

Exploring the Role of Creative Arts Leisure in Mental Illness Recovery with Individuals  
Experiencing Homelessness

by

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## Abstract

Homelessness is a major issue in Canada and individuals with a mental illness are overrepresented in this population. Research suggests creative arts leisure can contribute to mental illness recovery but there is a dearth in research exploring participation among individuals experiencing homelessness in the context of post-colonial Canada. Fourteen participants were recruited from a humanitarian organization serving individuals who were experiencing homelessness and poverty. Eligibility criteria was adults who have experienced homelessness and a mental illness. Thematic analysis methods were utilized to derive data from semi structured interviews and an art based session focus group. This research contributed knowledge about the interpretations of experience participants had regarding creative arts in their lives and how creative arts leisure contributed to mental illness recovery. Barriers to creative arts recreation and leisure specifically due to poverty and homelessness were also identified in the findings. The role of culture, environment, and healthcare systems in participant lives was explored which identified how these macro factors influenced creative arts participation. Potential implications for this study is a contribution toward providing culturally sensitive creative arts leisure and recreation that enhances mental illness recovery for individuals experiencing homelessness.

## Acknowledgements

I would first like to acknowledge each participant who shared their lives with me in conducting this study. I aimed to honour their words in this study and I hope to contribute research that improves the daily lives of individuals living through homelessness, poverty, and a mental illness.

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## Dedication

This thesis is dedicated to my family. To my Mother, Monica, thank-you for your wholehearted support and love, and for encouraging me to follow my dreams. To my sisters, Laura, Anna, and Leanne, thank-you also for your unconditional love and support in all my life endeavours.

## **Chapter One – Statement of the Issue**

### **Introduction**

If recent healthcare cuts indicate, leisure for people with mental illness is not a priority in the recent Manitoba government budget. In 2017, two recreation facilitator staff positions were cut at a busy downtown Winnipeg hospital (Brohman, 2017). A previous patient of the psychiatric ward stated his disbelief, calling the cut to recreation “devastating”, as he went on to describe the benefits he received from leisure opportunities, such as encouraging him to talk and relate to people during a very challenging time in his life. Staff whose positions were going to be cut expressed shock, because as one worker stated, “there is a mental health care crisis in Canada” (Brohman, 2017).

This magnitude of this crisis is due in part to a prevalence estimate of 1 in 5 people in Canada (per year) who experienced a mental health problem or illness (Mental Health Commission of Canada, 2013). This crisis is also due to a shortage of psychiatric beds in hospitals, which was a product of the deinstitutionalization movement that began in the 1960s and 1970s throughout Canada (Sealy and Whitehead, 2004). According to Sealy and Whitehead (2004), deinstitutionalization included the closing of psychiatric hospitals, reallocating or eliminating psychiatric beds in regular hospitals, and increasing community-based outpatient services. Another complicating factor was that hospital bed closures were rapid and the shift to have out-patients in the community occurred when community services were slow to adapt, which fed ‘critics’ perceptions that mental health patients were “released onto the streets” (Sealy and Whitehead, 2004, p.249). Meanwhile, studies have shown that homelessness is a pervasive issue among individuals experiencing mental illness (Sullivan, Burnam, & Koegel, 2000; Stergiopoulos et al, 2015; Fazel, Khosla, Doll, & Geddes, 2008).



For people who are experiencing mental illness, creative arts leisure (i.e. recreation programs) has been advanced as a way to promote meaningful engagement and connection to broader spheres in life beyond the illness, and thereby contributing to health and well-being (Iwasaki, Messina, Shank & Coyle, 2015; Fenton, White, Gallant, & Hutchinson-Hinch, 2016; Craik & Pieris, 2006). For example, in Crone et al.'s (2018) study examining prescribed arts interventions for individuals who had a mental illness, a key finding was a significant improvement in their well-being. Despite research indicating creative arts can promote mental illness recovery, there is scant research that explores the role of creative arts among individuals who have a mental illness and are experiencing homelessness. To address this gap, this study will investigate the following research question: "How does creative arts leisure impact recovery from mental illness for individuals who are experiencing homelessness?" To address this research question, I explored creative arts leisure with participants who were experiencing homelessness and mental illness, which also included investigating known leisure barriers among marginalized populations, such as poverty, racism, discrimination, stigma, and exclusion.

Mental illness and recovery are both concepts that range widely in the research literature. I therefore define these concepts in the following section. I then introduce Iwasaki, Coyle and Shank's (2010) heuristic mental illness recovery framework with their definition of leisure (e.g., participation in meaningful recreation programs) and whose framework guided the thematic data analysis. Following this section I introduce Aboriginal concepts of mental illness recovery in the context of post-colonial Canada followed by an overview of the poverty and homelessness crisis in Canada, which sets the context for this study. Finally, I discuss why the chosen humanitarian organization, located in Winnipeg (Manitoba Canada) is an ideal site for this study.

## **Concepts of Mental Illness and Recovery**

Across research fields, terms for mental illness and recovery vary which prompts the need to define them for this study. According to the World Health Organization (WHO, 2015) mental illnesses fall under the umbrella term of mental health problems or disorders and are described as medical diagnoses, such as depression and schizophrenia and may include substance use issues, such as alcohol dependency. In contrast, mental health is defined as “not just the absence of a mental disorder” but “a state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community” (WHO, 2015, p. 38). A person can therefore experience poor mental health, good mental health, and mental health problems at different times across their lifespan, which is referred to as the illness/wellness continuum (Keyes, 2007). In this study, I use the term mental illness, which is a term most used in the reviewed research.

Recovery from a mental illness is a concept and practice that has been explored over several decades. In some fields of biomedical inquiry, according to Davidson, O’Connell, Tondora, and Lawless (2005) recovery was defined as an “amelioration of symptoms and other deficits associated with the disorder to a sufficient degree that no longer interfere with daily functioning, allowing the person to resume personal, social, and vocational activities within what is considered a normal range” (p. 480). A different definition of recovery, however, was adapted by the Mental Health Consumer/Survivor Movement, where by recovery does not require remission of symptoms or a return to ‘normal functioning’ (Davidson et al., 2005). Instead, the person is already whole and mental illness is only one aspect of the person which is fully illustrated below:

Recovery in this context is more about overcoming the effects of being a mental patient- including poverty, substandard housing, isolation, unemployment, loss of valued social roles and identity, loss of sense of self and purpose in life, and iatrogenic effects of involuntary treatment and hospitalization- in order to regain some control over their own lives (Davidson et al., 2005, p. 481).

The first definition of recovery, which focused on an amelioration of symptoms to regain normal functioning, implies that there is a ‘normal’ to achieve despite the variation of symptoms among individuals with mental illness. It also focuses on particular measurements of health (e.g., symptoms) of the individual without addressing the broader factors that may be influencing health (i.e. socioeconomic factors). The latter definition includes the context of an individual’s life and the social consequences of having a mental illness, such as substandard housing. This perspective suggests that partnership with social agencies could help address the social issues that contribute to mental illness recovery. The latter definition also suggests the potential role of creative arts leisure in recovery; that is, leisure can contribute to a sense of self and a purpose in life. According to Iwasaki, Coyle and Shank (2010), the consumer recovery movement also features personal strength, self-agency, and hope, along with an interrelated systems approach (e.g., role of health care systems) to recovery. This study is therefore informed by the consumer/survivor definition of recovery, and I will use Iwasaki, Coyle and Shank’s (2010) heuristic framework for recovery to inform this study, which is described in the next section.

### **Heuristic Framework for Mental Illness Recovery**

According to Iwasaki, Coyle and Shank (2010), there is a global shift in mental health care systems toward recovery-oriented practices, where the concept of active living is central. They (2010) further explained that active living is a key focus that is often understood as exercise or physical activity, but that there are different understandings of active living which incorporate all types of active engagement, such as expressive and creative arts and spiritual or

cultural forms of leisure. In this context, active living is “being actively engaged in living all aspects of one’s life both personally and in families and communities in a meaningful and enriching way” (Iwasaki, Coyle, & Shank, 2010, p. 484). For example, volunteering could be viewed as a leisurely active living pursuit that promotes recovery for individuals with mental illness because volunteering can positively impact identity while connecting the individual to community. As Iwasaki, Coyle and Shank (2010) stated, this conceptualization of active living also responds to the population needs of individuals living with mental illness because research has shown that this population is more sedentary, physically inactive, and more isolated from the community (Richardson, Faulkner, McDevitt, Skrinar, Hutchinson, & Pierre, 2005; Corrigan & Watson, 2002a). In other words, leisure that does not focus on physical activity and instead focuses on active engagement may better serve individuals with mental illness when addressing leisure for mental illness recovery.

In Iwasaki, Coyle and Shank’s (2010) recovery framework, leisure is defined as “a relatively freely chosen humanistic activity and its accompanying experiences and emotions (e.g., enjoyment and happiness) that can potentially make one’s life more enriched and meaningful” (p. 485). Iwasaki, Coyle, and Shank (2010) further clarified that leisure is not only a context for active living, but is also “a pathway toward recovery, health promotion and life-quality enhancement” (p. 285). To illustrate, participating in an art program as a form of leisure can act as tool for coping and healing from an illness which impacts health and enhances life quality. In this framework, Iwasaki, Coyle and Shank (2010) described the use of a ‘humanistic’ approach that included meaning-oriented emotional, spiritual, social and cultural properties (i.e., the influence of culture, ethnicity and race) in leisure participation. The recovery framework also discusses how these humanistic characteristics such as the spiritual, emotional, social, and

cultural are interrelated whereas leisure can for example, engage a leisure participant's spiritual aspect of the self. They (2010) also emphasized the role of meaning-making through leisure in promoting active living, health and life quality for people including those with mental illness. For example, consistently connecting with a leisure group can generate meaning when bonds are formed among participants. Participating in leisure in this example means an opportunity for social connection which enhances life quality.

Iwasaki, Coyle and Shank's (2010) heuristic framework is influenced by the work of Ng, Chan, Leung, & Chan (2009) who used an Eastern body-mind-spirit perspective that aimed to balance the inner self with the natural and social environment. Their framework is also influenced by DeLeon's (2000) Therapeutic Community model that focused on the transformative impact of personal identity and culture on seeking an authentic purpose in life. A key aspect of Iwasaki, Coyle, and Shank's (2010) framework is the incorporation of an ecological perspective that brings attention to the macro-context in which society (e.g., culture, historical forces, social class) influences an individual's behavior. For example, historical and present discrimination against Aboriginal people in Canada may impact whether an Aboriginal person may feel welcome in pursuing leisure in some contexts. Including this ecological perspective in data analysis therefore assisted in identifying the unique aspects of lived experiences across diverse participants in this study.

Iwasaki, Coyle, and Shank's (2010) heuristic framework, discussed further in Chapter Two, makes transparent how enjoyable and meaningful leisure enhances recovery, active living, and life quality. Meaningful leisure is viewed as a key tool for promoting key outcomes such as personal identity and spirituality, positive emotions, harmony and social connections, effective coping and healing, human development, and physical and mental health referred to as micro

outcomes in the framework (Iwasaki, Coyle, & Shank, 2010). For example, participating in an art program can assist individuals living with a mental illness in redefining their identity through artistic expression which contributes to recovery through this active engagement. Micro (i.e., human development, identity, spirituality) outcomes of the framework are reciprocal and connected with meso outcomes (i.e., recovery, life quality, and active living) and macro factors (i.e., cultural, health care system and environmental factors). For instance, in a study on Aboriginal cultural recreation programs, one participant discussed how she was apprehensive about walking into the building where the Aboriginal program was being hosted because she felt she didn't 'look Native' (Lavallee & Poole, 2009). In relation to the recovery framework, this example shows how identity influences leisure choices but it also points to greater macro influences (i.e. environment) impacting leisure participation. According to Iwasaki, Coyle and Shank (2010), these macro influences encompass all elements of the framework. As these researchers stated, each framework element is interrelated and connected and those connections can be both positive and negative. To illustrate, positive environmental factors may include welcoming spaces where illness is not the focus. Negative environmental factors may include mental illness stigma and discrimination by staff or volunteers in the desired leisure space. Health care systems can play a positive role in connecting individuals to leisure opportunities, when for example an individual is hospitalized with a mental illness episode. Such connecting, however, is dependent on the hospital and whether it provides these opportunities. Culture (e.g., customs and traits of a particular group) is also a critical element in the framework because culture defines all aspects of an individual's life (Ida, 2007) and the role of culture has been often overlooked in recovery research (Ida, 2007; Iwasaki, Coyle, & Shank, 2010; Lavelle & Poole, 2009). Critically exploring the role of culture is particularly important in this study, given the

inclusion of Aboriginal participants in the context of post-colonial Canada, where governments attempted to annihilate Aboriginal culture (Paquette, Beauregard, & Gunter, 2017). The negative effects of these colonial systems of oppression were apparent in the lives of Aboriginal participants in this study.

### **Post-Colonial Canadian Context**

Since my study included six participants who self-identified as Aboriginal, I refer to these participants using the term Aboriginal. However, I also use the term Indigenous interchangeably when it is referenced in the literature. For example, I have also incorporated recommendations from Indigenous scholars on how to approach research with Indigenous peoples and Indigenous world views of mental illness recovery. Specifically, I am guided by Lavallee and Poole's (2009) research that questioned the usefulness of Western conceptualizations of mental health recovery for Indigenous people in Canada. These researchers explained that any exploration into mental health recovery and the Indigenous experience must include colonization as the context for investigation. According to Lavallee and Poole (2009), the impact of colonization on Indigenous identity needs to be addressed to produce real healing. These researchers (2009) also pointed out that racism and the privileges of whiteness, including privileging Western and biomedical knowledge, permeate the mental health care system which has resulted in the exclusion of Indigenous people from care (Lavallee & Poole, 2009). Mental health recovery advocates also tend to be white, with scant attention given to the role of culture and racism in the recovery process and/or in their research (Lavallee & Poole, 2009; Cheng et al, 2008). Thus, in my study I explicitly recognize my positionality as a white, heterosexual, middle class, university educated woman, and I explicitly set this study in the context of colonized Canadian society.

## **Poverty and Homelessness Crisis in Canada**

The setting of this study is an urban city in Canada, where in the past 20 years, there has been a growing gap between those who are affluent and those who are poor, similar to other industrialized countries (Trussel and Mair, 2010; Scott, 2013; Gaetz, 2010). As Trussel and Mair (2010) explained, with economic shifts and a downturn in the economy, there was a restructuring of social programming, such as welfare programs being reduced, forcing individuals into precarious financial positions, and relegating them to lowest rung of social class. It is important to note that while all homeless individuals may be poor, such poverty is also stratified in this population. For example, Scott (2013) found that citizens who weren't white typically experienced the greatest amount of poverty for more extended periods of time compared to their white counterparts.

What one means by poverty is a critical question to ask. There are many definitions of poverty that are often contested due to the complex political perspectives that determine how individuals who are poor are viewed by citizens and how the problem of poverty is approached by government (Nooe & Patterson, 2010). For example, the Government of Canada determines poverty levels using a 'low-income cut off' (LICO) calculation. The LICO means a person or family is considered in poverty if they have to spend 20% more on food, shelter and clothing than the average person or family (Statistics Canada, 2012). In contrast, in this study poverty is defined as "not only deprivation of basic needs or material resources but a violation of human dignity" (Singh, 2017, p. 48). The effects of poverty cannot be ignored in the realm of leisure. As described by Shannon, Oncescu, and Hutchinson (2016), "the recreation sector is embedded in a vortex of wicked social problems," (p. 259) with wicked problems being described as complex interdependent social issues that are difficult to solve such as poverty. The impact of



poverty on leisure experiences will be explored in the following chapter. The next section describes the homelessness crisis in Canada.

Starting in the late 1980s, disinvestment in affordable housing, structural shifts in the economy, and a reduction in a range of social and health supports across the country all contributed to an increase in mass homelessness among Canada's most vulnerable citizens (Gaetz, DeJ, Richter & Redman, 2016). As previously mentioned, social disinvestment included the process of deinstitutionalization of mental health care starting in the 1960s and 1970s (Lamb & Bachrach, 2001; Sealy & Whitehead, 2004). According to Sealy and Whitehead (2004) deinstitutionalization contributed to social issues "on the streets" and in the greater community (p. 250). Previously, the homeless population was a smaller number of mainly single men experiencing chronic homelessness. They were joined by diverse groups of people including those with mental illness, youth, families, Aboriginal individuals, newcomers, and individuals identifying as LGBTQ2S (Gaetz, DeJ, Richter and Redman, 2016). Recent statistics show that on any given night over 35,000 Canadians are homeless with at least 235,000 Canadians experiencing homelessness per year (Gaetz, DeJ, Richter, & Redman, 2016). The prevalence of mental illness is much higher (e.g., 10 to 20 times higher) among adult individuals experiencing homelessness than in the general population (Stergiopoulos, Dewa, Durbin, Chau, & Svoboda, 2010). Aboriginal individuals are also greatly overrepresented amongst emergency shelter users, making up between 27.7% and 33.5% of the sample, while Aboriginal individuals make up less than 5% of the general population (Gaetz, DeJ, Richter, & Redman, 2016). Aboriginal homelessness has been defined by the Aboriginal Standing Committee on Housing and Homelessness as follows:

Indigenous homelessness is a human condition that describes First Nations, Métis and Inuit individuals, families or communities lacking stable, permanent, appropriate

housing, or the immediate prospect, means or ability to acquire such housing. Unlike the common colonialist definition of homelessness, Indigenous homelessness is not defined as lacking a structure of habitation; rather, it is more fully described and understood through a composite lens of Indigenous worldviews. These include: individuals, families and communities isolated from their relationships to land, water, place, family, kin, each other, animals, cultures, languages and identities. Importantly, Indigenous people experiencing these kinds of homelessness cannot culturally, spiritually, emotionally or physically reconnect with their Indigeneity or lost relationships (Thistle, 2017, p. 6).

This definition of homelessness therefore sets the context for understanding Aboriginal homelessness in Canada by describing a historically rooted and culturally relevant understanding of the aspects of Aboriginal homelessness. Racism is also a persistent issue particularly for Aboriginal individuals in Canada when attempting to secure housing. To illustrate, one participant on a study about homelessness described his experiences of racism while trying to secure housing by stating, “being Aboriginal and homeless sucks... You can have three Aboriginal homeless people and one white homeless person, and that white homeless person will get the help before the other three. And they’ll get a home before us, they’ll get help before us, and you know, it’s like people like to say it’s not true, but it happens every day” (Piat et al., 2015, p. 2376). Racism is an important consideration since Aboriginal people “are the most materially, socially and spatially deprived ethno-cultural group in Canada” (Patrick, 2014, p.10) and this status is predominantly due to racism.

Researchers have also worked at generating other definitions of homelessness as a means to identify particular problems for specific populations. For example, Gaetz et al., (2012) explained that the term homeless describes a range of living situations. For example, ‘unsheltered’ individuals live on the streets or in places considered uninhabitable. Some individuals are considered ‘emergency sheltered’ if they stay overnight in shelters. ‘Provisionally accommodated’ individuals have temporary accommodation but without security of that

provision. Individuals ‘at risk of being homeless’ is a term that refers to people who are not homeless but whose current economic and/or housing situation is unstable or does not meet public health and safety standards (Gaetz et al, 2012). This typology of homelessness also varies based on the length of a homelessness episode. As some researchers have observed, these definitions can become problematic because individuals become grouped in particular homeless categories that do not reflect their lived experiences of homelessness (Hodgetts & Stolte, 2016; Lancione, 2013). For example, in Rose’s (2014) study that explored aspects of social and environmental justice in the context of homelessness, he found that the participants in the study did not self-identify as homeless despite living in a public park. To address the issue of being defined by a homelessness type, I ensured the participants in my study had the opportunity to define their housing status using their own terms during the data collection process. The following section is a description of the study site selected for my research.

### **Study Site**

The humanitarian organization where this study took place is located in an area in downtown Winnipeg, bordering on Winnipeg’s North End neighbourhood, which is characterized by poverty along with a large Aboriginal population (Forsyth & Heine, 2008). This organization provides free programs and services to hundreds of people who are in desperate need of assistance due to poverty, homelessness, and other circumstances including addiction. Meals are provided every day and the organization also has an emergency shelter. There is also a clothing room, programs (e.g., employment services), and other services (e.g., healthcare). The organization has recently developed a broader mental health program to serve the people who visit the centre. The mental health program includes a variety of supports and services such as crisis support and weekly group meetings.

Individuals who access this organization's services are diverse, and over half of the visitors are Aboriginal (Maes Nino, Godoy, McCullough, Retzlaff, Wiebe & Wurcherer, 2016). All individuals who visit the centre share a commonality of being economically disadvantaged and therefore marginalized from mainstream society. I had volunteered over weekend lunch periods at the centre prior to data collection and I had noticed a diverse range of adult ages, along with several families per lunch service. Some individuals who were experiencing homelessness were staying at the organization's emergency shelter.

A recent donation had enabled the organization to renovate space for a resource centre that included space for leisure (i.e., an art program with volunteers, professional artists and art therapists). Art supplies are provided during the daily drop-in session from 10-12 pm and 4-6 pm. This organization's commitment to creative arts leisure is therefore testament of the value and need for arts leisure in the lives of individuals who visit organizations that address issues of poverty and homelessness. Since these programs are newly developed, little is known about the experiences of creative arts leisure by community members. More specifically, little is known about the impact of creative arts leisure on mental illness recovery of individuals who visit the organization. Therefore, this study provided valuable insight into creative arts leisure for individuals who were experiencing homelessness and who have a mental illness.

## **Overview of Study**

I recruited adult individuals who had or who were experiencing unstable housing that ranged from sleeping at shelters, sleeping outside or staying with friends. Participants were informed that participant criteria for this study also included those living with a mental illness as defined by the participant. This criteria enabled me to work with individuals who are significantly marginalized and whose perspectives are rarely sought in leisure for mental illness

recovery research. A constructionist epistemology, interpretive paradigm guided the study. The goal of interpretative inquiry is to understand the unique meanings held by individuals in a social context (Willis, 2007). Symbolic interactionism was used as a theoretical framework because it brings attention to the social construction of reality through the repeated interactions between individuals, such as researcher and participant (Carter & Fuller, 2015). An art session focus group and semi-structured interviews with open ended questions aided in the co-construction of knowledge during the research process. A thematic analysis was employed in the analysis of the data (Braun & Clarke, 2006). Iwasaki, Coyle, and Shank's (2010) heuristic recovery framework provided leisure and mental illness recovery themes that guided data analysis.

### **Study Value**

This study is important for several reasons. First, it aimed to address a gap in research on creative arts leisure and mental illness recovery among individuals experiencing homelessness which is particularly important considering individuals with a mental illness are overrepresented among populations experiencing homelessness (Stergiopoulos, Dewa, Durbin, Chau, & Svoboda, 2010). This study also explicitly explored the role of culture (i.e. race/ethnicity/customs) in the lived experiences of participants that influenced daily life and leisure in the context of post-colonial Canada. The focus on culture responds to a gap in mental illness research that includes Aboriginal participants (Lavallee & Poole, 2009). This study also brought attention to the role of healthcare systems in the lives of participants which is particularly important considering, as study participants explained, their time was often spent seeking healthcare resources for mental illness problems. For example, time spent seeking healthcare equated to less time for participants to engage in leisure opportunities. This study also contributed knowledge toward the role of the environment in the daily lives of participants as they sought resources to survive and for some

that included creative arts leisure. In other words, this study sheds new understanding into the particular environments experienced by those enduring poverty conditions as they live with a mental illness in which facilitators and barriers to leisure participation were identified.

In Chapter Two, I provide a more comprehensive review of the literature surrounding leisure, recreation, creative arts recreation, homelessness, and mental illness recovery. The literature review incorporates various studies from this range of related topics in response to the dearth in research regarding creative arts leisure among homeless individuals with mental illness. For example, research that discussed early recreation programming for individuals who were experiencing homelessness did not focus on creative arts leisure or participants with mental illness. However the studies contributed to understanding the unique aspects of recreation programming for this population. Particular attention was also given to research that explored recreation programs as the form of leisure in consideration of the study participants who were being recruited from a site with creative arts recreation programming (i.e. planned programs). Thus, both leisure and a subset of leisure, recreation programs, were explored in the literature. In Chapter Three, I further discuss the methodologies and methods used in this study.

