describe any known or foreseeable harms, if any, that the participants or others might be subject to during or as a result of the research. Harms may be psychological, physical, emotional, social, legal, economic, or political.*

Although there are no foreseeable risks, the experience of acquiring an impairment and potentially experiencing disruptions in identities and personal continuity may be upsetting, difficult or challenging. In addition, participants may create art as a way of dealing with negative emotions, thoughts, or experiences. Thus, participants may experience a certain level of discomfort when talking about these personal experiences or artist pieces.

***b)*** *In light of the above assessment of potential harms, indicate whether you view the risks as acceptable given the value or benefits of the research.*

Given the minimal harms that may arise, the potential risks of this research are deemed acceptable considering the potential benefits.

***c)*** *Outline the steps that may be taken to reduce or eliminate these risks.*

It is clearly stated in the informed consent that participants may chose not to answer questions they are uncomfortable with and that they can withdraw from the study at any time. Debriefing questions will help the researcher to assess participant’s reactions to the interview(s). Also, if participants become distressed at any point during the interview the research has training in counseling interventions and thus has the skills to deal with the situation if it arises. Finally, information about community resources can be provided at any time during the study and participants can be directed to the appropriate counseling services if needed.

***d)*** *If deception is used, justify the use of the deception and indicate how participants will be debriefed or justify why they will not be debriefed.*

*N/A*

**6. Privacy and Confidentiality**

***a)****Describe the degree to which the anonymity of participants and the confidentiality of data will be assured and the specific methods to be used for this, both during the research and in the release of findings.*

Participant’s anonymity and confidentiality will be assured in several ways. When audio recordings are transcribed all identifying information will be removed from the transcript. Additionally, all participants will be given a unique identifying code or number that will appear in the transcripts and be associated with their artwork. When data is published, identifying information will be removed from the quotes and participants will only be identified by their code. Additionally, images of participants’ artworks will only be included in presentations and publications with the participants expressed consent (see consent form), and will only be associated with their code. However, if they chose, participants can consent to have their names appear with images of their original artwork in presentations or publications. Any data with identifying information will be kept separate from transcripts and artwork images. Informed consent forms and hard copies of audio recordings will be kept in a locked cabinet in the supervisor’s office and the transcripts and printed images of artworks will be kept in a separate locked cabinet in supervisor’s office. Both the researcher and the research assistant will listen to the audio recordings of the interviews and be involved in transcribing the interviews. As such the research assistant will be required to sign a confidentiality agreement. In regards to member checking, summaries of participants stories will be emailed to the participants in password protected files.

***b)****Describe the use of data coding systems and how and where data will be stored. Describe any potential use of the data by others.*

Participants will be provided with a unique identifying code and this code will appear on transcripts and be associated with images of original artwork and participant summaries. Hard copies of audio recordings and consent forms will be stored in a locked cabinet in the supervisor's office and hard copies of the transcripts, printed images of artwork and summaries will be kept in a separate locked cabinet in her supervisor's office in the Faculty of Education at McGill University. As well, digital audio recordings of the interviews and digital images of artwork will be saved in password protected folders and stored on the primary researcher's computer. Similarly, summaries of participants stories will be password protected files and stored on the researcher`s computer.

***c)****Who will have access to identifiable data?*

Only the primary researcher and her supervisor will have access to the hard copies of audio recordings and the consent forms. The researcher, her supervisor and the research assistant will have access to the digital audio recordings and be aware of the passwords for the audio files they are transcribing. For any audio files the research assistant is working with, the password will be changed once they have finished transcribing the interview and only the supervisor and researcher will know the new password. As well, only the primary researcher and her supervisor will have access to hard copies of transcripts and images of artwork (both hard copies and digital files), and participant summaries and have knowledge of associated passwords.

***d)****What will happen to the identifiable data after the study is finished?*

The audio recording and the consent forms will be kept for one year in a secure and locked cabinet in the supervisor's office for after the study is completed and then destroyed. Similarly, transcripts and images of artworks (hard copies) will also be kept in a secure and locked cabinet in the supervisor's office for one year after completion of the study and then destroyed. All electronic files will be deleted and destroyed one year after completion of the study, along with any correspondence with participants.

