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Healing from Dry Bones: Creative Expression as a Way of Knowing in Diabetes Care

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Abstract: A creative, action research process incorporated the use of metaphor and imagery in patient education to help illustrate the experience of living with diabetes through multiple ways of knowing. Findings and implications for practice in adult education and patient care are discussed.

Introduction

Although I had been living with insulin-dependent diabetes for over 20 years, I never stopped to ask myself how I *felt* about having the disease. During this presentation, I will begin by sharing how the metaphor of dry bones continues to represent my feelings, and my hope and healing, of having diabetes. Writing about the experience touched many ways of knowing about the experience of having a chronic illness: emotional, somatic, metaphorical, spiritual. I felt the presence of a greater power, actively listening to my *fears* and my *feelings* about diabetes rather than asking the mechanical questions of, “Do you notice any changes in your feet, do you have any problems with swelling, and are your blood sugars under control?” *Dry Bones* was the initial source of inspiration for my dissertation and further study into multiple ways of knowing about diabetes and the creative aspect of holistic care. These ways of knowing included attending to (a) the spiritual (Balducci & Meyer, 2001; English, Fenwick & Parsons, 2003; Tisdell, 2003); (b) the imaginal and/or symbolic (Clark, 1997; Dirkx, 2001; Tisdell, 2005); (c) somatic (Beaudoin, 1999; Somerville, 2004); and (d) the artistic or creative (Lawrence, 2005; Olson, 2005; Wuthnow, 2001). Although the context of the research was the exploration of metaphor and imagery with adults and chronic illness, the process of using creative expression and understanding to teach and learn crosses many disciplines and contexts.

Purpose/Research Questions

The overall focus of the field of adult education is how adults create and construct meaning in many contexts, and how to educate adults in light of how they learn (Merriam & Caffarella, 1999). The area of patient education is one of the many contexts of adult education. Particularly related to the area of diabetes care, patients are often “students” who learn from their physicians and diabetes educators about the management of their disease. Much of the traditional medical approach to diabetes care primarily comes from a cognitive-behavioral perspective (Berkel, Poston, Reeves, & Forey, 2005; Bodenheimer, 2003; Fox & Kilvert, 2003; Gottlieb, 2004; Graves & Miller, 2003; for example). This is also true of traditional education, where the student is tested on certain knowledge and behaviors.

The primary purpose of the research was to understand how adults experience, and make meaning of, diabetes and to use multiple ways of knowing in the integration of diabetes care. The two research questions which formed the basis of this study were: “How do adults make meaning of their Type I diabetes?” and “What are the ways in which adults with diabetes could engage in creative expression to find greater meaning?”

Perspective/Theoretical Framework

From a constructive postmodern perspective, similar to postmodernism of resistance which takes a critical stance (Kerka, 1997; Lather, 1991), rationality and reason are deconstructed in favor of a more inclusive, multiple and nested view of knowing. In this way, imagination includes, but is more than rational thought alone. Rationality includes, but is more than body knowing. Each way of knowing is connected and embedded within each other to form a more complete view of what can be “known.” Specifically in the use of creative expression, it is important to engage the mind-body-spirit in the experience of learning, as new meanings can emerge in the creative process. We cannot “think” our way out of a problem; sometimes, we need to imagine it during a dream. We cannot force our body to move to respond to a piece of music; we can allow our spirit to follow the pattern intuitively. There is not one “truth,” but interconnected knowing on multi-levels and multi-paradigms, representing an adaptable and integrative construct. The mind-body-spirit relationship enfolds and interpenetrates each other (Wade, 1996) to help us understand our experiences in a more holistic way. Through the use of creative expression, we can tap into multiple ways of knowing and experiences.

Research Methodology

The qualitative model which informed this study was an action research design, held with a group of seven women (eight, including myself), who had insulin-dependent diabetes for ten years or more. The average age of the participant was 42, with an age at diagnosis between the years of 4 and 25 (average = 10.8). They had insulin-dependent (Type I) diabetes from a minimum of 12 years to a maximum of 52 years (average = 31). Although both men and women were recruited for this study, only women responded. In addition to an initial planning stage using one-on-one narrative interviews, the action research included three group intervention and reflection meetings, and one final reflection session as a conclusion (five meetings total).

In action research, the researcher serves as a facilitator in the group, and sometimes acts as the catalyst for change between the research findings and those most likely to benefit from the findings. The results are intended for immediate application and use (Merriam & Simpson, 2000), and action research focuses on improving practice, looking at the results and making interventions during the research process. The origin of action research in education can be traced to Lewin (1951), influenced by Dewey, and his desire to improve social conditions existing in a variety of contexts through action and reflection (Kemmis & McTaggart, 1988); in this case, the attention to multiplicity of knowing in medical (and other) contexts. Action research incorporates systematic procedures that combine analysis, observation and data collection into the process (Kuhne & Quigley, 1997). The process begins with a concept of action and change, and blends with the purpose of the research and the direction of the group.