## **Chapter 2- Literature Review**

This study endeavored to identify how creative arts leisure impacts recovery from a mental illness among individuals experiencing homelessness. Exploring creative arts leisure with participants who are experiencing homelessness and mental illness also included examining the impact of poverty, racism, discrimination, stigma, and exclusion, which are established leisure barriers among marginalized populations (Scott, 2013). As mentioned, there is a dearth in research that explores the role of creative arts leisure in mental illness recovery with individuals experiencing homelessness. Therefore, this review of the literature includes a range of topics related to recreation, leisure, and mental illness recovery with both housed and homeless individuals. This chapter begins with a review of research exploring recreation programming for individuals experiencing homelessness. This section is followed by research that focuses on general recreation for mental illness recovery followed by focused attention on creative arts recreation for mental illness recovery. The literature review then brings attention to the few studies that do explore creative arts for mental illness recovery that includes individuals experiencing homelessness. The review of literature proceeds with an account of research that brings attention to macro factors (i.e., environment) that influence leisure participation. Accounting for the macro conditions in this section responds to Iwasaki, Coyle, and Shank's (2010) framework that highlights the relationship between macro conditions (i.e., culture, health care system factors, environmental conditions) and leisure participation, active living, recovery, and life quality. The chapter concludes with research in a Canadian context for mental illness recovery using a post-colonial context followed by a summary of research aims.

## **Early Recreation Programming for Individuals Experiencing Homelessness**

Impoverished people in the first half of this century were often housed in various institutions such as mental hospitals, jails, and orphanages but backlash to this approach coupled with government disinvestment in social services led to people being left on the streets to survive (Ward, 1995). The advent of increased homelessness of this population led to calls to look at macro causes of homelessness to better address the systems that produced homelessness, rather than, according to Ward (1995), focusing on changing the individual, such as preventing a person from consuming alcohol. What also needed addressing, according to Kunstler (1992), was the negative discriminatory attitudes that reflected the idea that individuals who were homeless were worthless and that their problems were due to personal flaws rather than a broader societal issue.

These perspectives and areas in need of change were revealed in Ward's (1995) study about recreation participation among homeless people, where several barriers were identified that dissuaded individuals from pursuing recreation. For example, negative staff attitudes toward participants and a sense of lacking 'proper' gym attire deterred participants from recreation centres, while leaving individuals feeling isolated in public recreational spaces (Ward, 1995). For instance, when asked about attending a recreation centre, one participant said, "I wouldn't feel right going there. If I go the other people would probably look at me as if I'm some kind of social disease" (Ward, 1995, p.7).

To challenge these barriers, Ward (1995) focused his research on making recreation centres more accessible for individuals who were homeless. During the time period of this study, Ward (1995) reported that recreation centres could be accessed free of charge, yet they were not being used by individuals who were experiencing homelessness. In response, the City of Toronto conducted studies asking individuals who were homeless about their recreation preferences and



barriers to participation. A major facilitator in making recreation more accessible to individuals who were homeless was hiring a recreation staff member to work directly on access issues with individuals who were homeless. To facilitate change, staff were educated about homelessness and they worked more closely with individuals who were homeless to break down discrimination and stigma. Other efforts included collaboration with other social agencies and offering other programs that were requested by individuals who were homeless, such as a drama program. To summarize, Ward (1995) maintained that recreation had an important role to play in the lives of individuals who were homeless, and to increase accessibility, recreation providers must focus on lessening issues of discrimination and stigma while also listening to concerns and suggestions of the population they served.

Several other published studies in the 1990s provided useful insight into programming recreation for individuals who were homeless. Needham (1994) reported on a baseball program for individuals who were homeless in the Toronto area. The program was considered a success because it addressed issues of belonging and accessibility. The baseball league comprised of 12 teams with 200-250 participants who were homeless or on low-income. Another program component was the creation of a steering committee to steer the baseball program, which also included participants in the recreation program. Being part of the committee provided the opportunity for participants to offer feedback and suggestions about the program which empowered participants (Needham, 1994).

In programming for individuals who were homeless in an urban setting in the United States, Polzer (1995) had to dispel his own stereotypes about individuals who were homeless, when he accounted with surprise that some individuals who were homeless were once successful entrepreneurs and professionals. Polzer (1995) focused his programming for adults living in

shelters or accessing community services on activities that de-emphasized athletics and instead promoted “fun, laughter, community belonging, and temporary respite from the normal stress of daily life” (p.55) such as a comedy show and a ‘make-over’ day for women at a shelter.

Recreation workers contributed to successful programs by maintaining genuine intentions and building trust with participants. Networking with social agencies was also an important aspect of recreation delivery. Recreation was viewed as a viable tool for providing positive experiences and improving quality of life by “enabling people to have hope and dignity when they had little or none before; and these kind of program outcomes are priceless” (Polzer, 1995, p.56).

Harrington and Dawson (1997) also published a study on recreation as an empowerment tool for individuals living in shelters. Harrington and Dawson (1997) observed that the emergency shelter situation had turned into an extended housing situation for a more permanent underclass of individuals who were chronically homeless. In response, some shelters adapted an integrated approach to address social, emotional, and physical problems associated with being homeless in the form of recreation programming. Benefits of recreation included social interactions that lessened social isolation and the use of spare time to do something enjoyable that offered respite and promoted health and wellbeing. Harrington and Dawson (1997) held the view that a major benefit of recreation and leisure participation was that of empowerment for individuals who were homeless (Harrington and Dawson, 1997). Recreation participation thus reintroduced a sense of agency and empowerment when it was rooted in self-determination and choice. A sense of agency could also assist in the redefinition of the self in the process of recovery.

As this earlier research has shown, after the first wave of mass homelessness, some recreation practitioners and researchers heeded the call to reach out and provide meaningful and

accessible recreation to individuals who were homeless and/or experiencing poverty. Similar to the research on recreation for individuals with mental illness, barriers were discussed including stigma and discrimination, along with similar benefits such as increased socialization and engagement in relaxing activities. Although these early studies on homelessness and recreation provided knowledge about the benefits and barriers to participation, they lacked attention on the experiences of individuals who were also experiencing a mental illness despite individuals with a mental illness being overrepresented among the population experiencing homelessness (Sullivan, Burnam, & Koegel, 2000). The following section, although lacking focus on participants experiencing homelessness, reviews literature that informs the topic of recreation for mental illness recovery which informs this study.

### **Recreation for Mental Illness Recovery**

According to Fenton et al. (2017), research has suggested that participating in community recreation programs and spaces can promote recovery from a mental illness but more work was required synthesizing the literature. In 2017, Fenton et al. (2017) completed an integrative review on the benefits, barriers, and facilitators to participation in community-based recreation that aimed to promote recovery and social inclusion among individuals with a mental illness. This review intended to address a gap in recreation and health research by including all forms of community recreation, such as creative arts pursuits rather than focusing solely on physically active recreation. As Fenton et al. (2017) observed, research on physically active recreation for individuals who have a mental illness had already been synthesized (Rosenbaum, Tiedemann, & Ward, 2014; Vancampfort et al., 2017; Cabassa, Camacho, Vélez-Grau, & Stefancic, 2017). Similar to Iwasaki, Coyle and Shank (2010), Fenton et al. (2017) advocated for the need to closely examine the benefits and barriers to less physical forms (e.g., other than physical

activity/exercise programs) of recreation, such as creative arts. This approach has merit for the study I conducted. First, there are many established benefits to participating in creative arts among populations experiencing mental illness (e.g., redefining identity and the development of coping skills). Secondly, through volunteering at the study site, I had seen first-hand that creative arts have an important role in the lives of some individuals accessing the organization's services. For example, when I volunteered over the lunch shift, I had seen visitors take out their art projects that they kept with them and work on the project before and after the lunch service. These projects included drawing, colouring, sewing, and music (e.g., one person took out a violin and played a song quietly). In addition and as mentioned, creative arts programming is offered at the study site. The organization provides art supplies during drop-in periods between 10-12 pm and 4-6 pm daily, where visitors can access art supplies and engage in creative expression with volunteers. There is also a new art program where artists and therapeutic art facilitators lead art classes and teach new skills in a designated room.

In Fenton et al.'s review (2017), the psychosocial benefits of such community recreation were made transparent, along with barriers to participation, and characteristics of inclusive programs. Benefits found were as follows: 1) social benefits (e.g., expanded social network); 2) psychological improvements (e.g., increased self-esteem, fun and enjoyment); 3) physiological changes (e.g., better mood); 4) cognitive improvements (e.g., distraction); 5) physical changes (e.g., better physical health); and 6) practical benefits (e.g., skill development). In the studies reviewed, the perceived attributes of successful programs included a non-judgemental atmosphere and activities that promoted socializing. Barriers to recreation participation included physical fatigue and anxiety, along with cost, a lack of motivation, lack of partner, and stigma was noted in one study (Fenton et al., 2017). In terms of cultural and racial demographics of

participants, studies varied. Ethnicity was not indicated in 75% of the 35 studies and of the remaining studies 11% reported all Caucasian participants. This finding highlights the dearth in research surrounding recreation and mental illness recovery using a cultural (i.e. race/ethnicity) lens. Although the studies reviewed by Fenton et al. (2017) did not focus on homeless individuals or did not mention housing status, the findings proved applicable to the findings of this study. For example, racism was a noted barrier to recreation participation derived from the reviewed studies. The following section is a more in-depth analysis of several studies included in Fenton et al.'s (2017) review that focused on creative arts recreation programming.

### **Creative Arts Programming and Mental Illness Recovery**

Lloyd, Wong, and Petchkovsky (2007) explored the role of arts programming in recovery of mental illness experienced by eight participants in their Australian study. This study also aimed to contribute an understanding toward what they called 'intrinsic recovery,' which focused on personal satisfaction and meaning. Lloyd, Wong and Petchkovsky (2007) used Jacobson and Greenley's (2001) conceptual model of recovery that was based on four intrinsic conditions: hope (i.e., spirituality), healing (i.e., discovering a new identity), empowerment (i.e., a person has choices), and connection (i.e., a sense of belonging with a community). These scholars explored how these tenants of recovery were related to participation in arts programming. In this study, the location of the arts program was deemed an important contribution to recovery because it was located in the broader community rather than connected to a hospital-based service. The benefit of community-based recreation was that it promoted social connections beyond a health care setting. All members of the art program were registered clients of the Gold Coast Mental Health Service, and each participant in the study had participated in the art program for over a year. Although Lloyd, Wong and Petchkovsky (2007) provided other

participant demographics such as their type of mental illness, the study lacked reference to cultural and ethnic demographics which may have influenced participant experiences. The study also lacked socio-economic demographics among participants, and housing status was not discussed. The limitations of the study as reported was that the study sample only included participants who were actively involved in the program for over a year and therefore were more likely to report benefits to participation.

Lloyd, Wong and Petchkovsky (2007) identified several overarching themes that were related to recovery and arts participation in their study. First, art as a medium for expression was a key theme and included how the use of imagination resulted in emotional catharsis. Art was also a medium for self-discovery. Participating in an art activity or medium helped participants gain insight into the self, along what most participants described as a continuous journey through a process of recovery. Another key theme found was how art effected the internal conditions of the participants, such as spirituality. Art had connected participants to spiritual aspects of the self, by instilling a sense of meaning and purpose. For example, one participant explained how art could convey messages about mental illness issues to a broader audience, which gave the art piece greater meaning. Other internal conditions affected by arts participation included a sense of empowerment (e.g., sense of control) and self-validation (e.g., stronger sense of identity), which all contributed to the recovery process. Lloyd, Wong, and Petchkovsky (2007) found that participants viewed recovery as a process and a journey where the acceptance of the illness and managing the symptoms was central. The art program also helped generate acceptance of the illness and encouraged a potential new lifestyle that was rooted in hope.

Similar to Lloyd, Wong and Petchkovsky (2007), Lipe et al. (2012) surmised that arts programming had a long history of fostering a positive role in healing the body, mind, and spirit.

Lipe et al. (2012) developed a study to focus on the effectiveness of arts programming in treating mental illness symptoms which was supported by Gold, Solli, Krüger, & Lie 's (2009) review regarding the role of music as therapy for individuals with mental illness. In Lipe et al.'s (2012) study they focused on a college-based music therapy program, which included a community healing arts initiative that was conducted with an organization called 'The Clubhouse'. The Clubhouse served participants who lived with a mental illness. Study participants were not described in the study. Consequently, little was known about how culture influenced experience and participation. It was disclosed that participants in the study lived independently in the community or lived in a residential care setting. The arts program delivered had three main outcome goals: decreased stress, increased ability to cope with daily stressors, and increased ability to manage self-care when not attending Clubhouse programs. Lipe et al. (2012) reported on some participant feedback regarding what was acquired through participation. The most reported benefits from participating in the arts program were fun, relaxation, socializing, creativity, and a sense of belonging followed by self-expression, the development of coping skills, increased focus, structure, and a tool for managing anxiety. While the study did not define and refer to a recovery theme, the results suggested that the arts program contributed to some aspects of recovery, such as improved health (i.e. decreased stress) and connection to identity (e.g., self-expression).

Other studies reviewed by Fenton et al. (2017) included Stacey and Stickley's (2010) study that explored the significance of art to individuals who used mental health services. In this study, participants were recruited from a local National Health Service mental health trust organization in the United Kingdom. The researchers did not request biographical or medical details from the participants because they did not want the study to be perceived as a form of

medical intervention. Thus, similar to the preceding studies reviewed, potential socio-economic (e.g., if participants are living in poverty or experiencing precarious housing situations) and cultural factors influencing the results of the study were not identified. Instead, this study aimed to explore the significance of art to people who use mental health services. Stacey and Stickley (2010) also used art as a tool for participant self-expression by conducting an art-based workshop to gather participant feedback, followed by an interview using narrative techniques. The main thematic findings of this study were 1) extrinsic (e.g., external aspects of a person's life) and intrinsic (e.g., internal aspects of a person's life) influences upon creative expression; 2) the therapeutic value of creative expression; 3) the affective response to participating in artistic activity, and 4) conflicts with the creative process (Stacey & Stickley, 2010). Extrinsic factors either promoted or created barriers to arts participation and are similar to Iwasaki, Coyle and Shank's (2010) framework components that included environmental and cultural influences in the leisure experience. For example, participants discussed how negative experiences of art classes in a school (e.g., environment) setting earlier in life created some barriers to participation as adults. A positive extrinsic factor was the ability to choose the art project. Influential people in the lives of participants also positively influenced arts participation and this may have been accounted for as the art culture of certain artists. In this art program, art was often displayed to an audience, and at times participants considered this a facilitator but it also caused some tension. As one participant stated "the problem with putting out the emotional stuff is that there's a lot more emotions invested in them and then, to have people kind of intellectually analyse stuff that is very emotional is quite difficult" (Stacey & Stickley, 2010, p. 73). The final extrinsic factor was the environment and whether there was permission to do art in certain spaces. For example, one participant didn't feel she had permission to do art in her home because there were other



tasks to do such as cleaning. Intrinsic influences included mental health status which at times was improved due to reported therapeutic benefits from art, and at times, art production was hindered by mental health status when an illness prevented participants from fully engaging in the art project. Identity and self-concept were also an intrinsic theme that revealed how art held various meanings among participants. To illustrate, one participant said, “I can’t imagine a life without art. You know. I called myself an artist even long before I came off the incapacity, I still called myself an artist because it felt essential to my being” (Stacey & Stickley, 2010, p.73). The therapeutic value of creative expression was the next major theme from the results. Art also provided an escape from daily life and in turn provided a coping tool. Art also enabled participants to explore and express emotions which was difficult for participants at times. Another important benefit to art participation was relationship building with others, particularly in a non-threatening environment. Socializing in the art program promoted a sense of belonging and bonding with other individuals. Affective responses to participating in artistic activity included increased confidence, a sense of achievement, relaxation/calming, and a sense of freedom. The final theme that emerged from this study pertained to conflicts with the creative process. Participants reported challenges with feelings of frustration and pressure (e.g., pressure to display artwork) at times during the creative process. This study provided valuable insight into the role of arts for individuals accessing mental health services. Although Stacey and Stickley (2010) do not refer to terms of mental illness recovery in their study, the findings certainly suggest that art contributes to aspects of recovery, such as providing the opportunity to form social connections and contribute to a sense of identity.

In arts programming for individuals with a mental illness, it is also important to understand the differences between the participation of community members with a mental

illness and community members without a mental illness. For individuals with a mental illness, research has identified stigma as a major barrier in daily life (Dinos, Stevens, Serfaty, Weich, & King, 2004; Corrigan & Watson, 2002a; Corrigan & Watson, 2002b). Dinos, Stevens, Serfaty, Weich, and King (2004) defined stigma as a process of defining a person based on characteristics that devalue the person, such as viewing them as not fully human. As Howells and Zelnik (2009) had noted, deinstitutionalization of individuals with a mental illness has not equated to a provision of community services that have provided meaningful opportunities for these individuals to become accepted and integrated into society which is often due to stigma. Instead, individuals with mental illness are often left with experiences of stigma along with social isolation and discrimination. They (2009) have further stated that although there were programs that aimed to reduce medical symptoms of mental illness, few programs focused on creating meaningful connections to community where stigma was not a barrier. In Howells and Zelnik's (2009) study, they explored the experience of community members in an arts program that included individuals with a mental illness along with those without a mental illness. The study aimed to explore participant experiences along with how making art affected social isolation, stigma and discrimination. Howells and Zelnik's (2009) arts program study was located in a community-based arts studio, where programs were offered for all members of the community. Half of the participants had a diagnosed mental illness, and 18 of the 20 participants were Caucasian, along with one participant who was African American and another participant who was Indian. Although these cultural identifiers were mentioned in the study, the role of culture was not explored. All 10 participants who reported having a mental illness also reported being housed (e.g., in their own homes, with roommates, or in supported living). Main findings included the beneficial role of art in personal transformation, whereas one participant described

how participating in the art class was an opportunity not only to leave the house and be surrounded by positive people, it also gave her another life. Similar to previous studies, participants reported art as a pathway for changing perceptions of the self. For example, several participants came to view themselves as artists, which influenced how they engaged in the broader community. The community art studio was considered a positive environment that fostered a sense of community. In the study, participants focused on developing art skills, rather than viewing their art sessions as therapy. This was an important distinction. Howells and Zelnik (2009) brought attention to the important role of inclusive environments in the broader community. For example, the community arts studio was an important bridge to a broader community, which lessened feelings of isolation and exclusion. In other words, participating in creative arts in a community setting challenged societal stigma that typically excluded individuals with mental illness from these social environments. It also served to challenge internalized mental illness stigma by enabling participants' voices to be expressed in communities and in broader society. For example, participants contributed to an art piece that was displayed at a local organization. Although this study contributed knowledge about the benefits of creative arts in mental illness recovery, Howells and Zelnik (2009) stated their study was limited by reflecting local cultural factors which leaves a gap in mental illness recovery research when applying Iwasaki, Coyle, and Shank's (2010) guiding framework that advocates for exploring the role of culture in leisure, recovery, and life quality.

A related study to Fenton et al.'s (2017) review was the study conducted by Gallant, Hamilton-Hinch, White, Fenton and Lauckner's (2017). In this study, they (2017) explored how participating in an art program that included art exhibition impacted mental illness recovery. Participants were not asked to disclose personal information such as age or mental health status

to reflect the recovery principle of focusing on wellness. Main themes that emerged from the data in relation to the meaning and role of art in participant lives included providing structure and continuity, (re)creating personal stories, and making connections. In terms of structure and continuity, participating in art gave participants a meaningful structure to their schedule, where art replaced work-like activity for those who were not working. Art was also central to several participant's lives over time, which promoted a sense of continuity and stability. By enabling participants to tell their personal stories through art, art became a tool for "escape, generating hope, processing emotions and thoughts, forming and communicating identity, and achievement" (Gallant, Hamilton-Hinch, White, Fenton & Lauckner, 2017, p. 7). In relation to identity, art was a link to share chosen aspects of the self with the broader community, while creating an opportunity to be recognized as an artist. Art as a tool for mental health advocacy was also noted, which could also be viewed as a form of empowerment and a contributor to recovery. Benefits reported also included how arts participation created new opportunities from skills gained (e.g., pursuit of new types of training with new skills) and improved confidence. All participants discussed how art connected them to the community and several types of communities were distinguished. For example, several participants discussed having a stronger connection to the mental health community while other participants felt more connected to the arts community. According to Gallant et al. (2017), an issue was a sense of stigma in communities other than the mental health community. Similar to the studies previously reviewed in this chapter, there were several important benefits reported that contributed to mental illness recovery, such as redefining identity and art as a tool for coping with aspects of living with a mental illness. However, there was no discussion on how socio-economic status or culture may have influenced participant experiences, which is an important consideration when working with marginalized populations.

These studies, along with Fenton et al.'s (2017) initial summary, not only highlighted what art meant to individuals recovering from a mental illness, the studies also discussed the benefits and facilitators to recovery that arts programming can provide to individuals experiencing a mental illness. As mentioned, main benefits included redefining a sense of identity along with developing coping skills that all aid in mental illness recovery. Benefits also included art as a medium for expression and self-discovery, along with connecting to spirituality. Facilitators to art participation included inclusive communities, influential people who promoted creative arts in participant lives, an opportunity to choose the art project and inform the recreation programming, and a focus on artistic competencies. Generally, these studies included participants who were actively participating in arts programs, specifically for individuals with mental illnesses. Less, however, was known about the barriers to participation in the broader community (i.e. participating in programs not targeting individuals who have a mental illness). In other words, the participants in these studies were typically recruited from planned programs targeting individuals who had a mental illness. As well, since the programs typically recruited participants actively engaged in an art program, which limited identification of barriers to participation. A key limitation of these studies was that they did not track participant demographics, such as socio-economic status, culture or a person's housing status (e.g., experiencing homelessness). By not studying these broader macro conditions (e.g., socio-economic status like poverty), we know little about how these aspects influence art participation and recovery outcomes. The influence of macro factors on leisure and recreation participation is further explored in subsequent sections. The following section discusses research that focuses on creative arts programming and mental illness recovery among individuals experiencing homelessness.

## **Creative Arts Programming, Homelessness, and Recovery**

The few studies that explored creative arts recreation with individuals who were experiencing homelessness included Prescott, Sekendur, Bailey, and Hoshino's (2008) study that explored the role of art in facilitating resiliency among youth experiencing homelessness in the United States. According to Prescott, Sekendur, Bailey, and Hoshino (2008) creative arts is particularly important in building resiliency to overcome the challenges associated with being homeless, such as handling traumatic events. This study was based at an art centre that recruited participants from the art program. Major themes derived from the study that used art as a data collection tool included personal exploration and growth (i.e. searching for a new direction), building connections (i.e., belonging to a community), and experiential knowledge (i.e., survival skills). The forth theme was the role of art in participant lives. This theme revealed how participants, "viewed art as a friend (i.e. something that is always there for you), art as a saviour, art as a tool for shaping identity, and art as a safe place to escape and express strong and sometimes difficult emotions" (Prescott, Sekendur, Bailey, & Hoshino, 2008, p. 161). In this particular study, the art centre staff aimed to follow the youth accessing the art centre to determine how art participation affected life achievements over time which suggests a relationship between achievement (e.g., gaining housing) and art participation among individuals experiencing homelessness.

Kidd (2009) also explored art made by youth in his qualitative study. Kidd (2009) pointed to a gap in research that explored the meaning and role of art making by individuals experiencing homelessness. He (2009) described how societal marginalization due to homelessness added barriers to a positive self-identity. Creative arts were a tool for youth to express who they believed they truly were without the stigmatized homeless identity. Kidd

(2009) concluded that art produced by youth experiencing homelessness provided valuable insight into a dimension of society rarely understood or attended to by mainstream society.

Feen-Calligan, Washington, and Moxley (2010) utilized art as a tool to explore the experiences of homelessness among older African-American women in a city in the United States. The use of art enabled participants to “illuminate their personal experiences with homelessness within the context of the complex social forces affecting them” (Feen-Calligan, Washington, & Moxley, 2010, p. 426). This study brought attention to the macro conditions that influence experiences of homelessness such as race, ethnicity, and gender with the researchers stating that older African-American women are “particularly vulnerable to homelessness” due societal conditions such as economic downturn (i.e., lack of a living wage) and social marginalization (i.e., stigma based on race/ethnicity) along with other changes such as marital status.