***e)****Indicate if there are any conditions under which privacy or confidentiality cannot be guaranteed (e.g. focus groups), or, if confidentiality is not an issue in this research, explain why.*

N/A

## 7. Informed Consent Process

***a)****Describe the oral and/or written procedures that will be followed to obtain informed consent from the participants. Attach all consent documents, including information sheets and scripts for oral consents.*

Face to face interviews: At the onset of the interview the researcher will explain the purpose of the research, the voluntary nature of their participation, risks and benefits of participating and confidentiality. Additionally, participants will have the opportunity to have any questions answered. When participants understand the nature of the study and their participation, they will be asked to sign a consent form and will then receive a $20 gift card for an art supply store for their participation in the study. At this time, the researcher will again reiterate that participants may withdraw from the study at any time or decline to answer any questions without being penalized. After this process, the researcher will start the audio recording and ask participants to describe themselves and ask follow up questions to obtain demographic information. Subsequently, the researcher will ask the opening question inviting participants to tell their stories. Consistent with a narrative approach, the researcher will give latitude to the participant by respecting the flow of their storytelling (Murray, 2015) and use the interview guide in a flexible manner. At the end of the first interview, a second interview will be scheduled if necessary, or the researcher will ask debriefing questions so participants can share their reactions to the interview process. If two interviews occur, these questions will be asked at the end of the second interview.

Skype (video chat or instant messaging): After being contacted by the participants, I will conduct a brief phone call or Skype meeting during which I will explain the goals of the study, the voluntary nature of the participation, confidentiality, and study procedures, including that they will be asked to provide a colour image of an original piece of artwork. Subsequently, I will send the participants the consent form via fax or email, based on the participant's preference. They will be asked to fill out and return this form to me via fax or as an email attachment. If they choose the email attachment option, they will be instructed to return a signed and scanned consent form. Once I have received this form, a Skype meeting will be scheduled and participants will be asked to email me an image of their artwork before the interview. At the beginning of the meeting, I will inform participants that they may withdraw from the interview at any time or choose not to answer any questions, but in either case still receive compensation. The interview process is identical to the face-to-face interviews, except that (a) I will use the Skype feature that allows me to audio record the interviews or (b) will save the and print out the series of instant messages. Again, a second meeting will be scheduled if necessary, and after the interview(s), I will mail participants their compensation.

***b)****If written consent will not be obtained, justification must be provided.*

N/A

**8. Other Concerns**

***a)*** *Indicate if participants are a captive population (e.g. prisoners, residents in a center) or are in any kind of conflict of interest relationship with the Isuch as being students, clients, patients or family members. If so, explain how you will ensure that participants do not feel pressure to participate or perceive that they may be penalized for choosing not to participate.*

N/A

***b)*** *Comment on any other potential ethical concerns that may arise during the course of the research.*

N/A

## Appendix G: Informed Consent to Participate in Research

This consent forms describes the purpose, procedures, and circumstances required to take part in a study about the experiences of visual artists with acquired physical impairments that is being conducted by Jennifer Titus, a graduate student at McGill University.

### 1.Purpose:

I have been told that the purpose of this research is to study visual artist's experiences of acquiring a physical impairment. This study will also explore the impact of this experience on a person's understanding of who they are and the activity of creating art. I have been informed that the aim of this research is to increase our knowledge about how different people handle changes in their bodies and how creative activities relate to peoples understand of their changing bodies and who they are over time.

### 2. Procedures:

I have been informed that I will be asked to take part in one to two interviews and share a piece of original artwork. I understand that interviews may be done in several ways, including face to face, via Skype (video chat or instant messaging), or through emails. I know that in these interviews I will be asked to talk about acquiring an impairment, my creative activities, self-perceptions, and piece of art. I have also been informed that I will be asked to participate in a follow up meeting lasting about 1 hour and asked to read a summary of my interview(s) and give feedback to the researcher. I have been informed that there are no know risks to being involved in this study but that I will be given appropriate resources if needed. I have been told that I do not have to answer any questions if I feel uncomfortable and that I can stop participating in the study at any time. Finally, I have been told that I will receive a $20 gift card for taking part in this study.

### 3. Conditions of Participation:

I have been told about the purpose of this study and know the benefits and inconveniences associated with this research. I have been informed that I will be given a unique code and that my identity will remain confidential, with all information about me being kept in a locked filling cabinet in the researcher's office. I have also been told that only certain people will have access to my information and interview(s) including the researcher, her supervisor, and a research assistant. Recordings of the interviews, documentation of instant messaging and email correspondences will be destroyed one year after study ends.

I know that the results of this study will be shared with other people through conference presentations, publications and in a dissertation. I understand that no personal information will be used in any of these presentations or reports without my explicit agreement.