The action research cycle involves the core processes of: (a) planning, or deciding how to deal with a problem; (b) acting, by implementing the plan; (c) observing, or paying attention and recording what is happening; and (d) reflecting, by analyzing the outcomes and revising plans for another cycle of acting (Carr & Kemmis, 1986; Kemmis & McTaggart, 1988; Kuhne & Quigley, 1997). In the initial planning phase, I held individual interviews with participants, discussing two primary areas: (a) Tell me about your diagnosis, and (b) What types of activities do you enjoy outside of work? Through these two questions, I discovered what participants thought and felt about the experience of having diabetes, and what types of creative expression may be incorporated into the study. The findings of these questions and the implementation of the creative sessions into practice are discussed in later paragraphs.

From a postmodern perspective, I offer a critique of this action research cycle. The creative process in this study did not follow a linear cycle of planning, acting, observing, and reflecting, but the process involved more of a simultaneous and nested cycle of understanding the participant's narrative, bypassing cognitive understanding, developing metaphors, reflecting on the meaning making process, and discussing with each other to make new meaning and metaphors. This too, occurred not sequentially in a linear or even cyclical order, but moved between these parts and the whole of the process. The action research in this study formed a multi-trajectory, simultaneous pattern of understandings, emerging developments, reflections, and discussion, which I might name "postmodern action research."

Nonetheless, the intervention (the action or implementation of the plan) included the body as a way of knowing through use of meditation and understanding how one felt about having diabetes, forming those feelings into a simple image, and using that image to create metaphor and words to describe the experience of diabetes. After creating the image, participants took photos that reminded them of that shape or feeling to describe the experience of diabetes.

Data Sources, Collection and Analysis

Data sources for the study included photographic images, which were used to expand upon the use of imagery, as well as individual participants who brought their own interests to the project (pottery, poetry, and music). The art itself served as a means of data collection and analysis, as well as reflections discussed and collected after each session, transcribed interviews and field notes. Both colleagues and participants checked the themes and analysis of the data for confirmability and credibility.

Results and Findings

In analyzing the data, five themes emerged from the initial narrative interviews. They included: (a) experiencing a range of negative feelings about diabetes; (b) resisting against diabetes and medical approach; (c) taking a positive spin on the negative as a way to cope; (d) constantly shifting awareness of diabetes; and (e) living for others. Although these themes could be a research discussion in itself, the purpose of the research was not only to understand the experience of diabetes through words, but also through the incorporation of creative expression through action research.

After transcribing and reviewing the first set of interviews, my thoughts began percolating as to *what* and *how* creative expression might come into practice with the participants. I began jotting notes about how we might use creativity in the sessions, but nothing seemed to really "fit." For two weeks, I stopped thinking about it so intently, and let ideas flow.

The idea of using creative expression through the use of shapes and imagery came to me while on vacation to the Delaware Shore. While watching my son play in the salt water, I felt a full sense of awareness and connectedness to the ocean's waves and rhythm. In this focused space, my left index finger began drawing circles, lines, and triangles in the sand, as though my body were communicating, "Look to the sand. Here is your answer." By attending to the deep understanding and signs of the body, I was able to discover the possibilities of creative expression. These forms of guidance (which I experienced as spiritual) were embodied in the elements of nature, leading us to create images which included, but were also greater than, rational thought.

During the three intervention sessions with participants, I used meditation on the body, creation of image from the body, and the image into a metaphor to express the experience of diabetes. Transforming those metaphors and images into photographs, the participants took eight

images, which expressed what participants “knew” about their diabetes on multiple levels. The eight photos shared at this conference include: (a) the watching eyes; (b) friends kite; (c) the spot, (d) dry; (e) danger flower; (f) the key; (g) underwater heart; and (h) wedge of metal. Two examples are featured below:



Figure 1. Danger Flower



Figure 2. Dry

To me, the most significant result of the study is that although participants initially could not express what having diabetes was like during the initial interviewing process and planning stage, after going through the action research process, participants could clearly communicate the experience of diabetes using the metaphor they created during the sessions. We deconstructed the idea of diabetes as only a rational or physiological illness, and opened up new understandings of its psychological, imaginal, spiritual and creative dimensions through creative expression.