In Feen-Calligan, Washington, and Moxley’s (2010) study, art making served as a tool to aid in recovery from the realities of homelessness such as traumatic events as well as a tool for educating the public about experiences of homelessness through public displays of art. Through various art making experiences, such as group quilt making and photography, the participants in the study provided great insight into the daily struggles of homeless living that brought attention to macro influences (i.e., the role of government) that impact individuals living in poverty. Through the participation of art making hope was uncovered and this hope combated the experiences of homelessness. For example, the use of photography showcased places that fostered hope for the women which also accounted for the role of macro conditions such as the environment in recovery from homelessness.

Art as the form of recreation was also studied by Thomas, Gray, McGinty, and Ebringer (2011) in an Australian study on homelessness, identity, recovery, and social inclusion. The art program was held at a non-governmental organization that assisted individuals who were homeless. Thomas, Gray, McGinty, and Ebringer (2011) found that their original study plan to include eight participants was hindered by the disabling effects of having mental health problems, such as psychosis among potential participants. Study participants included four men who were homeless and raised in non-Indigenous families although Aboriginal and Torres Strait Islanders regularly attended the art sessions. One participant, however, identified as Aboriginal. The art program, which ran weekly, became a consistent place where individuals could come and enjoy recreation even when experiencing homelessness. Art was a part of the participants' lives in previous situations, as illustrated in one account where a participant showed his drawing skills that he learned while being in prison. These retold experiences of art by participants painted a broader picture of participant lives and the role of recreation over time in the context of colonized Australia where genocide practices upon Aboriginal people (e.g., the "Stolen Children", who were Indigenous children forcibly removed from their families) (Barta, 2008) were similar to Canada. In the narrative accounts of the art experience, participants discussed benefits, such as calming the mind and connecting to a spiritual side of oneself. For one participant, making art conveyed ways of life, such as making mistakes, making choices, and starting again. Art also provided an important diversion from alcohol and other addictions. Participating in art programs made living with a mental illness more manageable by developing art skills as coping skills. As well, 'doing art' turned participants into artists, and their artistic skills helped form new aspects of identity and coping with aspects of life while promoting inclusion. Specifically, art programming offered a pathway to connect to community, which



lessened social exclusion and promoted recovery. The art program included a culturally diverse group of participants, and respect for one another was a key theme reported in the study results. The role of culture was also highlighted as one participant recounted how “I have seen many Aboriginal and Islander people brilliantly come out, with some brilliant art, paint the land that they walk upon, live upon and respect and they show me how to live in this land of Australia” (Thomas, Gray, McGinty, & Ebringer, 2011, p. 433). The benefits found in this study provided evidence that art programming can contribute to mental illness recovery among homeless populations as well as connect to cultural identity, which is macro reciprocal factor that influences leisure in Iwasaki, Coyle and Shank’s (2010) framework. In setting this study in a post-colonial context, along with incorporating the framework, macro factors such as the environment and culture are further explored next in this review of the literature.

### **Accounting for Macro Conditions**

As described in Iwasaki, Coyle and Shank’s (2010) framework, macro factors such as the environment, culture and health care system factors influence participation in meaningful leisure. The following research highlights the role of the environment in leisure pursuits among homeless individuals with some attention toward the role of culture. Klitzing’s (2004) study investigated women’s experiences of stress and the role of leisure in dealing with that stress at a not-for-profit emergency shelter environment. The women in this study experienced high levels of stress derived from abusive childhoods, dependency on addictive substances, family turmoil, intimate relationship issues, motherhood challenges, along with particular choices made on their life path. Many women used diversionary activities such as listening to music and reading as a tool for dealing with stress. Women also engaged in active leisure pursuits such as bowling or walking. Similar to other more recent studies about leisure among individuals who are homeless (Hodgetts

et al, 2008; Hodgetts & Stolte, 2016; Borchard, 2010), social activities with other individuals who were homeless was an important component of leisure pursuits for the women at the shelter. The front porch of the shelter became a place to get away and enjoy leisure spaces with other shelter clients. Klitzing (2004) pointed out that it was particular leisure spaces that created opportunities for ideal socializing, such as going to the children's park with other women who had children. This study revealed some of the mental health complexities experienced by individuals who were homeless, including stress from very difficult personal situations. Although this study did not focus on arts recreation programming, it showed how the role of the shelter environment could facilitate leisure that contributed to well-being (i.e. the front porch area became a place for socializing).

Trussel and Mair (2010) also sought to understand the experiences and meanings of leisure for individuals who were experiencing poverty and who were precariously housed (i.e., at risk of being homeless or homeless). The study also focused on the role of community service organizations and how they could be more responsive to the needs of community members. The study was conducted in partnership with three social service organizations and took place in the Region of Waterloo in Southern Ontario. According to Trussel and Mair (2010), leisure could contribute to a higher quality of life and become a vehicle for connecting individuals to a broader social life in the community. Participants in this study were selected from housing/community organizations and included four people who were living at a shelter while the remaining 14 participants lived in assisted living housing. The majority of participants were receiving social assistance and two participants were working single mothers who considered themselves "the working poor". Half of the participants were immigrants or refugees. Mental health issues and/or addictions was a common issue among participants, along with previous trauma and abuse.

An overarching theme found across this diverse group of participants was the need for judgement-free spaces (e.g., no experiences of stigma or discrimination) to experience leisure. Other main themes included 1) the significant role of organizations as spaces of potential acceptance; 2) a need for greater opportunities to connect to the broader community in ways chosen by the participant; and 3) the importance of private and personal space that was considered safe and appropriate (Trussel & Mair, 2010). The authors (2010) also noted that once basic needs were met and relationships began to form with staff, participants then discussed and participated more in leisure. The social aspect of leisure was a noted benefit among participants with an emphasis on welcoming environments. Connecting to the broader community was also a desire among participants, and leisure provided this important connection. For example, one participant enjoyed participating in hikes outside the city, and she discussed how she connected with another woman who had a car so through securing transportation she also made a social connection. Connecting and creating social networks with other individuals in similar life situations was an important part of participant lives. Several participants discussed how group leisure experiences beyond the shelter provided social connection and a place to experience empathy surrounding shared lived experiences. To illustrate, one participant discussed how they were a member of the Somali community where members often talked or gathered together. This experience highlighted the facilitating role that cultural connections can have on leisure participation. Personal and private spaces were also important among participants to engage in activities, such as listening to music.

That being said, one barrier to leisure participation among this population was a fear of being hurt when trying to form new social bonds which often led to isolation and feeling lonely. Fear was also expressed around attempting to connect with the broader community where

judgement and discrimination could take place because of social status (i.e. experiencing poverty/homelessness/mental illness). Thus, environments where an individual feels welcome is an integral component of leisure participation. For example, one participant who lived with anxiety discussed how the environment of public parks enabled her to engage in community life which in turn limited her isolation.

Trussel and Mair's (2010) study highlighted particular benefits and barriers to leisure experienced by populations who were living with poverty, homelessness, and/or a mental illness. These researchers advocated for leisure spaces where individuals can exercise the right to be private as well as free of judgement. For example, spaces where staff deliberately aimed to build trust with participants and provide welcoming, compassionate environments were noted. Leisure in this context could contribute to reflection, strength, recovery and improve well-being (Trussel & Mair, 2010). Although Trussel and Mair (2010) included diverse participants, there was no mention of Indigenous participants in the study.

In another study, Borchard (2010) noted a gap in research about individuals who were homeless and their leisure pursuits and directed some attention to the complex relationship between homelessness and mental illness. In his (2010) study, the process of U.S. mental health care deinstitutionalization was noted as providing outpatient care, but the healthcare system failed to accommodate the needs of out-patients, which resulted in some individuals with mental illness becoming homeless. Borchard's (2010) study, which used ethnographic fieldwork, interviewing, and participant observation, produced a more complex understanding of the experience of homelessness in the context of leisure in Las Vegas, Nevada. Borchard's (2010) study drew attention to the environmental factors that influence leisure such as experiencing homelessness in a tourist-driven city. For example, Borchard (2010) described how societal

views of homelessness, such as a blaming mentality (i.e. the individual is at fault for becoming homeless), can influence leisure opportunities among individuals experiencing homelessness. For example, two participants in the study pursued leisure away from what was referred to as ‘The Homeless Corridor’ - a place where social services for people experiencing homelessness were centralized and considered a more dangerous part of the city. The two participants enjoyed sitting at a café enjoying free internet and playing on-line games along the main Las Vegas street (i.e. Fremont Street Experience). On another account, one participant noted that he purposely lived near the library where he could access the computer as a form of leisure. The access to a public library is an example of an enabling environmental factor in the pursuit of leisure. Disabling environmental factors included issues with security at various locations. One participant explained “the unspoken rules enforced by security guards on the Fremont Street Experience: As long as you’re sitting upright, you can sleep occasionally, but if you lay down, you have to go” (Borchard, 2010, p.449).

Borchard (2010) did include some discussion on the role of culture in the lived experiences of participants. For example, a participant named Jessi, who was described as Native American had issues with her family because they did not approve that her boyfriend was of African descent. According to Borchard (2010), Jessi’s minority status and alcohol use needed to be understood in her broader life narrative. For example, Jessi lived with a marginalized status along with her friends who tended to also be racially marginalized Indigenous and African American individuals. Borchard (2010) suggested that race and ethnicity played a role in the lived experiences of participants in his study. A major limitation of this study as it pertains to this study is that he did not directly discuss the role of race/ethnicity with participants, nor did this study discuss participant experiences of mental illness.

Homelessness and social inclusion in broader society were also explored in Hodgetts et al.'s (2008) study, which was conducted in New Zealand. This study included a participant who was diagnosed with schizophrenia, and another participant who experienced chronic depression. Unfortunately, the impact of mental illness on leisure was not explored. Nevertheless, this study focused on library use among individuals experiencing homelessness. Hodgetts et al. (2008) found that although individuals were at times moved from libraries, libraries were also the site for allies in support of inclusion. Some library staff believed the library was a resource for all citizens to use and they advocated and assisted individuals who were homeless accordingly. Scott (2013) also mentioned for importance of allies as critical for advocating support for marginalized individuals since individuals who are marginalized have few resources to improve their situations. Overall, Hodgetts et al. (2008) attested to the important role of supportive spaces such as public libraries for individuals experiencing homelessness. That being said, the study lacked attention on the role of this leisure type in mental illness recovery.

Similar to Borchard's (2010) study, Hodgetts and Stolte (2016) explored the role of leisure in the lives of 99 individuals experiencing homelessness in New Zealand using ethnographic fieldwork. In this study, Hodgetts and Stolte (2016) aimed to situate participant experiences among the broader social environment that set the context for leisure. Several participants in this study described how they would structure their day around their leisure pursuits. Each pursuit brought these participants in contact with mainstream society such as a gambling establishment where the participant could spend time with others and enjoy the excitement of the betting environment. In this case, the participant was able to join-in on what everyone else was doing, instead of being marked as the 'other,' because this space and establishment made the participant feel welcome (Hodgetts & Stolte, 2016).

A uniquely valuable tool noted in this study was the use of imagination to facilitate leisure (Hodgetts & Stolte, 2016). According to Hodgetts and Stolte (2016), their participants “work to give the city meaning by imposing their imaginations on the landscape through leisure” (p.904). Hodgetts and Stolte (2016) explained that imagination and ideas can be particularly important for people in poverty, because it is free and once it is attached to leisure objects it can shape the material world in which the individual lives. To illustrate, one participant talked about how she pretended to be a detective while she searched for items in dumpsters. This imaginative practice offered new opportunities to engage in a world that was different than the ‘homeless world’ constructed by societal forces, where individuals are stigmatized as ‘The Homeless’, or worse, ‘vagrants’ (Hodgetts & Stolte, 2016). For others, their efforts to join the mainstream society resulted in overt discrimination. For example, being displaced from chosen leisure spaces was recounted by a group of individuals who were homeless as they tried to have a picnic in the park. Like all people, individuals who were homeless seek prime spaces, like public parks, to enjoy their leisure time, often with friends. In this study, individuals who were homeless reported typically being moved from the prime space by authorities particularly if their picnic included drinking alcohol (Hodgetts & Stolte, 2016; Borchard, 2010). Hodgetts and Stolte (2016) emphasized that the drinking culture is enjoyed by all segments of society but because individuals who are homeless have few places to enjoy beverages, such as restaurant patios, they are left to enjoy this pastime in public spaces where their activities are judged against a stigmatized background that includes criminalizing certain behaviours. In contrast, those who were attempting to enjoy the beverages in the park viewed it as a communal activity that offered respite and cultivated relationships.

Hodgetts and Stolte (2016) also brought attention to the power of stigma upon identity. To illustrate, one participant described how a shop owner referred to her as a ‘bag lady’ to a colleague when she attempted to show him her artwork. The experience deeply and negatively impacted her sense of identity because she did not view herself with the label ‘bag lady’. As mentioned, cultivating identity through meaningful leisure is a key element in mental illness recovery (Iwasaki, Coyle, and Shank, 2010). However, with this example, the study didn’t clarify if the participant may have been living with a mental illness although she would need to recover from the effects of stigma surrounding poverty.

Opportunities for freely chosen leisure, unfortunately, are hindered by poverty. In Reid, Frisby and Ponick’s (2002) study on poor women’s experiences of accessing recreation, they found “insufficient subsidies, policies requiring ‘proof of poverty,’ [e.g., providing income documentation] and discriminatory practices exclude poor women from being actively involved in health-promoting forms of community recreation” (p.88). This recreation system left out individuals who were socioeconomically disadvantaged, prompting them to feel discriminated against and stigmatized, which dissuaded individuals from seeking out preferred community recreation opportunities. For instance, some participants reported overt discrimination at recreation centres, whereby one participant felt she should leave the recreation centre she was attending due to a staff member “so she can’t humiliate us, treat us like dirt, low-class citizens” (Reid, Frisby & Ponick, 2002, p.4).

Stigma due to poverty status was also discussed in Tirone’s (2003) study on recreation in a low-income Canadian community. Tirone (2003) found that stigma created a barrier for low-income individuals when trying to access the same amount and quality of recreation offered to more affluent community members. Stigma due to poverty can be viewed by a similar lens as



stigma due to mental illness or stigma due to homelessness. In all cases, an individual experiencing stigma would have their sense of identity challenged by negative views imparted in community spaces. Discrimination and stigma can also cause many issues and debilitating repercussions in a person's life, particularly if they are without a home. As Kunstler (1993) explained "to be homeless is to be isolated from friends, relatives, and mainstream society and undoubtedly is a devastating experience requiring more than an overnight shelter and a meal" (p.42). Leisure can therefore play an important role in redefining the self, connecting to an inclusive community, and providing coping skills to challenge stigma. Thus, Iwasaki, Coyle, and Shank's (2010) recovery framework is also applicable to individuals recovering from the effects of societal stigma due to poverty, along with homelessness and mental illness.

Poverty and homelessness, as research has shown, results in exclusion from mainstream society. Watson, Crawley, and Kane (2016) described, for instance, homelessness and poverty as "extreme forms of social exclusion that extend beyond the lack of material necessities" whereas social exclusion is the "inability to participate fully in the economic [i.e. paid employment], cultural [i.e. traditional ceremonies], social [i.e. public and collective enjoyment of leisure], and political [i.e. voting] aspects of society" (p.97). According to Wright and Stickley (2013) social exclusion "may refer to individuals, groups or entire communities, but is invariably associated with poverty, unemployment, inequality and disadvantage" (p.72). Social exclusion also contributes to diminished quality social supports, high risk health behaviours that take the form of coping with the struggles of daily life, and compromised physical and psychological health (Watson, Crawley & Kane, 2016).

These effects of systemic exclusion are apparent in Aboriginal populations, whose collective health has been compromised by exclusionary practices embedded in colonialization

(Lavallee & Poole, 2009). As the legacy of the residential schools have shown, exclusion from one's own community and communities being excluded from mainstream society has had devastating effects on Aboriginal people in Canada (Paquette, Beauregard, Gunter, 2015). The effect of exclusion is revealed in the statistics of Aboriginal homelessness in Canada, where Aboriginal people are disproportionality homeless compared to other racialized groups (Belander, Awosoga, & Head, 2013).

Hodgetts and Stolte's (2016) study highlighted environmental influences on leisure participation among Australian individuals experiencing homelessness that addressed the issue of exclusion and the role of culture. Specifically, Hodgetts and Stolte (2016) discussed a gardening initiative in their study, which provided examples of leisure rooted in culture. The garden was on a plot of land re-appropriated to Aboriginal Maori people. According to Hodgetts and Stolte (2016) going to the garden enabled participants to leave the settler (colonial) society that they associated with street life, and returned to the Maori world of the garden. Leisure that takes place in deliberate non-judgemental spaces is particularly important because it enables individuals to connect with their cultural identities which is crucial in redefining identity particularly among individuals who experienced the negative effects of colonization (Lavallee & Poole, 2009). The following section brings attention to the few research studies that explore recreation, Indigenous participants, homelessness, and mental illness recovery in a Canadian context using a post-colonial lens.

### **Canadian Post-Colonial Context: Recreation and Mental Illness Recovery**

In the previous section, we learned about the interface between leisure and recreation, homelessness, and the broader environmental factors that impact participation and contribute to mental illness recovery. Exploring the Canadian context to understand this dynamic is vital,

particularly as it pertains to Aboriginal populations (Lavellee & Poole, 2009). To begin, Forsyth (2013) explained that leisure is a social practice and sports and games are “key sites for reinforcing the social, political, economic, and spiritual aspects of life” (p.207). In Canada, once the Euro-Canadians enforced a system of dominance, sport and leisure became another tool for Indigenous assimilation into white settler culture (Forsyth, 2013). For example, Aboriginal recreation in the form of cultural games were banned. Other colonial practices, such as residential schools, attempted to strip Indigenous people of their cultural identity, which was one aim of colonization (Paquette, Beaugerard, & Gunter, 2017; Lavallee & Poole, 2009).

Lavallee and Poole (2009) also discussed a study that took place in Toronto (Ontario) that explored the impacts of physical activity (i.e., martial arts program) and cultural programming on Aboriginal identity through story-telling. The program in this study was situated at the Native Canadian Centre of Toronto, one of the oldest Aboriginal meeting places. By using story telling as a method for exploring experience, participants talked about their lives which brought attention to race and racism. The study findings highlighted many issues around colonization, identity, and health. For example, several of the participants shared a conversation about how some of them ‘looked Native’ while others did not, and this stereotypical idea of being or not being ‘Native looking’ impacted identity and participation. To further illustrate, one participant retold her experience of walking through the Native Canadian Centre of Toronto door and feeling scared because, “I don’t know if I would be accepted because I don’t look Native but I see that I am accepted here” (p. 277). Lavallee and Poole (2009) explained that stigma surrounding Aboriginal identity resulted in internalized feelings of oppression and a decreased sense of cultural pride. This study highlighted an Aboriginal conception of mental illness recovery that was rooted in identity, spirituality and culture. The impact of racialized stigma and

discrimination, particularly experienced by Aboriginal individuals in Canada, was revealed, which is a vital consideration when developing creative arts recreation programs that includes Aboriginal individuals.

As mentioned, there is a lack of studies in a Canadian context exploring creative arts and mental illness recovery among homeless populations, and in particular Aboriginal populations. However, Flicker, Danforth, Wilson, Oliver and Larkin et al. (2014) did explore the relationships between community, culture, colonization, and HIV with Canadian Aboriginal youth using art programming. Youth described creating art as fun and empowering. Participants also described how their art produced a sense of pride and achievement. Art was also viewed as a tool to share information and bring attention to important topics, such as HIV. In this study art became representative of the social and political contexts of the Aboriginal youths' lived experience. Flicker, Danforth, Wilson, Oliver and Larkin et al. (2014) noted that producing art in a culturally sensitive environment promoted the sharing of cultural practices and skills, which is integral to improving the health status of Aboriginal individuals. Again, this study revealed the interrelationship between culture and leisure participation and highlighted the importance of providing culturally sensitive recreation opportunities particularly for Aboriginal populations. Specifically, Lavalley and Poole (2009) stated that Aboriginal identity is still being attacked in present day Canada. Thus, creative arts leisure can provide a valuable pathway in redefining identity and reconnecting with culture if recreation service providers create culturally relevant programs and opportunities particularly for Aboriginal populations. In other words, a particularly significant component of this programming is to specify that the recreation program is in fact, for Aboriginal individuals only, to promote an environment where Aboriginal culture is a shared attribute that can be nurtured in the creative arts process.

## Summary

This review of literature began with an overview of early recreation programming for individuals experiencing homelessness. Since this research lacked attention on participants who also experienced a mental illness, I included a review of the research on both general recreation for mental illness recovery followed specifically by creative arts recreation for mental illness recovery that focused on the benefits of participation. The role of macro factors (i.e., environment and culture) was then explored in the research as it pertained to leisure and recreation participation. As discussed, bringing attention to macro factors such as the environment is particularly important in this study because individuals who experience poverty also experience many exclusionary barriers to participation in community and in greater society. In focusing again on culture, the review of literature concluded with research conducted in Canada regarding Aboriginal individuals, recreation and mental illness recovery in a post-colonial context.

This review also revealed a number of gaps in the literature, which this study has aimed to address. First, there are no studies in Canada exploring the creative arts leisure experiences among individuals who have a mental illness and who are experiencing homelessness. There is also a lack of leisure and mental illness recovery research that employs a post-colonial context that includes Aboriginal individuals in the study that in turn brings attention to the macro factor of culture and how it influences creative arts participation. Finally, since many of the reviewed recreation studies, including specifically creative arts recreation studies, generally focused on participation in one arts program, there is a need for studies to include exploration of arts experiences in participant lives to better identify potential barriers (i.e. macro factors) that may exist in connecting with arts programming that retract from mental illness recovery.

## **Summary of Study Aims**

To advance research that examines the relationship between creative arts leisure and mental illness recovery among individuals experiencing homelessness in Canada it is pertinent that there are opportunities for this population to be heard which this study aimed to accomplish. As well, this study aimed to contribute knowledge toward the role of culture, healthcare systems, and environments in the lives of individuals experiencing mental illness and homelessness to inform future creative arts programming and opportunities for this population. To accomplish this, Iwasaki, Coyle and Shank's (2010) mental illness recovery framework guided data analysis. The following chapter discusses methodologies and methods used in this study.

### **Chapter 3- Methodology and Methods**

The methodology and methods of this study are as follows. In a qualitative study, there is intrinsic merit in adopting an interpretivist approach. Interpretative inquiry is based on the perspective that individuals produce and reproduce meanings of their social world, and that these meanings are a fundamental aspect of their lives (Willis, 2007). The goal of interpretative inquiry is to understand the unique meanings held by individuals in a social context (Willis, 2007). For instance, this paradigm recognizes that I as the researcher hold my own interpretations of the social world, as does each participant in the study. In other words, we together (researcher and participant) co-construct knowledge about the studied phenomena (Willis, 2007).

#### **Methodology**

The methodology of interpretative inquiry is based on a constructionist epistemology. In this study, a social constructionist epistemology was applied to thematic analysis methods (Braun & Clarke, 2006). As Darlaston-Jones (2007) described constructionism, it is the worldview that reality is socially constructed by each individual and therefore reality can be different for each person. As well, reality is influenced by cultural, historical, political, and social norms “that operate in that context and time” (Darlaston-Jones, 2007, p. 19). In other words, each individual actively interprets their world in the context of their society (Jacobs & Manzi, 2000). According to Jacobs and Manzi (2000) a constructionist epistemology challenges the positivist view that research produces descriptions of “concrete realities or material truths” (p. 36). Instead, Jacobs and Manzi (2000) described constructionism, and in particular, social constructionism, as a reflexive process where the researcher must acknowledge the importance of subjectivity (i.e. the researcher’s assumptions, perceptions, experiences) that may influence the research process including data analysis. Jacobs and Manzi (2000) also highlighted how a

constructionist epistemology can contribute specifically to housing research by focusing on the goal of examining how “certain issues become defined as ‘problems’ and to identify collective strategies to confront these issues” (p. 37). Thus, a social constructionism epistemology fits this study as it aimed to interpret the meanings that individuals ascribed to creative arts recreation and how recreation experiences impacted their mental illness recovery in the context of their personal lives situated in society. To maintain a reflexive view of my positionality throughout the research process, I maintained a journal of my insights and reflections to help identify how my thoughts may have been influencing the research. I have included a discussion on how my reflexive position influenced the process of data collection and analysis in the final section of this chapter.