**I HAVE CAREFULLY STUDIED THIS DOCUMENT AND HAE BEEN TOLD ABOUT THE TERMS OF PARTICIPATING IN THIS STUDY. I VOLUNTARILY AGREE TO PARTICIPATE IN THIS STUDY AND PROVIDE AN IMAGE OF AN ORIGINAL ARTWORK.**

Participant's Name: ______________________ Researcher's Signature: ____________________

Participant's Signature: ________________________ Date: ___________________

I agree to have my original artwork appear in a presentation or report:

| | | |
|---|---|---|
| Without my name | YES | NO |
| With my name | YES | NO |

If you have any questions please contact Jennifer Titus, the primary researcher in this study at 438-883-1750 or jennifer.titus@mail.mcgill.ca. You can also contact the Ethics office at McGill university at 514-398-6831 if you have any questions.

## Appendix H: Interview Guide

This interview protocol will provide participants with a space to share their stories and construct an understanding of how they negotiate various salient identities when experiencing a change in physical functioning and the role of art-making in this process.

### Demographic /background part of interview

Identities

General Prompt:
How would you describe yourself? / Can you please tell me about yourself?

*Follow up:* If participant does not mention these identities ask about: age, relationship status, sexual orientation, ethnicity, education level / artistic training, any religious affiliation, current occupation, if there is anything else they feel is important for me to know about them and who they are.

Impairment / Disability

1. What is your understanding of the words impairment and disability?
2. Please describe the nature of your physical impairment/disability and when it was acquired
3. How has your impairment/disability changed over time (if it all)
4. Are there any contributing health conditions?

### Main section of interview

Opening question:
Please tell me your story about how you acquired your impairment(s) and the impact of this experience on your understanding of who you are today.

Prompts (if necessary):

- How has your understanding of who you changed over time?
- What has the experience of acquiring an impairment meant to you?
- Please tell me about your experience with any barriers and facilitators that influenced your ability to access the world around you (e.g. people, communities and spaces within your environment)?

Second question:
Please tell me about your art practice (currently) and how the experience of acquiring an impairment has influenced your art-making.

Artistic piece
Prompt:
Can you please tell me the story behind this piece of artwork and why you chose this piece?

Prompts (if necessary):

Tell me about how this piece is representative of you
Tell me about the meaning behind this piece (both when it was created and now).

Debriefing questions:

What has been your experience of participating in this interview / these interviews?
Is there anything else you would like to share that was not covered during the interview?
Do you know anyone else who would like to participate in this study?

## Appendix I: Interpreter Confidentiality Agreement

Jennifer Titus, Department of Educational and Counselling Psychology
McGill University
Montreal, Quebec, H3A 0G4
April 16, 2014

I understand the nature of this research study entitled *Navigating Multiple Identities through Art-Making: Stories of Visual Artists with Acquired Physical Impairments* being conducted by Jennifer Titus at McGill University. This study examines how acquiring a physical disability influences the way people understand who they are and the activity of creating art. The results will help us to understand factors that influence peoples' self-perceptions and creative activities. In my role as an interpreter for this interview, I understand the requirements for confidentiality in my role as an interpreter for this study and have all of my questions answered.

A. Maintaining Confidentiality

**I agree not to reveal in any way to any person other than the researcher any data gathered for the study by means of my services as interpreter.**

B. Acknowledgement of My Services as Interpreter

I understand that the researcher will acknowledge the use of my services in any reporting on the research. I have indicated below whether I wish that acknowledgement to be anonymous or whether it may recognize me by name.

___ I do no wish my name to be associated with the acknowledgement of the use of an interpreter in data gathering for the research.
OR
___ I agree that the researcher may associate my name with the acknowledgement of the use of an interpreter in data gathering for the research.

C. Identification and Signature Indicating Agreement

Name: ____________________________________________

Email: ___________________________________________

Telephone: ________________________________________

Signature: _______________________________________________________

Should you require further information please feel free to contact me, Jennifer Titus, at 438-883-1750 or jennifer.titus@mail.mcgill.ca.

For questions, concerns or complaints about the research please contact the ethics officer at 514-398-6831.

## Appendix J: Receipt for Participation

I have received a $20 gift card for my participation in the research project entitled: *Navigating Multiple Identities through Art-Making: Stories of Visual Artists with Acquired Physical Impairments.*

Name (please print): _________________________________________________________

Signature: ___________________________________________________

Date: _________________________