Significance to Adult Education

Practitioners can use creativity in their classrooms or learning groups by focusing on a question related to the course content, to learning, or to self image, for example. If it is a leadership class, ask participants to focus inward and find a place within themselves that they feel confident as a leader. What is the shape and color of that body feeling? Draw that shape on paper and reflect on why that color, image, shape, texture came to mind. As an alternative or an addition, ask participants to take photographs of images that remind them of leadership, or what it means to be a leader. This concept can be applied to any context in a variety of creative ways.

Paying attention to all aspects of knowing within the mind-body-spirit and emotions is important not only to those with diabetes, but the field of adult education as a whole. Following the work of many who write in adult education about the multiple ways adults construct knowledge, this research expands the understanding of how adults with diabetes come to learn, feel and know about their experience, and for others to learn how to use multiple modalities in teaching and learning. By using the body to *process* knowledge, and imagery as its *product*, we can help students understand more about themselves (and ourselves) than using a rational, linear approach alone.

References

- Balducci, L., & Meyer, R. (2001). Spirituality and medicine: A proposal. *Cancer Control*, 8(4), 368-376.
- Beaudoin, C. (1999). Integrating somatic learning into everyday life. *Canadian Journal of Education*, 24(1), 76-82.
- Berkel, L. A., Poston, W. S., Reeves, R. S., & Forey, J. P. (2005). Behavioral interventions for obesity. *Journal of the American Dietetic Association*, 105(5), S35-S43.
- Bodenheimer, T. (2003). Strategies to improve diabetes care. *American Family Physician*, 68(8), 1503-1504.
- Carr, W., & Kemmis, S. (1986). *Becoming critical: Education, knowledge and action research*. Philadelphia: Falmer Press.
- Clark, J. E. (1997). Of writing, imagination, and dialogue: A transformative experience. *New Directions for Adult and Continuing Education*, 74, 13-22.
- Dirkx, J. M. (2001). The power of feelings: Emotion, imagination, and the construction of meaning in adult learning. *New Directions for Adult & Continuing Education*, 89, 63-72.
- English, L. M., Fenwick, T. J., & Parsons, J. (2003) *Spirituality of Adult Education and Training*. Malabar: Krieger Publishing.
- Fox, C., & Kilvert, A. (2003). Intensive education for lifestyle changes in diabetes. *British Medical Journal*, 327(7424), 1120-1121.
- Gottlieb, S. H. (2004). Making changes: What does it take? *Diabetes Forecast*, 57(10), 35-38.
- Graves, K. D., & Miller, P. M. (2003). Behavioral medicine in the prevention and treatment of cardiovascular disease. *Behavior Modification*, 27(1), 3-25.
- Kemmis, S., & McTaggart, R. (1988). *The action research planner*. Victoria: Deakin University Press.
- Kerka, S. (1997). *Postmodernism and adult education: Trends and issues alert* (Report No. ED-99-CO-0013). Washington, DC: Office of Educational Research and Improvement. (ERIC Document Reproduction Service No. ED404549)
- Kuhne, G. W., & Quigley, B. A. (1997). Understanding and using action research in practice settings. *New Directions for Adult & Continuing Education*, 73, 23-40.
- Lather, P. (1991). *Getting smart: Feminist research and pedagogy within/in the postmodern (critical social thought)*. Oxford: Routledge.
- Lawrence, R. L. (2005). Knowledge construction as contested terrain: Adult learning through artistic expression. *New Directions for Adult & Continuing Education*, 107, 3-11.
- Lewin, K. (1951). *Field theory in social science*. New York: Harper.
- Merriam, S. B., & Caffarella, R. S. (1999). *Learning in adulthood: A comprehensive guide* (2nd ed.). San Francisco: Jossey-Bass.
- Merriam, S. B., & Simpson, E. L. (2000). *A guide to research for educators and trainers of adults* (2nd ed.). Malabar, FL: Krieger Publishing.
- Olson, K. (2005). Music for community education and emancipatory learning. *New Directions for Adult & Continuing Education*, 107, 55-64.
- Somerville, M. (2004). Tracing body lines: The body in feminine poststructural research. *International Journal of Qualitative Studies in Education*, 17(1), 47-63.
- Tisdell, E. J. (2005). In the new millennium: The role of spirituality and the cultural imagination in dealing with diversity and equity in the higher education classroom. *Teachers College Record*. Retrieved February 24, 2006 from <http://www.tcrecord.org/ExecSummary.asp?contentid=12223>.
- Tisdell, E. J. (2003). *Exploring spirituality and culture in adult and higher education*. San Francisco: Jossey-Bass Publishers.
- Wuthnow, R. (2001). *Creative spirituality: The way of the artist*. Berkeley, CA: University of California Press.