To guide the study further, symbolic interactionism was used as the theoretical framework because it addressed how “society is created and maintained through repeated interactions among individuals” (Carter & Fuller, 2015, p. 1). Carter and Fuller (2015) summarized Blumer’s (1969) description of symbolic interactionism using four basic tenants which are (1) “individuals act based on the meanings objects have for them; (2) interaction occurs within a particular social and cultural context in which physical and social objects (persons), as well as situations, must be defined or categorized based on individual meanings; (3) meanings emerge from interactions with other individuals and with society; and (4) meanings are continuously created and recreated through interpreting processes during interaction with others” (p. 2). Symbolic interactionism situates the individual in society as agentic, autonomous, and integral in creating their social world despite institutions and society also shaping their lived experience (Carter & Fuller, 2015). Using symbolic interactionism as a theoretical framework



enabled insight and attention toward research participants' meanings of experiences in the context of their everyday lives and in the context of broader society.

This methodology and theoretical underpinnings fit the research questions for several reasons. A social constructionist epistemology allowed for an examination of reality where multiple realities exist with each being constructed by individual experience. In other words, each participant had unique experiences and understandings of creative arts recreation in their lives and the impact it had on their mental illness and recovery. Symbolic interactionism provided a lens for incorporating the context of individuals' lives and the meanings they ascribed to these contextual interactions in their world which supported a social constructionist worldview.

The purpose of this research also fits this approach. This research aimed to gain insight and understanding into participant's meanings of arts leisure who are experiencing homelessness and to understand the influence creative arts leisure has on mental illness recovery. To facilitate the application of a symbolic interactionism lens, I used open ended questions to generate knowledge that was co-constructed with each participant. The whole experience including the art session focus group and the interviews was a process of meaning making for both the participants in the study and me, the researcher. Together, our collective input produced the texts that were interpreted and this included interview transcripts and my journal that I used to keep notes throughout the data collection process. I also provided the option for participants to review the data within two weeks of the data collection to promote greater accuracy, however no participants were interested in this option of the study.

## Methods

Two qualitative data collection methods were used in this study. The first method was an art session focus group held at the same location as the study recruitment. According to Fraser and al Sayah (2011) in their review of art as a method in health research, researchers have employed art as a method for data collection with a variety of populations who all shared the common burden of emotions associated with serious and often life-threatening illnesses. Thus, Fraser and al Savah (2011) suggested that art was an important tool for self-expression among populations that are struggling with health burdens. The format of the art session was similar to art therapy formats where the art session is intentionally set to promote wellbeing (Griffiths & Corr, 2007). According to Griffiths and Corr (2007) art as therapy is commonly used in mental health settings to promote wellness. The challenges of using art as a data collection tool is further explored in the discussion section in Chapter Four. The second method was semi-private interviews also held at the same location as the study recruitment. The following sections describe participant recruitment procedures followed by further explanation of the methods used in this study.

**Participant recruitment.** Recruitment took place at the study site's drop-in centre, which, as mentioned, offers several arts programs. I had fostered a relationship with this organization and its community members through my volunteering activities during drop-in periods at the centre prior to data collection. As this study took shape, the study site staff offered suggestions about recruitment which I used in this study. For example, when I planned to set up a table for recruitment, staff suggested I approach people directly by walking around and talking with potential participants about the study. The organization also offered semi private space for an art session focus group and interviews.

My first focus on recruitment was for the art session focus group. I recruited participants by first posting recruitment posters (Appendix D) at the organization's drop-in centre. The poster included both my advisors and my email address and phone number to contact us about the study. Over several weekends, I visited the centre and using the advice of the organization's staff, I approached people and talked to them about my study as a form of recruitment. I provided copies of the Informed Consent form (Appendix C) that potential participants could take with them. After two weeks of recruitment, four individuals expressed interest in the art session focus group. I decided to set a date for the art session focus group and recruit participants on the day of the art session to potentially remove the barrier for participants of maintaining a later scheduled date. I realized from the responses of some individuals that setting and maintaining a scheduled date in the future was problematic because they were unsure of their daily schedules. From what I learned from participants, for individuals who are experiencing poverty and unstable housing their days are uncertain because they are seeking different resources to survive that varies each day.

The goal of recruitment was to have a diverse group of approximately 10 participants for both the art session and interviews. Only two of the original four individuals who originally signed up through previous recruitment attended the art session focus group. On the scheduled day of the art session focus group, I arrived three hours before the scheduled art session to recruit additional participants. I visited each table at the centre and told individuals that I was conducting an art session that day as part of my study. I discussed the study details with interested individuals. In total, twelve participants joined me in the art room for the art session. Of these participants, five participants agreed to discuss their art work with me at the end of their art session. Two participants in the art session agreed to participate in a follow-up interview. I

arranged a date and a time to meet with the interested participants. The interviews were held at the drop-in centre in a semi-private room.

I visited the drop-in centre over several weekends and recruited eight more participants for an interview for a total of 10. On several occasions, a participant agreed to an interview on the same day as recruitment. I found that recruiting individuals during their spare time while at the centre was an ideal opportunity to engage with a diverse group of individuals. I recruited 10 individuals over three weekends at the drop-in centre and conducted interviews during that time. I reserved an interview room at the centre on all weekend days. This enabled me to interview individuals when they were available on those dates, rather than at a later date when their schedules may have changed making them unavailable for an interview.

It was challenging to recruit individuals for the study because of the complexity of their schedules. For example, some interested individuals couldn't commit to an interview date because they were unsure what else they may plan for that date. In other words, for many people in this population demographic, their daily lives unfolded as the day's options unfolded. Weather dictated if people stayed at the drop-in centre, such as rain which prompted people to remain indoors at the centre. I intended to interview the same participants from the art session however, as mentioned, few participants (i.e. only two participants) in the art session followed through with an interview. Of the two participants, only one (Patrick) agreed to talk with me at the art session focus group and a follow-up interview. This was despite attempts to meet with art session focus group participants to conduct interviews. For example, I arranged with one participant an interview which would occur on the following day. When I met her the following day, she said she couldn't participate in an interview because she was meeting with a family member. She had no contact details so I gave her my phone number. I didn't receive a phone call to arrange an

interview with this participant. In subsequent visits to the drop-in centre, I did not see this potential participant again.

**Eligibility Criteria.** The aim of the study was to recruit a diverse sample of participants who visited the study site. I was able to achieve a diverse sample because I approached each table of individuals and at each table there were diverse individuals ranging in ethnicity, race, gender, age, and housing status. Eligible participants were of adult age, any gender, who had experienced homelessness/unstable housing, and who lived with a mental illness or mental health problem. The following table illustrates the diversity of participants based on the personal information they were willing to include for the study.

**Participant Demographics.** Of the participants, five women and nine men took part in the study. In terms of ethnicity, six participants self-identified as Aboriginal, four participants identified as white, one participant identified as Canadian, one participant identified as Italian, and two participants did not identify their ethnic background. In terms of mental illness status, there was a range of mental health problems that included those with mental illness diagnosis (e.g., bipolar disorder), substance use problems (e.g. the use of Crystal Meth), and undiagnosed mental health problems due to the stress of living in poverty conditions (e.g., participants discussed overwhelming stressful emotions related to homelessness). Only one participant discussed having a positive mental health status along with positive creative leisure tools to address stress (participant Alien). Participant housing situations ranged from living at a shelter (six participants), living in a semi-trailer truck that was stationary and was offered to him to stay in (one participant), staying at a downtown hotel (one participant), staying with friends (one participant), two participants were previously homeless but currently housed at the time of data collection, one participation was living in rehabilitation housing, one participant slept outside

when it was warm and stayed at a shelter when the weather was cold, and one participant did not discuss his housing status.

### **Informed Consent**

During the recruitment process, potential participants were offered a copy of the Informed Consent Form (Appendix C) to review. The Informed Consent Form (Appendix C) informed the participant of her/his/their right to withdraw from the study at any time without consequence and to withdraw their data up until two weeks after their participation in the art session focus group or the interview. After this time, data was incorporated into the study due to the iterative method of data analysis used in this study which resulted in data that could no longer be withdrawn. The Informed Consent Form (Appendix C) was also distributed to all participants in the art session at the beginning of the art session focus group and before interviews. Each participant was asked to read this form and they were encouraged to ask questions regarding the form if questions arose prior to data collection. I also reminded the participants that their participation in the study was completely voluntary and they could leave at any time. At the beginning of the art session and the interviews each participant was asked to choose a pseudonym to use in the study to maintain anonymity and confidentiality as required by the University of Manitoba's Education/Nursing Research Ethics Board (ENREB).

### **Ethics and Ethical Concerns**

This study was submitted to ENREB for review. Upon ENREB approval, I confirmed final approval from my recruitment site chosen for this study through the use of an Institutional Consent Form (Appendix F) required by ENREB. To ensure this research project maintained ethical standards, I followed guidelines set forth by the Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and

Humanities Research Council of Canada (2010) Tri-Council Policy for the ethical conduct for research involving humans. For example, I maintained respect for the dignity of the research participants (e.g., individual autonomy). I also provided free and informed consent offered orally or in writing, which included informing the participant that they had the right to refuse answering questions as well as the right to withdraw from the study at any time without penalty which could include removing his/her/their data up until two weeks after the data was collected. I was sensitive to the position of vulnerability that the research participants may have been in (e.g., remain awareness of the vulnerable population that I was working with through journaling). I maintained privacy and confidentiality (e.g., using pseudonyms and attempting to member check results, where and when possible with participants). I also aimed to promote justice and inclusiveness throughout the research process, such as by providing an honorarium (i.e. gift card) per participant. The promotion of justice and inclusiveness is also embedded into this research, for it aims to understand the relationship between recreation and mental illness recovery among a marginalized segment of the population, which is a social justice issue in this study and in greater society (Markula & Silk, 2011).

## **Data Collection**

**Art Session Focus Group.** As briefly discussed, this study employed two distinct data collection stages. The original plan for this study was to recruit 10 individuals to participate in both the art session focus group and a follow up interview. However, only one participant, Patrick, engaged in the art session discussion and an interview. A second participant participated in the art session but only agreed to discuss creative arts and mental illness recovery in an interview rather than after his art session. The art session was conducted primarily with participants recruited on the day of the scheduled art session focus group. The art session was

scheduled with the organization who allowed me to use their art room. Prior to the session, I set up the art table with art materials at each chair that included paper and pencils. Art materials that required sharing, such as paint, markers, pencil crayons, and clay were placed at the centre of the table for future distribution. After the participants entered the art room and chose seats, the Informed Consent Form (Appendix C) was reviewed and participants signed the forms. As in accordance with ENREB, gift cards were also distributed to participants prior to the start of the art session. I reminded participants that their participation was completely voluntary and they could leave at any time. Similar to Stacey and Stickley's (2010) method, the group creative arts session was led by a theme. I went over a detailed outline (see Appendix B) of the art session with participants, which explained the overarching theme of the art session which was "What does art mean to me?" Participants were asked to use art as a tool to reflect the meaning of art in their lives and the relationship between art, mental illness recovery, and homelessness. I explained that the art session was scheduled from 10 am to 12 pm and that the plan was to pause creating art at approximately 11 am to discuss the theme of the art session as a group. However, since participants were under no obligation to stay for the duration of the art session, participants began to leave after the initial start of the art session and at staggered times. Two participants chose not to produce any art and left after they received their gift card. Due to the staggered times participants were leaving, the group discussion about the art session themes was not explored as a group. Of the 10 participants remaining, five participants produced art and engaged in an audio recorded discussion about what their artwork conveyed. I intended to take pictures of the artwork to use as an engagement tool in the interviews. However, only one participant, Patrick, engaged in the art session and an interview and only his picture was used as a discussion point in the interview.



**Semi-structured Interviews.** Semi-structured one-on-one interviews were used as the second data collection method. Semi-structured interviews aim to obtain descriptions of the “life world of the interviewee in order to interpret the meaning of the described phenomena” (Kvale & Brinkmann, 2009, p. 3). Thus, semi-structured interviews were used to collect data with the aim to identify relevant themes related to meanings of recreation and mental illness recovery for individuals who were experiencing unstable housing and homelessness. For these interviews, a core interview guide was created (see Appendix A), while still providing the flexibility for participant input, clarification, and elaboration (Kvale & Brinkman, 2009). The interviews were based on a flexible topic guide that provided a loose structure of open-ended questions used to explore experiences and attitudes (Al-Busaidi, 2008). Each interview was scheduled for approximately one hour however interviews ranged from approximately 20 minutes to 1.5 hours. Regardless of the duration of the interview, each participant shared personal details of their lives that detailed the struggles of poverty, mental illness, and homelessness along with their perspectives on creative arts leisure in their lives. All interviews were held in person in a semi-private room at the study site. Please see Appendix A for the schedule of questions used in this study.

Given that a symbolic interactionist view suggests my reflections are deemed to be an important component of the research process, I took hand-written notes during the interviews, and after each interview, I wrote personal reflections in a journal that I inputted later into a Word document which helped identify how my perspectives were influencing the data. The interview audio files were transcribed and transferred into the software program Nvivo and analysed using an interpretivist/constructivist perspective and explored using Iwaskai, Coyle and Shank’s (2010) recovery framework as initial sensitizing codes. The following section provides an overview of

the interview guide (Appendix A). This chapter is then concluded by a description of data collection procedures followed by a discussion on my reflexivity in this study.

### **Interview Guide**

The interview guide, which can be found in Appendix A, included the following questions based on these themes: opening questions such as what art do you like to do? (probe- have you participated in an art class? Where do you get your art supplies?); benefits such as what do you enjoy about participating in arts? (probe- do you like working on art alone or with other people?); facilitators such as what has helped you participate in arts? (probe- where do you like to do art?); barriers such as is there anything that has prevented you from participating in arts? (probe- have you ever felt unwelcome pursuing art?); environment such as can you describe those places where you do art? (probe: is there a cultural connection to your art?); health/mental health such as has art participation affected your health? (probe- how?); social connections such as do you like to show your art? (probe- why or why not?); culture such as how would you describe your cultural background? (probe- do you consider your art a cultural expression?); and background information such as can you tell me about yourself? (probe- are there any groups you identify with?)

### **Data Analysis**

The process of collecting and analyzing the data was an iterative process that supported the interpretative nature of this study (Crotty, 1998). I provided participants with the opportunity to review the data with the option to alter, remove or add any data to the transcript that I intended to refer to in my study results but no participants were interested in this stage of the study. One participant was interested in the receiving an emailed copy of the study results.

Data analysis was guided by Braun and Clarke's (2006) approach to thematic analysis. According to Braun and Clark (2006), thematic analysis is a useful and flexible tool for identifying, analyzing and reporting themes within the data that complements constructionist paradigms. For example, thematic analysis can examine how meanings and experiences are produced through social discourses operating in society (Braun & Clarke, 2006) which supports this study. The development of themes from the data is derived from the relevance of these themes in relation to the guiding research questions rather than a quantifiable measure of themes in the data (Braun & Clarke, 2006). Braun and Clark (2006) clarified that thematic analysis involves examining data across data sets to find patterns of meaning.

In this study, a thematic analysis was produced through various stages. Braun and Clark (2006) described six phases of thematic analysis that I also applied in this study (see Braun & Clark, 2006, p. 87). Phase One included becoming familiar with the data through transcribing the data, re-reading the data, and creating notes. Phase Two involved producing initial codes that were considered interesting features of the data throughout the data sets (i.e. all interviews) and collating data relevant to each code. At this stage, I did not actively use themes derived from Iwasaki, Coyle, and Shank's (2010) framework because I aimed to uncover codes that may not be captured in the framework. In this initial stage, a list of codes was produced in the software program 'Nvivo'. After initial coding, I conducted Phase Three of the thematic analysis which entailed searching for themes by collating codes into potential themes and collecting data within each theme. At this stage, I grouped initial codes together that were represented in Iwasaki, Coyle and Shank's (2010) framework. In Phase Four, I actively reviewed the themes and critically considered how these themes captured the data. Several themes that were not described in the recovery framework were identified and guided further analysis of the data to determine if

these potential themes were a representation of whole data set, such as hope as a leisure generated outcome. In Phase Five, which Braun and Clarke (2006) described as defining and naming themes, I maintained an ongoing analysis of how the themes from Iwasaki, Coyle, and Shank's framework captured the data. At this stage I determined that the themes from the framework concisely captured the data. In other words, I used a theoretical thematic analysis that was guided by Iwasaki, Coyle and Shank's (2010) recovery framework. To reiterate, the focus of Iwasaki, Coyle, and Shank's (2010) recovery framework was the often, neglected role of meaningful leisure (e.g., arts programs) in the process of recovery, active living (i.e., engaged living), and life quality. In this framework, leisure was a "critical proactive agent via its potential to promote personal identity and spirituality, positive emotions, harmony and social connections, effective coping and healing, human development, and physical and mental health" (Iwasaki, Coyle, & Shank, 2010, p. 488) also referred to as micro outcomes and the meaning instilled in the leisure experience. I chose this theoretical framework because it was comprehensive and included themes that focused on how societal factors (i.e., health care systems, culture, and environment) influenced creative arts experiences and mental illness recovery. In using a constructionist perspective in thematic data analysis, I attentively analyzed how sociocultural contexts and structural conditions (i.e., environment) influenced participant meanings and experiences and how these components of experience evolved as themes from the data (Braun & Clark, 2006). The final phase, Phase Six, of this thematic analysis was the production of this thesis. It involved several more stages of analysis, particularly when I was considering my reflexive position in the analysis process. As Braun and Clarke (2006) described, this stage also entailed choosing significant data extracts and reconsidering the research questions and the literature surrounding the topic to inform the final scholarly report of the analysis. Through all

stages of thematic analysis, I maintained notes that aimed to identify my reflexive position and how this position may have influenced the study. The following section is a summarized account of my reflexive notes.

### **Researcher's Reflexivity**

As Mauthner and Doucet (2003) explained, in research the researcher, the method, and the data are reflexively interdependent and interconnected and therefore researchers should attempt to identify their reflexive position in the research process. For example, in research that aims to 'give voice' to participants, a reflexive awareness acknowledges that the researcher's assumptions and underlying worldview (i.e. interpretive/constructionist) influence how these participant voices are expressed by the researcher in the analysis of the data (Mauthner & Doucet, 2003). Mauthner and Doucet (2003) also defined reflexivity to not only include "issues of social location, theoretical perspective, emotional responses to respondents, and the need to document the research process" but also more "neglected factors such as the interpersonal and institutional contexts of research, as well as ontological and epistemological assumptions embedded within data analysis methods and how they are used" (p. 418). In considering my social location in this research project, I describe myself as a middle-class, privileged, white, university educated female. I also have employment experience working with individuals who were experiencing homelessness in a community development setting where I held the position of assisting community members with their housing needs. This experience taught me the immense difficulties individuals with serious mental illnesses were facing in securing housing while experiencing poverty. These experiences evoked an understanding, empathic, emotional response toward participants during the research process. I was also profoundly affected by the difficult life experiences of the participants in my study and I aimed to honour their time and

attempted to reflect their actual words often in the data analysis. For example, as I worked through the analysis phases of the data, I reviewed the transcriptions and asked myself, “What is this participant telling me about creative arts in the context of their lives in post-colonial Canada? What does this participant want me to know, what is the focus of their responses?” By asking these questions, it helped me to align my analysis to produce findings that may also be considered valuable to each participant. These questions also helped me challenge my own assumptions and interpretations of the data which is an important acknowledgement when using a constructionist, symbolic interactionist perspective where meaning is co-created and recreated through social interactions (Blumer, 1969).

Mauthner and Doucet (2003) also discussed the role of academic biographies in influencing the researcher’s reflexive position. For me, this study was my second attempt at a Master’s thesis and my first academic thesis was grounded in feminist critical theory. I chose critical theories and research because it reflected my understanding of society. I was also influenced by my advisor, who was a critical health researcher who often brought attention to the role of race and racism in Canadian society, particularly how racism impacts Aboriginal individuals and their communities. In this study, I remained critical of social forces that impacted creative arts leisure and mental illness recovery which is apparent in the analysis of macro factors (i.e. health care systems, environment, culture). However, I did not draw largely from critical researchers in this project, aside from examples such as Lavalley and Poole (2009) and Rose (2014) with their post-colonial perspectives, because I included research that included a broader methodological context, such as early research on early recreation programming for individuals experiencing homelessness that was more descriptive than critical. As mentioned, my academic biography also included the use of Iwasaki, Coyle, and Shank’s (2010) recovery

framework that influenced data analysis. Since it was required that I become aptly familiar with this framework to produce my thesis proposal, I was also reflexively aware that in using this framework I had to actively challenge the use of themes derived from the framework to ensure I was effectively capturing the data. I accomplished this task by adhering to Braun and Clarke's (2006) guidelines for a theoretical thematic analysis. The following chapter discusses the findings derived from this thematic analysis.

## **Chapter 4- Findings**

This chapter discusses the results of the data collected in this study using an interpretive, social constructionist approach to data analysis. Each phase of data collection, the art session focus group and the interviews, provided unique insight into the interpretations of the role creative arts had in mental illness recovery with individuals experiencing homelessness. As described by Braun and Clark (2006), I used a theoretical thematic analysis by first conducting line by line coding of the data. As the analysis progressed through each phase, I incorporated the use of Iwasaki, Coyle, and Shank's (2010) themes derived from the recovery framework. To reiterate, these concepts were encompassed in a framework that included micro level outcomes (i.e., health including physical and mental, coping and healing, harmony and social connections, human development, positive emotions and identity and spirituality) from leisure; meso level (i.e., recovery, active living, and life quality) outcomes from leisure; and macro level factors (i.e., culture, environmental factors, and health care systems) that influence the leisure experience. As Iwasaki, Coyle, and Shank (2010) explained, leisure can influence the micro factors just as the micro factors can influence leisure expression (e.g., a person's spirituality may influence their artwork, just as artwork may enhance a person's connection to spirituality). The meso level of leisure generated outcomes that includes recovery, life quality, and active living are in turn, influenced by macro factors in the framework. For example, although recovery may be promoted through leisure, the leisure experience is influenced by environmental factors that may assist or retract from the leisure experience. The following data analysis uses Iwasaki, Coyle and Shank's (2010) categories as themes for analysis. This analysis is followed by a focus on the categories that emerged as points of departure. The chapter concludes with an analysis of how



the micro, meso, and macro level categories were interrelated in the lived experiences of participants (i.e., how environmental factors impacted creative arts recreation participation).

### **Micro Factors-Creative Arts Recreation Outcomes**

Through the process of theoretical thematic analysis, I determined that the key leisure generated outcomes (i.e., micro outcomes) from Iwsaki, Coyle and Shank's (2010) framework were ideal themes that encompassed the data from this study. However, often these themes overlapped, for example coping and healing was related to positive emotions produced by an art experience (e.g. colouring). The following analysis discusses each outcome from the framework as it pertained to an interpretation of participant experiences and meanings.

### **Health-Physical and Mental**

As discussed in Chapter Three, participants in this study were experiencing varied degrees of mental illness based on those participants who were willing to discuss their mental health status. Several participants also discussed physical health problems. For example, Brenda was on dialysis treatment for kidney treatment and Mark experienced seizures and blackouts due to a car accident brain injury coupled with a mental illness. Physical health issues add greater burden to mental health. Of the 14 participants in this study, seven participants discussed seeking treatment for a mental illness with the healthcare system. Two participants were not diagnosed with a mental illness but they expressed concern that they were developing a mental health problem due to the stress caused by living in poverty and experiencing homelessness. One participant was concerned he had an undiagnosed mental illness and he was attempting to seek treatment. Four participants didn't discuss their mental health status. However, the complexity and prevalence of mental health issues among individuals experiencing poverty and homelessness were described by participant Doc:

Most of the people here will tell you we drink to make our brain shut down. To take away the pain that our brain does to us. Or they take drugs, smoke crack, do meth, whatever their story is, whatever they're correcting I don't ask, but most of us here have some form of something, I can jokingly say it, we have something wrong with our heads. Is it fixable? I hope so. And if not, this is how I'll cope for the last years I'm here.

In this statement, Doc described how individuals were using substances to cope with their brain conditions, or as Doc said, "some form of something". Therefore, the role of creative arts leisure in coping is particularly important for this population defined as being homeless with a mental illness/substance use issue. The role of creative arts leisure in coping, which in turn promotes mental health and recovery, is further explored later in this section.

For several participants, the art session allowed them to express and discuss their mental illness challenges. For example, in Brenda's art work, she revealed her mental health status:

The squiggly lines are like the, the end of it, the pink part is like I'm all messed up and I don't know exactly where I am or where I fit in. And I've been, I struggle with depression, I struggle with, um suicide that's why I put that there, RIP, especially lately um, the brown thing is a coffin, represents a coffin...

Brenda's comment also brought attention to her struggle for identity (i.e. where she fits in) as she battles severe depression. After she showed me these aspects of the picture, she became emotional. She explained her partner recently passed away and she was grieving. Brenda's struggle with mental illness and the loss of a loved one left her wondering at times "why she was here" which signifies a loss of a sense of purpose. Brenda also discussed her struggle with alcohol addiction by questioning if she should start drinking alcohol again, but she also stated this would result in death because she was on dialysis treatment. DB also struggled with his mental illness challenges because he wasn't able to afford his medication. The artwork he created in the art session was a representation of himself as a volcano erupting. When I asked him to describe the picture in more detail, he explained his emotions were greatly affected by both the personal relationship he was in along with his mental health issues. DB explained his

living conditions were causing him to be more emotionally withdrawn. Michael also remarked about the issues of withdrawing when he commented that if people weren't so isolated they wouldn't be as violent "because they desire to be loved." His comment suggests the importance of social connections. As stated, fostering harmony and social connections is also an important aspect of mental illness recovery. The previous description of mental and physical health statuses experienced by participants along with the examples of how creative arts provided an opportunity for expression of emotions provided an introduction into other themes that described the role of creative arts leisure in mental illness recovery. In Iwasaki, Coyle and Shank's (2010) framework, identity is linked with spirituality which will be explored in the next section. However, since these categories were each prominent in the data they are explored individually in the following sections.

## **Identity**

A positive identity is challenged when individuals experience discrimination and stigma associated with homelessness and mental illness (Boydell, Goering, & Morrell-Bellai, 2000). For example, Brenda discussed how she liked herself better when she was sober compared to when she used to drink alcohol. Her life story tells how recovery from substance use can help form a new identity. Patrick also discussed how since he was living on his own, he had, "my own opportunity to find myself and just kind of find my own belief and how I feel about myself and my truth." Patrick had also discussed how he had gone through rehabilitation for addictions and was also moving through stages of recovery. Patrick also grappled with his own sense of identity not only because he was struggling with mental health issues and addiction in the past, but also because of his sense of his parent's judgement of him. Several participants brought attention to the role of creative arts in connecting to aspects of the self. Alien described art as a tool to

express your mind and create from what is within. Doc discussed how viewing art could reveal the expression of the artist's self, "I've looked at some people's art and I said wow! That came from you? You were in a really dark place...Or you were in a really good mood and this has been weighing on your mind a long time, you know." Doc's statement also highlights the value of art as a tool to engage with emotions. Zakala described her own experiences of painting where she, "could go crazy on that, the canvas. Just to express I guess." Expressing oneself requires engaging with oneself and art enables individuals to explore their identity and their emotions that make up who they are in their current situations.

The potential role of creative arts in instilling and fostering a positive identity was of importance for all participants because they all faced various forms of racism, stigma and discrimination based on being identified as Aboriginal, "mentally ill" and/or homeless. Promoting the development of a positive identity is particularly relevant among Aboriginal participants because the processes of colonization have continuously attacked Aboriginal cultural identity (Lavalle & Poole, (2009). For example, Jack expressed challenges with his sense of identity and that led to social isolation. Jack explained he was concerned when he applied for jobs he would be mistaken for a gang member. According to Jack:

Residential schools that's where everything in my culture got messed up, yah. Really, those kids that got hurt, they bring their anger back to our home and then all that sex abuse, and the physical abuse started and the drinking and my generation are the ones that are feeling it.

Jack explained that he turned to drug use including Crystal Meth to deal with the childhood trauma, "I smoked it and banged it, and snorted it and made all this stuff leading up, like my childhood it just got to me and I saw it as an escape but then I got into it and I wonder if it was drug induced schizophrenia." Jack went on to explain that his mental health status was poor and

he was concerned he had an undiagnosed mental illness. In telling his life story, Jack brought attention to coping through the use of substances among populations experiencing homelessness. The role of creative arts in Jack's life was significant because not only did it provide enjoyment (e.g. positive emotions) creative arts leisure connected Jack to his family. For Jack, he enjoyed playing guitar, particularly for the children in his family. As Jack explained, he enjoyed playing for the children because he didn't have those experiences as a child. Instead, Jack grew up surrounded by violence or as Jack described, a 'warzone'. Therefore, Jack's experiences are an example of how creative arts may evoke a positive identity and positive emotions while fostering harmony and social connections. In Jack's case, these social connections were particularly important because the connection was with family. In turn, these positive leisure experiences aid in coping and healing with poor mental health while potentially aiding Jack in challenging stigmatized versions of his identity.

Challenging internalized stigma was also apparent in the life of Doc, who struggled with bi-polar disorder and homelessness. Doc was challenged with ideas of being normal and described how appearances of normalcy, such as walking down the street with clean clothes and no back pack, could give others the impression that Doc was normal, "to the world, that's normal it's sad but it's true. And all of a sudden where are you staying tonight? And I'll tell them outright, I will not lie to anybody. I'm homeless." In this statement Doc illuminates that he believes being homeless is not a part of being "normal." Therefore, the potential role creative arts recreation has in developing a positive identity is particularly important for all individuals struggling with various forms of stigma and discrimination. For Doc, he discussed if he had the time for leisure (i.e., not working 12 hour days) he would thoroughly enjoy training a boxer. Doc enjoyed martial arts and boxing and that was his passion. If Doc found the opportunity to be a

trainer, he would form a positive identity as a martial arts trainer which could challenge internalized stigma. As Iwasaki, Coyle and Shank (2010) surmised, building a positive identity can help strengthen a person as they work through recovery of a mental illness.

## **Spirituality**

The role of spirituality may also support mental illness recovery and is closely related to identity. Aspects of spirituality were woven through participant experiences in the art session and as a discussion point in the interviews. In the art session, Michael chose to make an art picture of various spiritual symbols. He suggested religion can comfort people in their time of need. Patrick also discussed spirituality in his life during the art session when he described how his mental wellness was connected to being closer to his grandmother's spirit since she used to live in the province but has since passed away. Patrick described connecting to his grandmother's spirit as "very, very nourishing and curing for me." In Alien's description of the meaning of art he described it as the expression of soul and heart. He elaborated by saying:

That's the best thing about art it makes you free from anything, everything, all prejudices, all stresses and everything, all this one dimensional thinking, closed minded thinking you know, what it is an expression of your soul, your spirit, for me that's art, and that is not corrupted by you know thinking or ideas or cultural identity, I mean it's just the freedom, the freedom of your spirit to express itself and that's what art is.

In this statement Alien counters the connection to culture and says art can free a person from social identities to express their true self. Alien's statement highlighted the great potential creative arts has in transcending barriers to a positive, connected identity which is crucial for individuals challenging stigma and discrimination.

## **Human Development**

Another finding was that freedom to express oneself in the form of art could also promote human development. Several thematic codes that emerged were related to human development

such as skill development, developing imagination and evoking inspiration. Several participants highlighted that the meaning of art included developing new skills such as Alien's desire to learn to play acoustic guitar, Jack's desire to learn how to draw, and Zakala's desire to learn pow-wow dancing and other Aboriginal art forms including making star blankets. Imagination was also a key theme related to human development. For example, Zakala discussed how she enjoyed using her imagination when she participated in painting in the past. Gerry commented on how to really enjoy a book a person needs to know how to use their imagination. Patrick described how he had "given myself permission to kind of explore the limits of my imagination and in a way that is astounded how much I don't, I haven't known how much could be there." Imagination is a tool that is transferable in improving daily living situations because with imagination, individuals can engage in a better future they envision. They can imagine themselves as the dancers and the artists that they see and admire which was the experience Zakala had when she watched pow-wows. Individuals, who were homeless, also used their imagination in transforming life circumstances through leisure. Doc, for example, was inspired by artists when he explained how he wished he could do art but:

My hands are all busted up, banged up, I can't, unless it's big and heavy I can't really hold it...but creative arts is, I look at some of these people do their paintings and I watch them do their dance or their drawing, to me it's just amazing and I wish I could do it.

Evoking inspiration may also instill a sense of hope for the future as participants envision a more positive future where they are engaged in meaningful leisure activities.

### **Harmony and Social Connections**

Several participants talked about the significance of social connections in their lives and these connections fostered harmony, particularly through participation in creative arts leisure. As mentioned, for Jack playing guitar was an avenue to connect with family which is an important

component related to harmony, social connections and culture. In playing guitar for the children, Jack also created a valued social role in the family.

Participating in creative arts also resulted in a connection to the art community. For example, Mark said he enjoyed attending free music venues in the city. He enjoyed being a part of the audience as everyone clapped together. Mark also enjoyed the murals and statues that were displayed in the city. Karen said when working on art she felt connected to other artists that she would meet. Zakala discussed how her recent colouring session where she talked with other artists around the art table was a form of art therapy. Art became a tool to promote harmony and foster social connections. As well, in connecting to the art community, participants may potentially view themselves as artists within the community which instills a different positive identity. By forming a different identity, they were challenging negative identifying characteristics associated with stigma and discrimination toward individuals with a mental illness and/or who are struggling with homelessness.

Creating art also provided an opportunity for participants to connect in their minds the significant social connections they had in their lives that supported them. To illustrate, through her art work and subsequent discussion, Brenda mentioned how she had children and grandchildren and they would miss her if she took her own life. Thus, the significance of social support in mental illness recovery is highlighted in Brenda's life story of living with severe depression.

### **Positive Emotions**

The art session focus group produced positive emotions for several participants. For example, Mama Cita created a picture of her ideal home which was a colourful depiction of a house, yard and a peaceful environment. Michael drew a picture representing a spiritual theme to



evoke positive emotions. From the interviews, several participants discussed how participating in creative art forms garnered enjoyment. Alien enjoyed listening to music, Jack enjoyed playing guitar, and Mark found connecting with the broader arts community enjoyable, particularly attending live free music venues. Zakala, Betty and Karen all discussed enjoying colouring at the drop-in art sessions. However, despite the positive emotions associated with creative arts recreation participation, several participants struggled with their emotions in the art session focus group when art became a tool to express what was on their minds. In contrast to the colouring session mentioned by Zakala, Betty and Karen, the art session focus group held a theme about the role of art in mental illness for those experiencing homelessness. Therefore, participants engaged purposely with emotions derived from considering this topic that were difficult to acknowledge. Thus, art as a tool for coping and healing from difficult emotions is a pertinent consideration to explore in mental illness recovery among this population.

### **Coping & Healing**

The participants in this study were coping with heavy burdens related to poverty (i.e., homelessness, discrimination, lack of resources) along with the burden of various forms of mental illness. Thus, the participants were in constant cycles of coping and attempting to heal from the traumatic events in their lives. For example, both Brenda and DB commented on how tired they were. Brenda said she thought she was just tired of living, “just some days are fine I’m just sliding through then there’s other days I just struggle, um, there’s days I sit there and I think, I wonder if I should just start drinking again, just let myself go.” Again, Brenda was also battling deep depression and thoughts of suicide and her living circumstances make surviving very difficult. DB explained he was also stressed out and drained.

The art session for data collection may have provided a tool for coping with some of these associated emotions experienced by participants. As mentioned, several participants in the art session struggled with their emotions during the art session. Brenda, who was living with depression and mourning the loss of her partner, created artwork that revealed her state of mind, particularly suicidal thoughts. In talking with me about her art, Brenda became emotional. DB also drew a picture that represented himself as a volcano erupting. DB was also emotional when he discussed the meaning of his art as a reflection of his life and self. The process of creating art that represented difficult emotions was a challenge at times, but when coupled with talking about the art work, there was some therapeutic value in terms of coping and healing. In the interviews, Gerry stated “art is another form of medicine” which indicated a potential significant role creative arts leisure may have in coping and healing among this population. The role of art in coping and healing was particularly salient among participants experiencing homelessness.

In the art session, three participants chose to complete artwork that included the theme of “A Sense of Home”. Brenda’s artwork was a picture of “a dream catcher but it got muddled between a dream catcher and a turtle, it’s like since I’m homeless and it’s like, I’m like a turtle and I carry my home around with me wherever I go.” This statement connects Brenda’s worldview to Aboriginality since she had included a dreamcatcher in her artwork along with a turtle which is symbolic animal representing turtle Island in some Indigenous cultures. Mama Cita created artwork that depicted her ideal home, “I think it just represents a happy place for me, a home. Lots of flowers, a yard, space, peace, yah, nature.” The opportunity to freely create art enabled Mama Cita to envision a new home where she could be happy and at peace. In Patrick’s artwork, he drew a picture of the broken-down semi-trailer he was living in. Patrick explained that he enjoyed living in the trailer because it offered him private space with less

stress. These micro factor outcomes derived from creative arts participation interact with meso level outcomes discussed in the following section.

### **Meso Factors-Creative Arts Leisure Impact on Recovery, Life Quality, and Active Living**

These micro factor outcomes derived from creative arts participation also interacted with meso level outcomes, which is first illustrated through the theme active living.

#### **Active Living**

In contrast to living one's life in a meaningful and enriched way, participants in this study were consumed with surviving their daily circumstances with few opportunities left to be actively engaged in chosen meaningful activities. For example, Bill expressed that he did not know of his artistic side when he stated, "no time to discover that side of myself even if I have one." Bill's day consisted of collecting recyclable materials and when asked what prevented him from pursuing recreation he responded "poverty." Doc stated he didn't have time for his chosen leisure because he worked 12-hour days while his use of substances to cope left him without money for accommodation each week. For many participants, such as Zakala and Gerry described, being homeless meant days were filled with seeking out resources for food, clothing and healthcare. These activities were coupled with attempting to seek social assistance for housing, education and employment despite the barriers (i.e. racism) these participants faced on a daily basis.

In considering this reality of living in poverty, flexible, accessible creative arts leisure opportunities were essential for individuals experiencing homelessness. An example of accessible recreation was the art drop-in sessions available at the downtown humanitarian organization where this study took place where Zakala, Betty, and Karen had mentioned recently attending to participate in colouring. Art forms in the greater community that Mark mentioned,

such as enjoying free music venues in the city, was also an example of how art provided meaningful active living in the greater community that also promoted social connection.

### **Life Quality**

As previously discussed in the Micro Factors section, participants did interpret and experience creative arts leisure as a tool to enhance life quality. For example, Alien described how listening to music was his greatest form of stress relief. Playing guitar for family enhanced Jack's life in a variety of ways such as promoting social connections and providing a valued social role. For Zakala, watching pow-wows instilled pride and a desire to learn the dances. In turn, active living that enhances life quality also promotes recovery which is the third meso level factor in Iwasaki, Coyle and Shank's (2010) framework that bridges macro factors with micro factors in the recovery framework.

### **Recovery**

As defined in Chapter One, in this study recovery is derived from the Mental Health Consumer/Survivor Movement, where by:

Recovery in this context is more about overcoming the effects of being a mental patient- including poverty, substandard housing, isolation, unemployment, loss of valued social roles and identity, loss of sense of self and purpose in life, and iatrogenic effects of involuntary treatment and hospitalization- in order to regain some control over their own lives (Davidson et al., 2005, p. 481).

What became apparent in this study is the complexity of mental illness recovery among the various participants. As mentioned, several participants did discuss seeking treatment for a diagnosed mental illness. Several other participants were concerned they were developing a mental illness due to the stress of living in poverty and that they needed health care. Participants also struggled with addictions which is also viewed as a mental health issue. Only Alien discussed how he was accepting of his lifestyle and he coped with stress using positive creative

leisure outlets such as reading and listening to music. All other participants were struggling to regain control of their lives such as seeking a place to live, seeking education, employment and healthcare, while challenging their sense of identity as they faced racism and discrimination in these daily pursuits. Considering how creative arts leisure, as discussed and experienced by participants, fostered identity and spirituality, human development, harmony and social connections, positive emotions, and coping and healing, these experiences suggested creative arts may contribute to mental illness recovery while combating the added challenges associated with homelessness (i.e., stigma and discrimination).

## **Summary**

The analysis of data suggested creative arts leisure can have an impactful influence on recovery for individuals experiencing mental illness and homelessness. As described in previous sections, creative arts participation positively influenced participant health, identity, spirituality, human development, positive emotions, coping and healing along with promoting harmony and social connections which are all key micro generated outcomes that promote recovery. Specifically, participants exposed how creative arts connected to culture, social support (including family support), and the art community. Creative arts leisure also meant an opportunity to provide a valued social role, while enabling an expression of identity. Creative arts leisure provided a source of inspiration and hope while promoting positive emotions that aided in coping and healing. Human development, such as developing artistic skill and imagination was also associated with the role of creative arts recreation in recovery. As well, fostering a sense of artistic identity may result from participating in creative arts which in turn could assist with challenging stigmatized internalized views of the self often experienced by this population (i.e. stigma based on race, socioeconomic status, mental health status, and housing

status). As the art session focus group indicated, creative arts recreation also promoted health through the process of doing art by providing a tool for coping and healing. These creative arts leisure outcomes are encompassed in Iwasaki, Coyle and Shank's (2010) recovery framework as leisure generated outcomes that can promote mental illness recovery.

New themes also arose from the data that revealed how the meaning of art in participant lives could foster mental illness recovery specifically for individuals experiencing homelessness. Specifically, how engaging in thematic art sessions (i.e., the art session focus group themes) could connect a person to a sense of home while evoking inspiration and hope. As discussed, connecting to home through art was apparent in the art session where several participants created art of where they enjoyed living. Creative arts was also viewed as a form of medicine and therapy by participants which is particularly significant considering several participants were struggling with negative coping choices such as substance use. Thus, engaging in creative arts may provide an alternative way to cope with the daily struggles of living with mental health issues, along with poverty and homelessness.

However, these positive outcomes cannot be appreciated if participants experience barriers to participation. As previously discussed, participants did experience a variety of barriers to creative arts participation. Although Iwasaki, Coyle and Shank (2010) did mention environmental factors, healthcare system factors, and cultural factors could both facilitate and cause barriers to leisure participation these researchers focused on how these factors could facilitate leisure. Thus, the framework lacked overt attention to barriers to participation which is crucial knowledge when designing creative arts leisure opportunities for individuals experiencing homelessness that support mental illness recovery. The following section analyzes barriers and

facilitators to creative arts recreation discussed by participants under the Macro categories of environment, culture, and healthcare system factors.

### **Macro Factors- The Influence of Environment, Culture, and Health Care System Factors on Creative Arts Leisure Participation**

Iwasaki, Coyle and Shank (2010) incorporated external macro factors in the framework that influence micro and meso level outcomes previously described. Under the macro factor of Environment Iwasaki, Coyle and Shank (2010) included examples of family and peer support, socio-economic conditions, neighbourhood and community along with educational and employment opportunities. Thus, it becomes immediately obvious that participants in this study experienced a variety of environmental barriers to meaningful leisure considering they were living in poverty conditions (i.e. barriers to education, employment and housing) in impoverished neighbourhoods. Environmental barriers and facilitators to creative arts leisure are explored in the next section.

### **Environment- Barriers**

As discussed, the daily realities of poverty and homelessness were major barriers to participation in creative arts leisure for participants. For example, Zakala had a desire to learn Aboriginal arts and crafts such as making star blankets however she said she either heard about the opportunity too late and she missed the art sessions or she had no transportation to get to the art recreation location. She further explained that she often had to walk everywhere in seeking resources and this inhibited her opportunity to engage in chosen creative arts. Bill stated that a key barrier that had prevented him from doing things he enjoyed was poverty. Poverty could equate to a lack of disposable income to spend on recreational pursuits, which is what Betty had also said. For Bill, who collected recyclable materials each day, he said his barrier was “no time

to discover that side of myself even if I have one.” Gerry said his barrier was being consumed by his personal situation which included being recently evicted, being denied access to training and career opportunities, and worrying about his daughter who was also “on the streets”. Zakala also recounted the barriers to pursuing leisure due to consequences of living in poverty within the current social welfare systems:

I guess in my brain it just wants to explode because there are times there I was starting to feel that headache due to stress and everything. You know like, too much thinking, too much of this, too much of that, where am I going to get this, where am I going to get my next meal or where am I going to get my next clothes?

The barriers to meaningful leisure, and in particular creative arts recreation, that participants discussed in relation to poverty and homelessness shed new attention on the complex lives of individuals who are experiencing mental illness or mental health problems, coupled with poverty and homelessness. Understanding barriers that inhibit individuals who are experiencing homelessness from pursuing creative arts recreation experiences is critical when designing creative arts recreation opportunities targeting this population. More specifically, these barriers require attention because they contribute to mental illness due to the stress involved when participants face these barriers. As participants discussed, they had many barriers to resources that supported daily community living such as a lack of supportive environments specifically related to living in poverty. For example, Zakala said:

There’s a lot of people on the streets and there’s more and more and because of the way the system is there’s too many on the streets already and everything...yah, they do drugs yah, they sniff ya, they drink but they chose to only because they gave up and I’m on the verge of doing the same thing as they’re doing and I’m beginning to understand why they do what they do and everything because I feel like I want to give up right now, on account of that. I want to go to school, I’m not allowed to go to school. I can’t find work here because there’s nothing available or anything. I have a feeling of being discriminated, I feel frustrated, I feel, I feel, totally, drowned, stressed out.



Zakala brought attention to the realities of living in poverty and experiencing homelessness where she is emotionally overwhelmed from the struggles of surviving in poverty conditions. She also described how barriers to education and employment negatively affect her mental health status. Zakala highlighted how the struggles to survive leads some individuals to turn to substance use to cope with the harsh reality of living in poverty. In explaining her and her partner's use of substances she stated:

We do have our own addictions. Like, mine is alcohol, his is uh, his types of drugs but, just because of what, the way people are treating us, and everything, sometimes we needed a break and sometimes we need to like, get away from reality, for maybe just a day or two, just to have so called false fun. But then, we just needed a break more or less, because if we didn't have that break we'd probably snap and do something else, you know.

Zakala also described the reality of living amongst people who are using more problematic substances, specifically Crystal Meth, that greatly impact community living environments for individuals experiencing homelessness:

We're running out of places to go there because there are, there are people that do Crystal Meth, and there are so, so many people going into it that it's getting more and more dangerous...because they're using facilities like here, using the washroom, leaving their needles, and leaving their clothes and what not, and whatever, whatever it is that they do. And, it cuts off the people that are trying to use the facilities like here, it's getting, it's going to be hard for us there on account of them just because they don't get what they want there they turn around and start getting angry and starting using threats and just like what recently happened and everything.

Zakala's highlighted how the use of particular substances, in this case Crystal Meth, by some individuals living in poverty was negatively affecting the environments of where participants visit who are experiencing homelessness. These environments are also a place, where creative arts recreation is offered, but detrimental substance use by other facility users is creating environmental barriers for some individuals.

Alien also discussed several environmental barriers to creative arts recreation including arts programs that were too focused on the commercial aspect of art. He described how he didn't like art programs whose goal was to sell the artwork because it retracted from the true purpose of art which was self-expression. Alien also described how a new art area at a facility serving individuals experiencing poverty was in a large room that didn't offer the privacy of the old, bigger art room which he appreciated. Gerry also commented on the need for more quiet spaces to relax and participate in art which indicates the need for purposeful art spaces that offer a peaceful, private environment. As well, Mark commented he would rather have the art space be more private. When asked if he knew of the other smaller, more private art room that was also available at a drop-in centre serving individuals experiencing homelessness Mark said he had not known it existed. Several participants were not aware of new art programs available to them therefore a lack of information on creative arts recreation was also a barrier.

Alien, who considered listening to music as his ideal form of creative arts participation, discussed environmental barriers when attempting to listen to music or read in a public park. Alien stated, "sometimes security comes up, sometimes police will come up and say you've been here for too long, what are you doing here, are you sleeping here, are you drinking here, are you doing drugs here, those kind of questions, you can't seem to enjoy doing what you're doing." Alien's experiences bring attention to the discrimination faced by some individuals.

### **Environment- Facilitators**

Ease of access was a key environmental facilitator that helped participants engage in arts leisure despite their precarious housing situations. Ease of access equates to creative arts programming that was available at the drop-in centre where participants came to eat and spend time. Several participants discussed how they enjoyed colouring at the centre and how they

previously enjoyed using a large art room at another facility that served individuals experiencing homelessness and poverty. As mentioned, participants also discussed how privacy and a peaceful environment to partake in creative arts recreation would also help facilitate participation. Gerry mentioned that for him the library at times was too noisy and busy which indicated a need for private, quiet spaces.

### **Culture-Barriers**

Although connecting to one's culture was sought by several participants as they engaged with creative art forms, cultural factors that created barriers was also apparent. For example, Gerry described how he enjoyed rapping but the culture of rap infused with his Aboriginal identity resulted in discrimination because Gerry said he was perceived as "a gangster". Although Gerry did not elaborate on who discriminated against him while he rapped, the implications of this experience of discrimination caused Gerry to discontinue engaging in this art form. However, Gerry went on to discuss how colonial systems of oppression had affected Aboriginal culture, "They broke down our culture, so, which is kind of sad. I'd like to say it's beautiful but can I say it's beautiful when it wasn't something I seen or was exposed to. All that I am exposed to is what I see around here". When Gerry referred to "they" in breaking down Aboriginal culture he elaborated that colonial systems, and in particular the residential school system, had a profoundly negative impact on his family and himself, "my mom went through that, my uncle, a lot of them. I'm starting to feel those affects now". Those effects included the situation Gerry had with one of his daughters:

My daughter's on the street right now too she doesn't have to be but she's in CFS (Child and Family Services) care. So she doesn't like being there. She's always taking off and staying on the streets. She just turned 18 and that kills me because she's just 18 starting her life, she's just gone the wrong way already. So I'm awake every frigging night I can't even sleep good, thinking about her. So yah, like I said, there's a lot on my mind.

In this statement, Gerry brought attention to colonial systems (i.e. the current Canadian Government Child and Family Services role in Aboriginal family life) that negatively impacted the daily lives of Aboriginal individuals which retracts from their mental wellness and sense of positive cultural identity. As well, Gerry, Zakala, and Jack all discussed experiences of racism which brought attention to how Aboriginal individuals are challenged by stereotypes and racism embedded in discriminatory discourses in Canadian society (Peters, 2011). Thus, as Gerry demonstrated, his experiences of being perceived as a gangster inhibited his participation in his favorite art form which was a prospect for engaging in positive leisure experiences in the city.

Alien also discussed how places in the city harboured cultural barriers when he said:

I like to think I'm a part of mainstream society where we're not separated by identity or where we come from, I mean there's nothing wrong with remembering where you come from but to enforce it upon other people's space is kinda like rude and you know, almost tribalist and maybe racist. I've been to some places where people practice their culture and you don't fit in, and when you don't fit in, you don't feel welcome.

Alien highlighted how he defined culture as it related to identity and how culture may be related to race and racism. Particularly, Alien brought attention to potential barriers to spaces in the city due to a sense of cultural difference.

### **Cultural Factors-Facilitators**

As mentioned, participants in this study were comprised of individuals who considered themselves White with European ancestry and those who self-declared as Aboriginal. Several participants discussed how art connected them to their culture. To illustrate, Patrick explained, "Well lately I've been doing kinda practicing singing kinda like trying to get in touch with my, um, just more of my Gaelic roots." Patrick had a strong desire to connect with his cultural roots through creative arts such as music. Mark enjoyed other cultural expressions of art such as when the Chinese community showed displays of martial arts. Cultural forms of art such as pow-wows

were of interest to several Aboriginal participants such as Betty, Gerry, and Zakala. In considering the definition of Aboriginal homelessness described in Chapter One, whereas homelessness is described as not only a lack of shelter, but also isolation from culture, language, and identity, creative arts recreation and leisure that is culturally based such as pow-wows, may provide an opportunity to reconnect “culturally, spiritually, emotionally and/or physically reconnect with their Indigeneity” (Thistle, 2017, p.6) which ultimately could facilitate mental illness recovery and address aspects of Aboriginal homelessness. In other words, pow-wows are a community event that includes families while the act of dancing connects a person to the land.

### **Health Care System Factors-Barriers**

From the analysis of data, it became apparent that several welfare systems (i.e. social and health care) compounded barriers to creative arts participation. For example, DB discussed how he was supposed to be on medication for depression but he was denied his Employment Insurance Assistance (EIA) funding so he could no longer pay for his medication. DB explained how he was denied his EIA funding because he didn’t attend schooling they required him to take to receive EIA. DB couldn’t understand why the EIA system insisted he attend school when he was over 50 years old because he felt he would only experience age discrimination if he tried to re-enter the workforce. As previously stated, to add to his burden, DB was experiencing mental illness issues and he was emotionally distraught. From DB’s experiences, the data revealed that healthcare systems and social welfare systems could impede a person’s path to mental illness recovery. Specifically, DB wasn’t able to afford his medication because he didn’t follow the rules of the welfare system to receive this form of financial support because he expected age discrimination in the workforce. Issues of discrimination and racism in the healthcare system also arose from the data as barriers in the healthcare system. For example, Brenda stated, “I wish

they would quit stereotyping me because I am Aboriginal, that I'm trying to get high on pills” when she discussed her experiences in the healthcare system.

In the art session and in the interviews, other participants discussed barriers to receiving needed healthcare for treating mental illness and substance use issues. The lack of healthcare creates barriers to participating in meaningful creative arts leisure because a person is consumed by mental illness and addiction. Betty explained that she was seeking help for addictions and mental health issues but she was “turned away a lot” and that places to receive help for these issues are full:

Every other doctor I phone is full or they don't have room or the waiting list is so long there's no point and it's not just that it's also the detox place it's everything, there's no people, people couldn't care less, there's no help for people, especially for people, like my latest thing was Meth, and there's next to no resources out there for that, for it, people on the street.

Betty's comment highlighted the barriers individual's face who are dealing with aspects of mental illness including addiction to Crystal Meth particularly in an urban city where Crystal Meth is now considered an urban crisis. The lack of available health care results in individuals having to seek out their limited options, which in turn limits their available free time to pursue more enjoyable activities, including creative arts leisure.

### **Healthcare System Factors-Facilitators**

Several participants discussed they were seeking help with their mental illness issues within the mental health care system but no participants suggested they were in a stage of recovery. In other words, no participants discussed how the healthcare they were receiving was effectively treating their mental illness. Mark said he was working with doctors to treat a mental illness which overall could facilitate participation in leisure if treatment is successful. These macro factors (i.e. environment, culture, and healthcare) influence both meso and micro

outcomes that could be potentially derived from creative arts recreation which is discussed in the following section.

### **Summary- The Interrelationship Between Micro, Meso and Macro Factors and Creative Arts Participation**

The previous sections analyzing the micro outcomes, meso and macro factors also included some discussion on how these factors were interrelated. For example, the art session focus group aided in coping and healing for several participants through the process of expressing difficult emotion. As well, the art session enabled participants to connect with images of a positive home which could improve the outlook on their quality of life. The role of culture was also shown to be interconnected through creative arts leisure with both Aboriginal and non-Aboriginal participants, whereas several participant's sense of culture was interwoven through their discussions and depictions of art. For example, Patrick discussed the significance of his cultural connections in both the art session and in his interview. Yet, the role of culture was both a positive and a negative (i.e., gang member perception) influence in the art pursuits of Aboriginal participants. It was also apparent from the data that the environment (i.e., poverty conditions) and healthcare systems that participants' sought help from caused many barriers when seeking assistance for daily living and mental health issues. These barriers, as Bill and Zakala described, also prevented individuals from pursuing meaningful, enjoyable leisure experiences because they were left with no time or opportunity to do so.

### **Discussion**

This study sought to explore the guiding question which was "How does creative arts leisure impact recovery from mental illness for individuals experiencing homelessness?" As I analyzed the data, I maintained a reflexive awareness of my positionality and assumptions while

considering how my interpretations may have influenced the results. This approach to data analysis aligned with a social constructionism epistemology. The following discussion highlights the overarching themes that I believe represent key findings co-produced by me and the participants in this study. I begin this section with a discussion on the significance of the art session focus group.

### **The Value of the Art Session Focus Group**

The art session was a valuable tool for collecting data about the meaning and role of creative arts in mental illness recovery. The art session provided insight into the processes involved as artwork developed into meaningful pieces that represented the uniqueness of each participant. This finding is supported by Fraser and Savah (2011) who stated art as a method for engagement can potentially uncover more nuanced understandings of art as the researcher and participant explore art together in the research setting (Fraser & Sayah, 2011). Lapum, Ruttonsha, Church, Yau, and David (2011) also found in their study on patient experience in a healthcare setting that art was a valuable tool to generate new knowledge that connected with humanistic aspects of lived experience.

The art session also held the potential of being an enjoyable and meaningful leisure experience for the participants involved in the study. In utilizing themes based on a comparison to Iwasaki, Coyle and Shank's (2010) recovery framework, I suggest the art session may have contributed to aspects of mental illness recovery for some participants. For example, Brenda drew a picture of a turtle that represented herself, carrying her home on her back. Michael's artwork represented images related to spirituality. Patrick's artwork fostered a discussion on aspects of spirituality in his life. These findings align with Iwasaki, Coyle and Shank's (2010) framework which suggested leisure can promote personal identity and spirituality which in turn



promotes recovery. Babiss (2002) also found that creative arts recreation promoted the process of recovery because arts recreation helped develop a sense of self (i.e. identity). Babiss (2002) concluded that creative arts can assist with identifying feelings that are difficult to express verbally. This was apparent in the art session where several participants becoming emotional, particularly after their art was complete and they were discussing their art in the context of their lives. Although Iwasaki, Coyle and Shank (2010) highlighted the benefit of leisure in producing positive emotions, these researchers also included leisure as a form of coping and healing. Thus, although the participants were emotional after completing their art work, discussing their emotions with me may have aided in the coping and healing process. The art session may have also contributed to human development, another facet of leisure generated micro outcomes (Iwasaki, Coyle, & Shank, 2010). For example, Mama Cita said she remembered enjoying working on art when she was younger, and that she would like to do more art in the future. Contributing more time to artwork can lead to artistic skill development which promotes human development. In Prescott, Sekendur, Bailey, and Hoshino's (2008) study exploring the role of art as a component and facilitator of resiliency with homeless youth they also found that art making contributed to personal exploration and growth. The final leisure outcome that could promote recovery described by Iwasaki, Coyle and Shank (2010) was health related and here I argue again that the art session may have promoted a sense of mental wellness by enabling participants to express what was on their minds. Lloyd, Wong and Petchkovsky (2007) also found the benefits of working on art included reprieve from mental health symptoms which the art session may have provided for participants particularly considering the participants had the opportunity to discuss what was upsetting them. In the following section I further discuss the role of creative arts recreation in mental illness recovery among individuals experiencing homelessness.

## **Art as Medicine**

Participants who stated art was a form of medicine and therapy was a substantial finding considering how the majority of participants, including Zakala, Brenda, Betty, Gerry, Doc, and Jack all discussed the use of substances (i.e. negative coping) as a way of coping with daily life in poverty and as a form of self-medication to address their mental health problems. The potential role of art in coping is significant because substance use issues are a major problem among individuals experiencing homelessness. For example, in Palepu et al.'s (2013) study examining healthcare and substance use among homeless individuals, over half of the participants reported substance use problems. Therefore, creative arts leisure could be a vital contribution in providing a positive tool to cope and heal from the burdens and experiences associated with homelessness in post-colonial Canada. This was a finding in Thomas, Gray, McGinty and Ebringer's (2011) study, where several participants discussed how participating in art sessions helped them adopt positive coping skills that moved them away from their addictions. Specifically, "engagement in art helped participants by transcending day-to-day issues and developing a greater sense of self" (Thomas, Gray, McGinty & Ebringer, 2011, 433). Art making, as the participants demonstrated, also offered an opportunity to connect to visions of home, which was also beneficial to health.

## **Art Connects to Home**

As the art session focus group revealed, several participants used their opportunity to create art that reflected thoughts of home. Although participants were given a broad topic to explore (i.e. what does creative arts mean to me?) in the art session, three participants choose to create images of home. Patrick drew a picture of the semi-trailer he was living in that he explained was a desirable place to live at that time. Mama Cita created a colourful picture of her

ideal home that represented a peaceful place to live. Brenda drew a picture of herself as a turtle, carrying her home on her back. Connecting to images of home counters the present situation that most participants find themselves in as they move in and out of homelessness. As Kirkpatrick and Byrne (2009) explained, a home is more than a shelter, it is a place for privacy and a site for family relationships and friendships while contributing to identity embedded in social status. The significance of a home site was apparent in Jack's life, where he had a place where family gathered and where he engaged in guitar playing with his family. Considering homelessness can be the "antithesis of recovery" (Kirkpatrick & Byrne, 2009, p. 69) opportunities to evoke positive emotions related to a sense of home could be purposively included in creative art sessions with populations experiencing homelessness to promote recovery. As Mama Cita demonstrated with her artwork depicting a peaceful home, art may also foster a sense of hope about the future.

### **Art Inspires Hope**

Hope for the future is paramount for individuals struggling with mental illness (Iwasaki, Coyle & Shank, 2010) and homelessness (Kirst, Harris, Plenert, & Steriopoulos, 2014; Hughes et al. 2010). According to Snyder (1994) hope is a life-sustaining factor that involves strategic goals for the future along with motivational thought. As the art session suggested, art could be a tool to foster hope if participants chose to use their imagination in envisioning a better future where they can set goals and achieve them, including finding a home (Kirst, Harris, Plenert, & Steriopoulos, 2014). Creative arts expression may foster hope as Zakala in particular highlighted, when she discussed how she would like to become a pow-wow dancer if she could find the opportunity to do so. As discussed, Zakala seemed hopeful she may be able to learn pow-wow dancing if she could speak to an Elder and become substance free. The role of hope is

particularly important for individuals experiencing mental illness and homelessness along with stigma and discrimination considering the heavy burden these life circumstances have on individuals in their everyday lives. For example, Gallant, Hamilton-Hinch, White, Fenton and Lauckner (2017) found in their study where participants living with mental illness engaged in art making for public display resulted in participants feeling “inherently hopeful, moving them forward in their journey of healing or of pursuing their own goals” (p. 7). Interestingly, although Iwasaki, Coyle and Shank (2010) discussed hope in their research, hope was not a key leisure generated outcome in their (2010) recovery framework. Therefore it is important to bring attention to the role of hope as a leisure generated outcome in mental illness recovery particularly among individuals experiencing homelessness along with a mental illness. The challenge with hope is that individuals who are experiencing mental illness and homelessness are perpetually challenged by depressing circumstances. As mentioned several participants felt like ‘giving up’ along with other individuals in poverty. Therefore, it is critical to acknowledge and attend to the many barriers to creative arts leisure that impede mental illness recovery. This entails examining the role of the environment, healthcare systems, and culture.

### **Attention to Creative Arts Leisure Barriers**

Participants in this study challenged the stereotype that individuals who are homeless have an abundance of free time. For example, Bill was too busy each day collecting recyclable materials while Betty said she was too busy seeking help for healthcare and addictions. A perceived and real lack of time is an important barrier to consider when designing leisure opportunities for populations experiencing homelessness. As Hodgetts and Stolte (2016) pointed out in their study on leisure practices of individuals experiencing homelessness, stereotypes abound regarding free time for this population. For example, Hodgetts and Stolte (2016) stated

their study on the leisure practices of individuals experiencing homelessness was met with comments such as, “But, aren’t they already on holiday?” and “Don’t they have more pressing needs?” along with, “They choose to be homeless and not work so why should they have fun?” (p. 900). According to Hodgetts and Stolte (2016), “such discriminatory challenges to homeless people engaging in leisure are anchored in a persistent public narrative that proposes that people ‘choose’ to be homeless” (p.900). The issue with this overarching narrative is that it equates to less government and community support for leisure programming serving individuals who are homeless.

Participants also discussed environmental barriers that described how spaces informed experience. For example, one participant discussed how barriers that separated the art space area from the regular space in a big open room detracted from a positive creative art environment. Several participants also discussed how a quiet, private space to partake in creative arts leisure would be ideal. The right to safe, inclusive spaces is a human rights issue. As Waldron explained (1993), since individuals who are homeless experience exclusion from public spaces where they attempt to live their lives, their security, safety and welfare are threatened along with their dignity. Doherty et al. (2008) further explained that “the regulation and surveillance of public space, however, further restricts the lifeworlds of homeless people, squeezing their autonomy of action, impinging on their personal security and diminishing their claims to dignity and respect” (p. 310).

The many environmental barriers participants faced, including access to healthcare, education, employment and housing, along with access to safe public spaces greatly impeded participants’ ability to engage in creative arts leisure. As several participants explained through their life stories, these barriers were often rooted in oppressive colonial systems (i.e. the legacy

of residential schools) that resulted in discrimination and racism toward participants. As well, environments where individuals could engage in art in the community serving individuals experiencing homelessness were hampered by other community members who were using substances, in particular, Crystal Meth, which caused disruptions in the community environment, deterring participants from these centres. In the broader societal environment, Alien discussed how he was discriminated against by authority figures while trying to enjoy leisure in a public park. The removal of individuals experiencing homelessness through discriminatory practices in public spaces was also discussed in Rose's (2014) study with participants living in a public park. This finding highlights the exclusion of individuals experiencing poverty in many community and societal arenas. Social exclusion is a major determinant to mental health. In other words, according to Walker, Verins, Moodie, and Webster (2005), social inclusion is a key social determinant of mental health. Therefore, the role of creative arts leisure in promoting inclusion is particularly significant in programming for this population.

Exclusionary barriers in participant lives also included discrimination and racism particularly with Aboriginal participants. For example, Jack discussed his concern that when he applied for jobs he was perceived as a gang member despite never being involved in gangs. Barriers due to a sense of racial difference was also a finding in Lavallee and Poole's (2009) study, as previously mentioned in the review of literature, where one participant discussed how she was apprehensive about walking into the building where an Aboriginal cultural recreation program was being hosted because she felt she didn't 'look Native'. Thus, these forms of cultural identification, specifically "stereotypes engendered by a variety of colonial institutions, processes that have been internalized, and socio-economic marginalization continue to affect the ways many urban Aboriginal people view their prospects and opportunities in the city" (Peters,

2011, p.84). More specifically, these types of negative cultural factors rooted in stigma, racism, and discrimination become personal barriers that may prevent a person from seeking out other opportunities such as recreation and leisure in the broader community. Being attentive to the role of culture in programming creative arts recreation is paramount considering “Indigenous activists and scholars would agree that culture is one of the most significant elements in the regeneration of Indigenous populations in Canada” (Paquette, Beauregard, & Gunter, 2017, p. 280). Ida (2007) also advocated for attention toward the “critical role” of culture in the recovery process in the context of racism, colonization, and poverty, along with the stigma and shame associated with having a mental illness (p.49).

### **Art and Social Inclusion**

Overall, participants often expressed various examples of social exclusion in their daily lives which retracts from mental illness recovery (Gallant, Hamilton-Hinch, White, Fenton & Lauckner, 2017). As previously discussed, Doc discussed the stigma he faced by being judged as homeless, and Zakala and Gerry discussed how racism excluded them for achieving their educational and employment goals. Alien also recounted how he was harassed by authority such as police when he was engaged in leisure pastimes at public parks. Thus, providing supportive, inclusive, culturally sensitive environments is critical to encourage individuals to take part in creative arts leisure and to counter the social exclusion this population faces on a daily basis. Social inclusion was the most identified recreation benefit identified in Fenton et al.’s (2016) review of the research exploring the benefits of recreation for recovery for individuals who had a diagnosed mental illness. Social inclusion, which is also connected to harmony and social connections in Iwasaki, Coyle and Shank’s (2010) framework, was also an issue expressed by several participants in this study.

To challenge the issue of exclusion among populations experiencing mental illness, Fenton, White, Gallant, Hutchinson & Hamilton-Hinch (2016) advocated for social inclusion through recreation which “is influenced both by the individuals’ opportunities to experience sense of belonging and contribution through leisure, and by the social and cultural contexts that create opportunities for them to do so” (p.349). Thus, the art experiences where participants said they felt a part of the art community, such as colouring at the art drop-in centre where this study took place or attending inclusive, free, community music events, is a particularly important finding in this study.

### **Creative Arts Recreation, Homelessness and Mental Illness Recovery**

Although there is a body of published research exploring the beneficial role of creative arts recreation in mental illness recovery (Crawford & Patterson, 2007; Leckey, 2011; Llyod, Wong & Petchkovsky, 2007; Stacey & Stickley, 2010; Gallant, Hamilton-Hinch, White, Fenton, & Lauckener, 2017; Fenton et al, 2017) these studies did not focus on individuals who were experiencing homelessness. The few studies that did include individuals who were experiencing homelessness were discussed in Chapter Two and to iterate, included Prescott, Sekendur, Bailey, and Hoshino (2008) who explored the role of art in facilitating resiliency among youth experiencing homelessness. Prescott, Sekendur, Bailey, and Hoshino (2008) found that participants “viewed art as a friend (i.e. something that is always there for you), art as a saviour, art as a tool for shaping identity, and art as a safe place to escape and express strong and sometimes difficult emotions” (p. 161). The finding that art provided a safe place to escape and express difficult emotions was also a finding in my study as the art session demonstrated. As discussed in the literature review in Chapter Two, Thomas, Gray, McGinty and Ebringer (2011) also conducted a study focusing on the role of art in mental illness recovery among individuals



who were experiencing homelessness in Australia. Thomas, Gray, McGinty and Ebringer (2011) found that the art program provided respite from mental illness symptoms and the opportunity to engage in an art community. This study also included both Aboriginal and non-Aboriginal participants and participants discussed their appreciation for the cultural inspiration infused in the artwork.

Both Thomas, Gray, McGinty and Ebringer (2011) and Presecott, Sekendur, Bailey, and Hoshino's (2008) studies gathered their data from participants involved in an art program at a centre. Thus, the studies lacked insight into the barriers faced by individuals experiencing homelessness in seeking creative arts recreation opportunities, particularly those barriers related to culture, the environment, and health care system factors in the context of a colonized country. Therefore, the results of my study contribute to bridging the gap in research regarding creative arts leisure and mental illness recovery among individuals experiencing homelessness in a Canadian post-colonial context. More specifically, new categories of analysis arose from the data that are specific to populations experiencing homelessness such as how art fostered hope and connection to a sense of home while providing a tool to challenge stigmatizing internalized identities embedded in discrimination and stigma due to culture, housing status, and mental illness status.

## **Chapter Summary**

Iwasaki, Coyle, and Shank's (2010) recovery framework proved to be an ideal model for a theoretical thematic analysis of the data in this study. From the art session and interviews, it became apparent that creative arts leisure had the potential to positively influence micro leisure generated outcomes including health, identity, spirituality, human development, harmony and social connections, and positive emotions while aiding in coping and healing. In turn, these

micro outcomes contributed to active living while enhancing life quality and contributing to mental illness recovery. These data also revealed how macro factors such as the environment, culture, and healthcare system factors could both facilitate and produce barriers to meaningful and enjoyable creative arts leisure. However, Iwasaki, Coyle and Shank's (2010) framework lacked attention toward poverty conditions experienced by individuals who were also homeless. Therefore, this study responds to a gap in the framework that addresses the context of the lived experiences expressed by participants who experience homelessness along with a mental illness. The chapter discussion also highlighted key points of departure from the main themes derived from Iwasaki, Coyle, and Shank's (2010) framework. In particular, the role of art in connecting to positive images of home while inspiring a crucial element of hope among participants. Art making in a community setting was also significant because it lessened social exclusion often experienced by individuals who have a mental illness and who live in poverty.

In the following chapter I will discuss my conclusions derived from the data analysis, reiterate the contributions of this study in the field of leisure research, make recommendations for creative arts leisure for individuals experiencing mental illness and homelessness, and suggest topics for future research.

## **Chapter 5- Contributions, Conclusions, and Recommendations**

### **Contributions**

The aim of this study was to advance research that examines the relationship between creative arts leisure and mental illness recovery among individuals experiencing homelessness in a post-colonial context. As previously discussed, homelessness is “a social justice issue considering these individuals experience systemic poverty, stigmatization, and lack of health care” (Rose, 2014, p. 254). Thus, this study responded to this issue of social justice by bringing attention to the social realities of homeless participants and suggesting strategies to combat poverty, stigmatization, and a lack of health care through creative arts leisure.

In this study, an interpretative, constructionist approach to thematic data analysis was employed to capture participant interpretations of experience. This study also employed the use of Iwasaki, Coyle, and Shank’s (2010) recovery framework as a data analysis tool in determining the role of creative arts leisure in mental illness recovery among participants. As I used theoretical thematic analysis methods described by Braun and Clark (2006), I found that the framework proved to be a viable tool for providing themes that encompassed initial data codes. In particular, it was found that creative arts leisure could generate positive micro outcomes including improving health, strengthening identity, connecting to spirituality, promoting human development, harmony and social connections, while evoking positive emotions that aided in coping and healing. These outcomes facilitated mental illness recovery while enhancing life quality and promoting active living. For example, Zakala’s desire to become a pow-wow dancer instilled pride while encouraging her desire to seek out opportunities to learn the dances. As Zakala mentioned, to become a pow-wow dancer a person is required to be substance free, which may aid in her overcoming substance use issues if she could connect with teachers to learn the

dances. This example also highlights the significance of the role of art in shaping identity as a person may envision, through creative arts, a new healthier self.

From this approach, it also became apparent that for the majority of participants, barriers to living a healthy, stable, secure life impeded their time for creative arts recreation and leisure. A focus on barriers to participation is not only most relevant among this population, barriers related to poverty conditions were also less focused on in the reviewed research exploring creative arts recreation and leisure for mental illness recovery. Therefore, this study contributes findings that identify barriers to participation that can ultimately aid in designing creative arts programming for individuals experiencing homelessness.

Specifically, for the participants who identified as Aboriginal, they spoke of many barriers in their lives that not included barriers to creative arts pursuits but also barriers to housing, education, employment, and health care. For example, Betty described barriers to healthcare for treatment for her mental health and addictions issues particularly for individuals ‘living on the streets’. These barriers may be related what Lavalley and Poole (2009) identified as racism and the privileges of whiteness that permeate the mental health care system which has resulted in the exclusion of Aboriginal people from care. As described in the previous chapter, Aboriginal participants also discussed experiencing racism and discrimination as they sought social assistance which is part of the legacy of colonial systems of oppression. These colonial systems of oppression are embedded in the broader capitalist political economy (Rose, 2014) in Canada whereas other participants, such as Doc, expressed discrimination because of the social category of being homeless.

This study also brings attention to the role of culture in creative arts participation and mental illness recovery. Although Iwasaki, Coyle, and Shank (2010) included the potential

important role culture may have in the pursuit of meaningful leisure, this study brings the role of culture to the forefront. In turn, the findings from this study respond to the gap in mental illness research (Lavalle & Poole, 2009) with the inclusion and distinction of Aboriginal participants in the context of post-colonial Canada. This study contributes knowledge toward the impact of colonialism on the culture and identity of Aboriginal individuals by bringing attention to the racialized realities of participants. This study also highlighted the positive connection Aboriginal individuals had to cultural art forms such as Aboriginal pow-wows. Specifically, this finding suggests that aspects of Aboriginal homelessness, as defined by Thistle (2017) whereas homelessness also means isolation from family, each other, culture and identity, could be addressed through participating in Aboriginal art forms. In other words, creative arts can reconnect a person to culture, family, community, and Aboriginal identity. These are important findings because according to Lavallee and Poole (2009), the impact of colonization on Indigenous identity needs to be addressed to produce real healing. The role of culture was also significant in the lives of non-Aboriginal participants. For example, Doc discussed his proud Italian heritage and Patrick shared how he was exploring music to connect with his cultural ancestry. Yet, Alien commented on how if a place is too defined by a culture, it may deter individuals from these sites because a person may not feel welcome there. Thus, how culture is understood, projected, and incorporated into creative arts programming is of particular importance to accommodate culturally diverse participants.

In analyzing the data, it also became apparent that the role of the environment and health care system factors greatly affected participants' ability to seek leisure. As discussed, Betty was having great difficulty accessing health care for her mental health and substance use issues. To combat a lack of healthcare services to address mental health and substance use issues, study

findings suggest creative arts recreation and leisure could aid in coping and healing while potentially deterring individuals from the use of substances to cope, which was a finding in Thomas, Gray, McGinty, and Ebringer (2011) study on art making, homelessness, identity, recovery, and social inclusion. A component of coping and healing may be derived from the social setting where as one participant described, she felt a group colouring session was an art therapy session as she discussed her life with other art participants.

Points of departure from main themes derived from Iwasaki, Coyle, and Shank's (2010) framework also included how creative arts leisure promoted hope and a connection to positive images of home. Uncovering hope and a connection to home through art is a significant finding because as some researchers have described, homelessness can be the "antithesis of recovery" (Kirkpatrick & Byrne, 2009, p. 69). Creating hopeful images of home through art can therefore aid in mental illness recovery among individuals experiencing homelessness by producing a more optimistic vision of the future that is not embedded in poverty conditions.

## **Conclusions**

For some participants in this study, such as Patrick, Alien and Jack, creative arts leisure was an important foundation in their lives. As such, Alien described art as an expression of soul and who a person is. For other participants, such as Doc and Bill, creative arts was an activity they could not participate in due to the limitations of an impoverished life. However, when participants were asked what creative arts they would like to participate in, all participants offered suggestions of art forms that interested them. As the art session demonstrated, art making also meant an opportunity to express both troubling and hopeful emotions which potentially aided in coping and healing from the burdens faced by participants in their everyday lives. As such, art was a form of leisure that could promote active living as participants sought

opportunities to engage in art forms, while in turn enhancing life quality and promoting recovery from a mental illness. This finding is supported by other research that explored the role of creative arts recreation in mental illness recovery which was discussed in Chapter Two (see Fenton et al, 2016; Lloyd, Wong, and Petchkovsky, 2007; Lipe et al., 2012).

The challenge with mental illness recovery among individuals experiencing homelessness was the complexity of mental illness issues endured by participants. As previously discussed, several participants were struggling with diagnosed mental illnesses such as Doc, DB, and Mark. Several other participants, such as Gerry and Zakala, discussed how the stress of living in poverty conditions were contributing to poor mental health statuses. Participants in this study were also challenged by addictions to substances, which is considered a mental illness unto its own (WHO, 2015). Those participants who struggled with mental illness and addictions were left feeling hopeless, such as Betty, as she was unable to receive help with her mental health issues due to the lack of health care services available. As Betty stated, there was few places available for healthcare for individuals who ‘lived on the streets’ often due to the demand for these services coupled by the lack of resources. Therefore, based on the results of this study, creative arts recreation and leisure can be particularly important in providing an alternative tool for coping with mental illness and addictions along with homelessness.

The benefits of creative arts recreation and leisure for mental illness recovery among individuals experiencing homelessness were established in this study. For example, creative arts participation promoted social connections for participants which could also evoke positive emotions. However, these benefits cannot be enjoyed if individuals are experiencing barriers to participation. Thus, it is particularly important to consider the identified barriers to participation established by the participants in this study. Not only must the broader macro factors such as

culture and health care systems need to be considered, but also the environment where the arts programming and leisure is to take place. Based on the findings from this study, art spaces that are peaceful, quiet and semi-private, that promote art as an expression as self, could aid in arts programming that addresses the unique needs of this population. The following section further highlights recommendations derived from this study.

## **Recommendations**

The art session focus group was a valuable data collection tool in this study. However, it was challenging to recruit participants due to their uncertain schedules. Recruiting participants on the day of the art session group resulted in more participants than I had planned (12 participants rather than 10) participating in the session. However, two participants left the session after they received their gift card and did not produce any art. Participants were under no obligation to stay for the duration of the session since their participation was completely voluntary. These participant departures may have been due to other obligations they had in their day. After discussion with my Advisor, they recommended offering gift cards at the start of the session as well as at the end of the session to encourage participants to stay for the duration of an art session focus group if this form of data collection was employed again.

The art session also evoked deeply felt emotions by several participants. The participants were informed in the Informed Consent form (Appendix C) of where they could receive counselling services. I also discussed these resources with these participants after I discussed their art with me to aid in the healing process. I recommend that when working with populations that are vulnerable in society that the research maintains a sensitive and empathic approach when collecting data with the provision of how to connect to community resources that aid in recovery.



These provisions should include culturally diverse options to account for the appropriateness of these resources among culturally diverse participants.

As previously stated, to promote mental illness recovery through creative arts recreation and leisure for individuals experiencing homelessness art opportunities need to be easily accessible. Thus, art opportunities such as the drop in sessions at this study's site were a proven viable opportunity to engage in art. This was apparent when participants accounted for their arts involvement at the study site, such as Zakala, Betty, and Karen who engaged in colouring. Art opportunities also have to be made known to potential participants since several participants mentioned they were not aware of the new art room at the study site.

### **Future Directions**

By maintaining a post-colonial context, specific challenges Aboriginal individuals faced in their lives was distinguished in this study, specifically the added burden of racism and the impact of residential schools (i.e. intergenerational trauma) in the present day lives of Aboriginal individuals. There is a lack of research that focuses on how racism impacts health care utilization among Aboriginal populations (Marrone, 2007). ). Thus, the role of racism and stigma needs to be explored to better understand the lived experiences of Aboriginal individuals as they seek opportunities for mental illness recovery in a post-colonial context. As Australian researchers examining Aboriginal mental health care provision in Australia stated, "there are many more barriers for Indigenous people at the stage of actually contacting a mental health service. These include a history of racism and discrimination and resultant lack of trust in mainstream services, misunderstandings due to cultural and language differences, and inadequate measures to reduce the stigma associated with mental illness" (Issacs, Pyett, Oakley-Browne, Gruis, and Waples-Crowe, 2010, p. 75). Thus, as this study demonstrated and as other researchers have discussed

(Iwasaki, Coyle and Shank, 2010), mental illness recovery research that maintains a cultural lens (i.e., post-colonial) is of particular importance in future research directions.

Not only is a cultural lens important to maintain in mental illness recovery research, several researchers have brought attention to the importance of incorporating Aboriginal worldviews and knowledge regarding mental illness recovery in the research design (Lavallee & Poole, 2009; Vicary & Westerman, 2004). By attempting to incorporate Aboriginal worldviews in mental illness research, it will challenge racism and the privileges of whiteness, including privileging Western and biomedical knowledge which may provide pathways for culturally relevant care for Aboriginal individuals (Lavallee & Poole, 2009).

The benefits of creative arts recreation in mental illness recovery for individuals experiencing homelessness have been established in this study and this research is supported by other published research exploring creative arts recreation in mental illness recovery (Fenton et al., 2017). However, as this study highlighted individuals experiencing homelessness where experiencing added burdens due to living in poverty conditions (i.e., without a secure home) in comparison to other participants in similar studies on creative arts and mental illness recovery. Thus, creative arts leisure may be particularly important to populations experiencing homelessness to aid in coping with these added burdens that negatively impact mental health. Alien provided his insight into the potential positive role of creative arts programming for individuals experiencing homelessness that provides suggestions for future directions:

I mean it would be great if they could um, convert one of those empty buildings into an art space and it be that would have certain times... I mean people sit around here drinking coffee day in and day out, you get coffee, or they go out and get drunk or get high, or whatever, walk around, they're not given anything to relive the stress and boredom that contributes to their stress and their stress brings, takes a toll on the body and your mind too, so, some people look for a form of relief through drugs or alcohol or gambling or whatever, or they roam around, but if we give them something to do that they like doing,

they want to play guitar, give them the space to play guitar, they want to draw, I don't know, I guess, they can do that. Listen to music...

Alien had highlighted the importance of offering a variety of creative arts leisure opportunities that could aid in coping and healing from the daily life of living in poverty. Alien also pointed out that creative arts leisure could provide an alternative for substance use. Thus, the role of creative arts leisure in addressing substance use issues with individuals experiencing homelessness is also an important direction for future research.

Alien, along with other participants in this study, also discussed the importance of space, in particular quiet space to engage in leisure activities that aiding in coping and healing. In particular, Alien described a barrier to spaces to relax in, and comfortable environments to enjoy the passage of time doing chosen activities:

...find a quiet space to read, you know, like, how many people when they have a home find the quietest place in the house to read and not be bothered, we can't do that here. I mean we can do that in the summer in the park, but where you going to go when it gets cold, like right now, it's raining, so I think a lot of focus needs to be on art, different forms of art, not just painting, and if we can dedicate a stand alone building, or a very quiet room, where people can do that stuff it would be great, even if we could go sit in there and read that would be great too. That's all!

Alien also pointed out future directions in research regarding the opportunity to explore space and place for creative arts leisure for individuals experiencing homelessness and the boundaries and barriers that surround the use of space for creative arts leisure.

In summary, this study was an interpretation of co-produced knowledge between me the researcher, and the participants in this study. Together we explored creative arts leisure and mental illness in the context of their lives, and in the broader context of post-colonial Canada. In particular, creative arts leisure was an opportunity to facilitate mental illness recovery by evoking positive emotions and aiding in coping and healing, helping to redefine identity,

promoting social connections and spirituality, and promoting human development which are all leisure generated micro outcomes outlined in Iwasaki, Coyle, and Shank's (2010) mental illness recovery framework. More specifically, creative arts leisure also facilitated hope and a connection to images of home which is particularly relevant with populations experiencing homelessness. Future directions in research exploring creative arts recreation, leisure and mental illness recovery with populations experiencing homelessness could therefore include a focus on the theme of home through artistic expression. In exploring images of home, creative arts participation may instill hope for recovery not only from mental illness, but also from poverty and subsequent homelessness. The choice and use of themes in art making could also be explored by participants to promote meaningful engagement.

As this study demonstrated, creative arts leisure may provide a myriad of benefits that can promote mental illness recovery however those benefits will not be experienced if those community members most at risk for mental health problems are unable to participate. Thus, maintaining a research focus on how macro conditions (i.e., healthcare systems, culture, and environment) impact leisure participation specifically among those individuals experiencing more extreme forms of poverty such as homelessness is also critical for future directions in research.

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## Appendix A: Interview Guide

### ***Opening Questions***

What do you like to do for fun?

What do you do to relieve stress?

What does creative arts mean to you?

What types of art do you like to do?

How long have you been practicing these art forms?

Are there other types of art you would like to do but haven't had the opportunity?

### ***Benefits***

What do you enjoy about participating in arts?

What do you find are some of the benefits?

How does participating in art make you feel?

### ***Facilitators***

What has helped you participate in arts?

Have there been any people who have mentored you or helped you with art?

Have you had any support from staff/volunteers you know?

### ***Barriers***

Is there anything that has prevented you from doing activities you enjoy?

Is there anything that has prevented you from participating in arts?

### ***Environment***

Where do you like to go or be to do art?

Can you describe those places? (i.e. is there a cultural connection)?

### ***Health/Mental Health***

What does mental health mean to you?

What does mental wellness mean to you?

Has art participation affected your mental health? How?

What do you do if you have mental health challenges? Where do you go for help?

### ***Social Connections***

How does participating in art connect you to a community?

Do you feel like you are part of an art community? How? Where?

Do you like to show your art? Why or why not?

### ***Culture***

How would you describe your cultural background?

Do you participate in cultural forms of art?

Has your culture affected your art participation?

How does art affect your sense of identity?

### ***Background Information***

Can you tell me about yourself? Identities?

Can you tell me how long you have been visiting Siloam?

Can you tell me about your housing situation?

How has your living situation affected your art participation?

### ***Final Thoughts***

Is there anything else you would like to add that you would like me to know?

## Appendix B: Art Session Focus Group Script and Plan

### **Plan and Script:**

Set out art materials on table. Have copies of the informed consent forms will be available and I will ensure each participant has reviewed and signed the consent form. Once each participant has a seat at the table I will discuss the following points:

“Hello everyone, thank-you for joining me and fellow participants for this study on the role and meaning of art in mental illness recovery and mental wellness. To thank-you for your time I would like to first offer you this gift card (pass out gift cards). It is important that we all agree to keep each person’s identity and involvement in this study private. Please do not discuss other participants outside of this room in regards to this study. Each person will use a fake name for the study and at the art session. The process of maintaining group privacy is outlined in your informed consent form. Does everyone remember agreeing to group privacy? Are there any questions? As you can see here on the table, we have art supplies for you to use. The use of the art supplies may involve sharing basing on demand. I will ask you once you have completed your art session if I have permission to take a photograph of your art. The photograph will be kept private until we meet for an interview. At the interview, I will use the photograph to help in our discussion about art.

Today we are going to use art as a way to express ourselves and to explore several themes related to art and mental illness recovery and wellness. For example, as you are creating your art you can show the relationship between art and health. You can question how art makes you feel and show that feeling in your art. Each of your projects are personal so you create freely and choose what you want to represent with art. Can anyone provide examples of other themes that can be explored using art that related to art, mental wellness and mental illness recovery?

We will work on our projects for an hour and do a check-in. For those who would like to leave at this point, I ask that you share your thoughts about the art session in a group format. To accomplish this, I will set up this microphone (show microphone) to record the responses. I will start by asking broad questions such as what does your art show in relation to art and mental health, and then go around the table so each person has an opportunity to answer. From there, we may have a discussion that will be recorded. Are there any questions? For those of you who would like to continue working on their art, we have the room booked for three hours. At the end of your session I will ask you the questions about art and mental illness recovery and wellness.”

### **Schedule:**

Introduction: 15 minutes  
Art Session One: One hour  
Break: 15 minutes, potential roundtable discussion  
Art Session Two: One Hour  
Final Discussion: 30 minutes, roundtable discussion

Appendix C: Informed Consent Form

**Leah Nicholson Goertzen**

**Master's Thesis**



**UNIVERSITY  
OF MANITOBA**

Faculty of Kinesiology and Recreation  
Management

Faculty of Kinesiology  
and Recreation  
Management  
University of Manitoba  
Winnipeg, Manitoba  
Canada R3T 2N2

Research Project Title: Exploring the role of creative arts recreation in mental illness recovery with individuals experiencing homelessness

Principal Investigator and contact information: Leah Nicholson Goertzen, Graduate student, Master of Arts, Faculty of Kinesiology and Recreation Management, University of Manitoba, leah.goertzen@umanitoba.ca, [REDACTED]

Research Supervisor and contact information: Dr. Fenton Litwiller, Faculty of Kinesiology and Recreation Management, University of Manitoba, fentonl@umanitoba.ca, [REDACTED]

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**This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.**  
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You are invited to participate in a University of Manitoba graduate Master's thesis research project entitled "Exploring the Role of Creative Arts Recreation in Mental Illness Recovery with Individuals Experiencing Homelessness" that I am conducting.

**1. Study Purpose:**

The purpose of this study is to learn more about what art means to people who have experienced homelessness and mental illness. This study is also about learning how art effects mental illness recovery, mental health and wellness. This study focuses on mental illness recovery, and in this study mental illness recovery means recovering from a mental illness episode. An episode of mental illness is something that you may tell me in your own words. If you do not want to talk about mental illness in your life, you may talk about mental health and wellness instead, and how art effects your overall well-being. You only have to answer questions that you want to answer. The purpose of the study is learn new ideas about arts recreation and mental illness recovery for people who have experienced homelessness in their lives.

### **Overview of the questions I may ask you:**

- Questions about arts participation, such as barriers and facilitators
- The role of art in your life
- How has art affected your health?
- How has art affected your wellbeing?
- Questions about yourself, your background

## **2. Study Procedures**

In this study, there are several participant procedures that are all voluntary. These procedures involve gathering information about the study topic.

2a) The first procedure is a group art session located at Siloam Mission (Siloam). The session will take place in the semi-private art room located at Siloam. This group art session is only once and it will be for three hours. You can stay at the art session for the length you choose, up to three hours. You, and each participant in the art session will be asked to keep information about other participants' identity private. The theme of the art session is "What does art mean to me?" The purpose of the art session is to provide an opportunity for participants to express themselves using art to answer this question about what art means in their lives. I, the principal researcher, will be at this session. I will have a digital audio recorder there to record any comments that participants want to share after I ask each participant if they want to answer the question "What does art mean to me". This question will be asked as part of a group discussion where we go around the table and each person shares what they want about art. The art you create at the session is for you to keep. With your permission, I will take a photograph of your artwork so we can look at it and discuss it in your interview. I will provide art supplies to use and if you choose to participate you may stay for any length of time during the session and only share what you choose to share about what art means to you. Each participant will be offered a \$10 gift card for participating in the art session at the beginning of the art session. If we have not already arranged an interview, I will ask you at the art session what date and time you would like to do the voluntary interview described in the next session.

2b) The second procedure that you can choose to be involved in is a personal interview with me, the principal researcher. I will arrange the interview with you at the art session or you can tell me the best way to contact you to arrange the interview. You can also contact me by using my

contact information on page one of this consent form. This one-on-one interview will take about 30 minutes to 1 hour to complete and it will take place in a semi-private room at Siloam. I will ask you questions such as the role of art in your life, as well topics about mental illness and wellness. I will also ask you questions about yourself such as your ethnicity. You do not have to answer these questions, only if you choose to. All questions are voluntary which means you can answer only the questions that you want to answer. I will interview you once. If there is a reason that the first interview is incomplete we can choose to schedule another interview time. The length of these interviews may vary depending on the answers but they are scheduled for up to an hour. The interviews will be audio recorded. The interviews will be transcribed into written form and both the audio and written files will be securely stored in a locked filing cabinets in a laboratory (Room 137, Leisure and Tourism Lab, located in the Frank Kennedy Centre, University of Manitoba). Only my advisor, Dr. Litwiller, and I will have access to the information you provide because they will be locked in a filing cabinet. You will be offered a \$10 gift card for participating in the interview. You will be offered this gift card at the beginning of the interview session.

2c) A third procedure if you choose is an opportunity to go over what I wrote about what you told me. This follow-up to confirm information will be offered one-on-one in a semi-private location such as a Siloam office approximately 2 weeks after the interview is completed. During this time you can alter, delete or add to the comments I have written about what you said. The time length of this procedure may vary and depend on the amount of time you take to go over what I wrote about what you said. I will reserve an hour for this procedure. We can arrange this meeting when I ask you at the end of the sessions if you would like to go over what I have said about you. I will ask you what the best way to contact you is. After two weeks past the interview and after the opportunity to meet to go over your data passes, your data cannot be withdrawn from study due to how the data is analyzed.

3. A digital voice recorder will be used to audio record participant responses that you want to share during the art session and during your interview.

4. **Benefits:** Benefits of participating in this study include receiving a \$10 gift card for participating in the art session and a \$10 gift card for participating in an interview. These gift cards will be given out at the beginning of each session (art session and interview). You will also be able to use new art supplies during the art session to create art. Knowledge gained from sharing your life experience may help community organizations provide better art programs that improve community member wellbeing.

5. **Risks:** The risks from participating in this research are minimal. Some of the topics related to mental illness episodes and lived experiences of homelessness may cause an emotional response. If this is the case, please contact support services such as emotional support services available at **Siloam** drop-in care sessions or other community organizations who offer emotional support such as **Klinic Community Health** at 204-784-4090. Please note that when there is a group session, (such as the group art session) protection of identity will not be possible. However, each participant in the art session will be asked to maintain group confidentiality and privacy of group members. You should know that you may refuse to answer any questions during the group art

session or the interview. Please note, if you do share information that includes certain offenses against children or persons in care it is my lawful duty to report this information to the proper authority. You are also free to withdraw from the study at any point and there will not be negative impacts related to your withdrawal. You will still receive your gift card for participating. If you withdraw from the study, all of the information you have shared up until that point (e.g. interview recordings, transcribed material) will be destroyed.

**6. Privacy of Your Information:** Although this study takes place at Siloam, I will not use Siloam's name in the written or verbal material I produce. I will refer to Siloam as a "downtown humanitarian organization" which will help maintain all participant's privacy. At the beginning of the art session, I, the principal investigator will ask all participants to keep information shared during the session private. Your identity will be known to other participants. I will protect the identity of each participant in the information I record by attaching a fake name you chose to use with your information. I will keep your information confidential by only using a fake name you chose when I use your information. Using a fake name helps keep your information confidential. Participants will be required to complete and sign this consent form that will include participant identification data (e.g. name). Consent forms will be kept in a locked cabinet that will be separate from data files (interview transcription files). This identifying material (i.e. signed consent forms) will be kept in a secure, separate location (a locked filing cabinet in Room 137, Leisure and Tourism Lab, located in the Frank Kennedy Centre, University of Manitoba) or on a password protected computer in a separate encrypted folder. Only I, the principal investigator, Leah Nicholson Goertzen, and my advisor, Dr. Fenton Litwiller, will have access to these files.

Data (interview transcripts, notes, and audio recordings) compiled during this study will be kept in strict confidence (private) at all times. All data will be labelled with a unique confidential identification code and will only be available to the researchers (Leah Nicholson Goertzen and advisor Dr. Fenton Litwiller). All identifying characteristics (e.g., names) will be removed from the data. I, Leah Nicholson Goertzen will be listening to the audio recordings and transcribing the data and advisor Dr. Fenton Litwiller will be reviewing the transcriptions. Dr. Fenton Litwiller will have access to the audio recordings and all forms of data. Leah Nicholson Goertzen and Dr. Fenton Litwiller will be involved in data analysis and therefore we will both access the transcribed data. All data (i.e. notes, transcripts, audio recordings) will be held in a secure location (i.e. a locked filing cabinet in Room 137, Leisure and Tourism Lab, at Frank Kennedy Centre, University of Manitoba) or on a password protected computer in an encrypted folder that is separate from the informed consent location). After the completion of the study, (within three years of this date July 2018) research data will be destroyed. Hard copies of transcribed interviews and field notes will be shredded through a confidential shredding service and all electronic files will be put into the trash and the trash will be secured.

You will be asked if the confidentially described findings can be shared with the local community organizations such as Siloam in the form of an executive summary. If you are interested, you will be given a copy of the results of the study. You can contact me by phone or email to ask for a copy of the findings or we can arrange how best I can deliver the summary to you. Although this research is mainly for academic reports, we hope that it will also provide practical suggestions for service providers who deliver programs to all populations experiencing a mental illness and/or homelessness. The research findings may also be submitted for conference presentations and publication in relevant professional and academic journals.



7. **Credit:** You will receive a \$10 gift card at the beginning of the art session. The art session is for 3 hours but you can finish your art session at any time by telling me you are done. If you choose to participate in an interview, I will give you a \$10 gift card also at the beginning of the study.

**8. Voluntary participation/Withdrawal from the study:**

Your decision to take part in this study is voluntary. You may refuse to participate and you may withdraw from the study at any time. However, please note that you only have up to two weeks after your interview to withdraw your data. Your decision not to participate or to withdraw from the study will not negatively impact you in any way. This research is completely separate from Siloam and Siloam's programming so participating in the research does not affect your visits to Siloam. If you grant permission to participate in the study, you are completely free to withdraw from the study and stop participation at any time for any reason by telling either the principal researcher (Leah Nicholson Goertzen) or my advisor (Dr. Fenton Litwiller). You can tell me that you do not want to participate when we meet, or by telephone ([REDACTED]) or by email ([leah.goertzen@umanitoba.ca](mailto:leah.goertzen@umanitoba.ca)). You can tell my advisor (Fenton Litwiller) that you do not want to participate by calling them ([REDACTED]) or by email: [fentonl@umanitoba.ca](mailto:fentonl@umanitoba.ca)). All data that you have provided will be destroyed if you choose to withdrawal from the study within the two week period after the interview.

9. **Debriefing:** If I gather information from you from the art session or from an interview, I will provide an opportunity to go over this information with you. This follow-up to confirm information will be offered to you one-on-one in a semi-private location such as an office at Siloam. I will ask you at the interview how best to contact you to do the debriefing session. One option is to contact me using email or the phone. During this debriefing session you can alter, delete or add to the comments I have written about what you said during the art session or the interview. The time length of this procedure may vary and depend on the amount of time you take to go over what I wrote about what you said. I will reserve an hour for this procedure. Debriefing of the art session and the interviews will take place approximately two weeks after the art session and interview dates, based on when you and I are both available to meet. It is your choice if you want to participate in a debriefing session.

10. The results from this study will be compiled and submitted to the University of Manitoba to complete a Master's thesis program. Any information you have voluntarily provided in the research may be included in the research results. I will refer your information to the fake name you have chosen. Information that I may use includes a summary of statistics about participant demographics (such as age or ethnicity if given). I may also use quotes from what you have said. The thesis will be uploaded to an online system that people can access to read the thesis. An executive summary report will also be given to Siloam which they may use to support their recreation services. This will be the same summary that will be offered to you. I will also try and publish the findings of this study in academic journals to reach out to the academic community. This outreach may also include me sharing the results of this study at conferences in the form of posters or presentations.

11. If you would like the summary of study results, which will be approximately 1-3 pages, it will be available approximately November 2018. If you tell me you want a copy, I can arrange to drop off a copy of the summary at Siloam to you in person, or I can send you a hard copy using the mail. I can also email you a copy. Or, you can tell me the best way to contact you. I will ask you if you want a copy of the summary and I will ask you how you want to be contacted at both the group art session and at the end of the interview.

12. After the completion of the study, (within three years of this date July 2018) research data will be destroyed. Hard copies of transcribed interviews and field notes will be shredded through a confidential shredding service and all electronic files will be put into the trash and the trash will be secured.

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**Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and /or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.**

**The University of Manitoba may look at your research records to see that the research is being done in a safe and proper way.**

**This research has been approved by the Education and Nursing Research Ethics Board. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Coordinator at 204-474-7122 or [humanethics@umanitoba.ca](mailto:humanethics@umanitoba.ca). A copy of this consent form has been given to you to keep for your records and reference.**

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Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Would you like a copy of the executive summary? (yes/no) \_\_\_\_\_

If yes, what is the best way to give you the copy? (mail, email, in person?) \_\_\_\_\_

Appendix D: Recruitment Poster

**Leah Nicholson Goertzen**  
**Master's Thesis**



**UNIVERSITY**  
**OF MANITOBA**

Faculty of Kinesiology and Recreation  
Management

Faculty of Kinesiology  
and Recreation  
Management  
University of Manitoba  
Winnipeg, Manitoba  
Canada R3T 2N2

Are you an adult over the age of 18 who has experienced homelessness and who is interested in talking about the role of creative arts recreation in your life? As a University of Manitoba graduate student researcher, I am interested in knowing about your experiences and ideas about creative arts recreation and mental health and mental illness recovery.

**Title: “Exploring the Role of Creative Arts Recreation in Mental Illness Recovery with Individuals Experiencing Homelessness”**

**Participant Requirements:**

1. Adult aged 18 or older
2. Experienced homelessness during your lifetime
3. Lived experience of mental illness or mental health issues
4. Participation in creative arts recreation during your life

**This project involves:**

1. A voluntary group art session where you join other participants in creating art to show what art means to you. This art session is scheduled for up to 3 hours at Siloam Mission.
2. A voluntary semi-private interview with me that will be 30 minutes to 1 hour long.
3. A voluntary discussion session either group or individual format to talk about study results.

Participation in this research is entirely optional and you may choose to stop your participation at any time. There will be a small token of compensation (**\$10 gift card**) that will be offered **at the end of the art session and the interview or if you withdraw from the study**. Please contact:

Leah Nicholson Goertzen, leahgoertzen@umanitoba.ca  
or [REDACTED] to learn more about my study.  
*Thank-you!*

***This research has been approved by the Education Nursing Research Ethics Board.***

Concerns and complaints can be addressed to the Human Ethics Coordinator, **Pinar Eskicioglu**, at 204-474-7122 or email: **humanethics@umanitoba.ca**

## Appendix E: Recruitment Script

### **Leah Nicholson Goertzen Master's Thesis**



**UNIVERSITY  
OF MANITOBA**

Faculty of Kinesiology and Recreation  
Management

Faculty of Kinesiology  
and Recreation  
Management  
University of Manitoba  
Winnipeg, Manitoba  
Canada R3T 2N2

### **Title: “Exploring the Role of Creative Arts Recreation in Mental Illness Recovery with Individuals Experiencing Homelessness”**

#### **Researcher Reads Script:**

Hello, my name is Leah Nicholson Goertzen and I am a Master's student researcher from the University of Manitoba. This study will be mainly held at Siloam. This study is not a part of Siloam or Siloam's programming but they have agreed to partner with me and help with the study. Your involvement with this study is not connected to what you do at Siloam.

I am conducting research on the role of creative arts recreation on mental illness recovery and wellbeing with people who have experienced homelessness. There is a lot of discussion by governments, media and researchers about the wellbeing of people experiencing homelessness. There is also discussion about the relationship between mental illness and homelessness. For example, there is a very high number of people who have a mental illness and who experience homelessness. What I have learned by reading research, is that creative arts recreation can help with mental illness recovery and improve wellbeing. Yet, this research doesn't include people who have experienced homelessness in Canada, Through talking with some of you, I want to gain understanding and knowledge about the role of art in your life and how it effects your mental health and wellbeing.

This is why I am asking that you consider participating in my research project.  
To be eligible for this study:

1. Adult aged 18 or older
2. Experienced homelessness during your lifetime
3. Lived experience of mental illness or mental health issues
4. Participation in creative arts recreation during your life

My project involves three voluntary procedures. You can agree to participate in the whole study or parts of the study. The procedures are:

2a) The first procedure is a group art session located at Siloam Mission (Siloam). The session will take place in the semi-private art room located at Siloam. This group art session is only once and it will be for three hours. Each participant in the art session will be asked to keep information and other participants' identity private. If you participate, you can stay for whole session or you may leave when you choose to. The theme of the art session is "What does art mean to me?" The purpose of the art session is to provide an opportunity for participants to express themselves using art to answer this question about what art means in their lives. I, the principal researcher, will be at this session. I will have a digital audio recorder there to record any comments that participants want to share for the study. I will ask each participant if they want to answer the question "What does art mean to me" by also talking about their art piece they have worked on during the art session. I will provide art supplies to use and if you choose to participate you may stay for any length of time during the session and only share what you choose to share about what art means to you. Each participant will be offered a \$10 gift card for participating in the art session. You will be given this gift card when you tell me your participation is complete. In other words, when you are done participating in the art session.

2b) The second procedure that you can choose to be involved in is a personal interview with me, the principal researcher. This one-on-one interview will take about 30 minutes to 1 hour to complete. I will ask you questions such as the role of art in your life, as well topics about mental illness and wellness. All questions are voluntary which means you can answer only the questions that you want to answer. The interviews will take place at a quite semi-private location that we both choose. For example, Siloam has offered an office for interviews if you want to be interviewed at Siloam. I will interview you once. If there is a reason that the first interview is incomplete we can choose to schedule another interview time. The length of these interviews may vary depending on the answers but they are scheduled for up to an hour. The interviews will be audio recorded. The interviews will be transcribed into written form and both the audio and written files will be securely stored in a locked filing cabinets in a laboratory (Room 137, Leisure and Tourism Lab, located in the Frank Kennedy Centre, University of Manitoba). Each participant will be offered a \$10 gift card for participating in the interview. You will be offered this gift card once the interview is complete or you have said the interview has ended.

2c) A third procedure if you choose is an opportunity to go over what I wrote about what you told me. This follow-up to confirm information will be offered in a group session or I can meet you one-on-one in a semi-private location. During this time you can alter, delete or add to the comments I have written about what you said. The time length of this procedure may vary and depend on the amount of time you take to go over what I wrote about what you said. I will reserve an hour for this procedure.

### **Voluntary participation/Withdrawal from the study:**

Your decision to take part in this study is voluntary. You may refuse to participate and you may withdraw from the study at any time. Your decision not to participate or to withdraw from the study will not negatively impact you in any way. This research is completely separate from Siloam and Siloam's programming so participating in the study will not affect your visits to Siloam. If you grant permission to participate in the study, you are completely free to withdraw from the study and stop participation at any time for any reason by telling either the principal researcher (Leah Nicholson Goertzen) or my advisor (Dr. Fenton Litwiller). You can tell me that you do not want to participate when we meet, or by telephone [REDACTED] or by email ([leah.goertzen@umanitoba.ca](mailto:leah.goertzen@umanitoba.ca)). You can tell my advisor (Fenton Litwiller) that you do not want to participate by calling them [REDACTED] or by email: [fentonl@umanitoba.ca](mailto:fentonl@umanitoba.ca)). All data that you have provided will be destroyed if you choose to withdrawal from the study.

### **Confidentiality**

Information gathered in this research study may be presented at conferences, published in peer-reviewed journals or public reports. All information that may reveal personal will be removed prior to data analysis in order to protect participant and institutional anonymity and confidentiality. Absolute confidentiality cannot be guaranteed, however, given that group sessions are involved and Winnipeg is a small community and therefore you should carefully consider what you choose to share. You should know that what you say and write in the research process may be directly quoted in public forums (e.g. reports, publications, conference presentations). In order to maintain confidentiality and anonymity, publications and all other public presentations of the research project will utilize pseudonyms when describing single participant data. Furthermore, the identity of the institution will be masked. During the follow-up procedure, you will also be given the opportunity to remove any material from the transcripts and journals that you are uncomfortable sharing, including material that may contain identifying markers (i.e. stories).

It is important that you know that participation in this research is voluntary. If you decide not to participate it will not impact your regular participation here at Siloam. Also, if you decide to participate and then decide to withdraw from the research, you are free to do so.

Again, it is also important that you know that this is a research project and not part of Siloam programming.

If you decide to participate, I have been granted funds to provide a small token of compensation of a \$10 gift card for each phase of the research (\$10 for art session; \$10 for follow-up interview).

Are there any questions so far?

I am now going to pass around informed consent forms. This form gives you more information about the research project. If you are interested in participating in the project, please take time to read the form carefully. If you have additional questions I would be happy to answer them now.

Alternatively, there is contact information in the form where I can be reached if you have further questions.

I will return **[date and time]** and you can return the form to me.

Thank you for your attention.

Appendix F: Institutional Consent

**Leah Nicholson Goertzen  
Master's Thesis**



**UNIVERSITY  
OF MANITOBA**

Faculty of Kinesiology and Recreation  
Management

Faculty of Kinesiology  
and Recreation  
Management  
University of Manitoba  
Winnipeg, Manitoba  
Canada R3T 2N2

To: Brent Retzlaff, Siloam Mission

**Title of Study: “Exploring the Role of Creative Arts Recreation in Mental Illness Recovery with Individuals Experiencing Homelessness”**

**Principal Investigator:** Leah Nicholson Goertzen, Faculty of Kinesiology and Recreation Management, University of Manitoba, Leah.goertzen@umanitoba.ca or [REDACTED]

**Advisor:** Dr. Fenton Litwiller, Assistant Professor, Faculty of Kinesiology and Recreation Management, University of Manitoba, fentonl@umanitoba.ca or [REDACTED]

**Objective of this Letter:**

**I am sending this letter to the administrators at Siloam Mission (Siloam) to request access to speak with individuals who meet my inclusion criteria for this study (explained in this document under “participant eligibility”). I am also requesting the use of community space at Siloam to first recruit individuals, followed by the use of a community recreation room to conduct an art based focus group, and an office space to conduct interviews. I have supplied a self-addressed stamped envelope to return this signed consent form. Thank-you kindly for this consideration.**

**1. Study Purpose:**

The purpose of this study is to learn more about what art means to people who have experienced homelessness and mental illness. This study is also about learning how art effects mental illness recovery, mental health and wellness. This study focuses on mental illness recovery, and in this



study mental illness recovery means recovering from a mental illness episode. An episode of mental illness is something that may be defined by the participant. If participants do not want to talk about mental illness in their life, they may talk about mental health and wellness instead, and how art affects their overall well-being. Participants only have to answer questions that they want to answer. The purpose of the study is learn new ideas about arts recreation and mental illness recovery for people who have experienced homelessness in their lives.

### **Overview of the questions I may ask participants:**

- Questions about arts participation, such as barriers and facilitators
- The role of art in the participants' life
- How has art affected the participants' health?
- How has art affected participants' wellbeing?
- Questions about the participant, such as their background

## **2. Participant Eligibility**

- I. Adult aged 18 or older
- II. Experienced homelessness during your lifetime
- III. Lived experience of mental illness or mental health issues
- IV. Participation in creative arts recreation during your life

## **2. Study Procedures**

In this study, there are several participant procedures that are all voluntary. These procedures involve gathering information about the study topic.

2a) The first procedure is a group art session located at Siloam Mission (Siloam). As discussed with Siloam staff member Brent Retzlaff, the session will take place in the semi-private art room located at Siloam. This group art session is only once and it will be for three hours. Each participant in the art session will be asked to keep information about other participants' identity private. The theme of the art session is "What does art mean to me?" The purpose of the art session is to provide an opportunity for participants to express themselves using art to answer this question about what art means in their lives. I, the principal researcher, will be at this session. I will have a digital audio recorder there to record any comments that participants want to share after I ask each participant if they want to answer the question "What does art mean to me?". This question will be asked as part of a group discussion where we go around the table and each person shares what they want about art. The art created is for the participant to keep however I will take a photograph of the artwork to use in the interview as part of the discussion. I will provide art supplies to use and these supplies will be offered to Siloam at the end of the session. Each participant will be offered a \$10 gift card for participating in the art session at the beginning of the art session. I will ask participants at the art session what date and time they would like to do the voluntary interview described in the next session.

2b) The second procedure is a personal interview with me, the principal researcher. I will arrange the interview with participants at the art session or they can tell me the best way to contact them

to arrange the interview. Participants can also contact me by using my contact information on page one of their consent form. This one-on-one interview will take about 30 minutes to 1 hour to complete and it will take place in a semi-private room at Siloam, as offered by staff member Brent Retzlaff. I will interview participants once. If there is a reason that the first interview is incomplete the participant and I can choose to schedule another interview time. The length of these interviews may vary depending on the answers but they are scheduled for up to an hour. The interviews will be audio recorded. The interviews will be transcribed into written form and both the audio and written files will be securely stored in a locked filing cabinets in a laboratory (Room 137, Leisure and Tourism Lab, located in the Frank Kennedy Centre, University of Manitoba). Only my advisor, Dr. Litwiller, and I will have access to the information because it will be locked in a filing cabinet. Participants will be offered a \$10 gift card for participating in the interview at the beginning of the session.

2c) A third procedure if chosen by the participant is an opportunity to go over what I wrote about the participant from the data collection sessions. This follow-up to confirm information will be offered one-on-one in a semi-private location such as a Siloam office approximately 2 weeks after the interview is completed. During this time participants can alter, delete or add to the comments I have written about what was said. After two weeks past the interview and after the opportunity to meet to go over the data passes, participant data cannot be withdrawn from study due to how the data is analyzed.

The group art session will take place in September 2018 and the interviews will take place in September-October 2018.

More specifically, I am requesting the following support for this research:

- a) Recruit participants at Siloam's drop-in sessions. I would like to request the use of a table for this recruitment. At the table I will have informed consent forms for the potential participants to review. There will also be an opportunity for eligible individuals to sign up for the art session and reserve an interview date and time.
- b) The ability to hang up recruitment posters highlighting the research along with the contact details of my advisor and I.
- c) Request the use of semi-private office space to conduct interviews (approximately 8 to 12 interviews). Interviews will be approximately 30 minutes to one hour.
- d) Request the use of the recreation room for the art session. This session will take approximately 30 minutes to one hour.

We (Leah Nicholson Goertzen and advisor Dr. Fenton Litwiller) feel that it is unlikely that the participants will feel obligated to participate given that the principal researcher will be clearly identified as external to Siloam programming. Nevertheless, the principal researcher will emphasize that this is a research project and not part of Siloam's regular programming. Additionally, participants will be reminded through the project overview on the consent form documents (APPENDIX A) and verbally, that they are in no way obligated to participate. In addition, they will be informed that their involvement in Siloam's programming will in no way

be jeopardized if they choose to decline participation in the research project. They will also be reminded that they can withdraw from the study at any point without any negative consequences to them. They can withdraw either by contacting me, the principal researcher by phone, email or in person, or by contacting my advisor, Dr. Fenton Litwiller. We believe these approaches will limit the potential power relationship issues that may arise.

### **Anonymity and Confidentiality**

Data compiled during this study will be kept in strict confidence (private) at all times. A pseudonym for Siloam will be used in the study. All interviews and notes will be transcribed and coded for confidentiality purposes, and all identifying characteristics (e.g., names) will be removed from the data. All data (i.e. notes, transcripts, audio recordings) will be labeled with a unique anonymous identification code and will only be available to the researchers (Leah Goertzen and advisor Dr. Fenton Litwiller). I, Leah Nicholson Goertzen will be transcribing the data and Dr. Fenton Litwiller will be reviewing the transcriptions. I, Leah Nicholson Goertzen and Dr. Fenton Litwiller will be involved in data analysis and therefore they will both access the data. All information that may reveal personal and institutional identifiers will be removed prior to data analysis in order to protect participant and institutional anonymity and confidentiality.

**Benefits and Compensation:** Benefits of participating in this study include receiving a \$10 gift card for participating in the art session and a \$10 gift card for participating in an interview. These gift cards will be given out at the beginning of each session (art session and interview). You will also be able to use new art supplies during the art session to create art. Knowledge gained from sharing your life experience may help community organizations provide better art programs that improve community member wellbeing.

In terms of compensation for Siloam, I will offer the remaining art supplies from the art session. As well, if Siloam is interested, I will provide an executive summary of the study that will be approximately 1-3 pages available approximately in November 2018. As well, if Siloam is interested, I will inform Siloam of any publications that result from this study. At the end of this form I provide an opportunity to indicate if you (a Siloam administrator) are interested in a summary report.

We (Leah Nicholson Goertzen, principal investigator and advisor Dr. Fenton Litwiller) are asking that you consider granting institutional consent for this project. In accordance with the University of Manitoba's Research Ethics Board, informed consent from the participants will be sought. This document is designed to give you an idea of what the research is about and what participation in the research will involve. If you would like more detailed information than outlined here, or information not included here, you should feel free to contact: Leah Nicholson Goertzen, principal investigator (Phone: [REDACTED] or email: [Leah.goertzen@umanitoba.ca](mailto:Leah.goertzen@umanitoba.ca)) or Dr. Fenton Litwiller, Advisor, (Phone: [REDACTED] or email: [fentonl@umanitoba.ca](mailto:fentonl@umanitoba.ca)).

This research has been approved by the Education/Nursing Research Ethics Board. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Coordinator at 204-474-7122, or e-mail: [humanethics@umanitoba.ca](mailto:humanethics@umanitoba.ca)

**Do not sign this consent form unless you have had a chance to ask questions and have received satisfactory answers to all of your questions.**

**Statement of Consent**

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project “Exploring the Role of Creative Arts Recreation in Mental Illness Recovery with Individuals Experiencing Homelessness” and to allow principal researcher, Leah Nicholson Goertzen, access to recruit participants from Siloam’s drop-in sessions by providing the opportunity for I, Leah Nicholson Goertzen to present her research project at a recruitment session. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. Your organization is free to withdraw from the study at any time, without prejudice or consequence.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please check here:** \_\_\_\_\_ **if you are interested in receiving an executive summary report of my study findings which will be available approximately November 2018. If yes, please indicate if you prefer an electronic copy or a mailed hard copy:**

**Email:** \_\_\_\_\_ **OR mail:** \_\_\_\_\_.

**Email:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

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**Research Study Contact Information:**

**Principal Investigator:**

Leah Nicholson Goertzen, Graduate Student  
Faculty of Kinesiology and Recreation Management  
University of Manitoba, Winnipeg, MB  
Phone: [REDACTED] or email: Leah.goertzen@umanitoba.ca

**Advisor:**

Dr. Fenton Litwiller, Assistant Professor  
Faculty of Kinesiology and Recreation Management  
University of Manitoba, Winnipeg, MB  
Phone: (██████████) or email: fentonl@umanitoba.ca