

# Where have we come from? Where are we going? How are we getting there? Timelining transitions using creative methods

Paula Leocadio and Carol Kelleher  
*Department of Management and Marketing, University College Cork,  
Cork, Ireland*

Eluska Fernández  
*School of Applied Social Studies, University College Cork, Cork, Ireland, and*

Colin P. Hawkes  
*Department of Paediatrics and Child Health, University College Cork, Cork,  
Ireland; Infant Research Centre, University College Cork, Cork, Ireland and  
Perelman School of Medicine, University of Pennsylvania, Philadelphia,  
Pennsylvania, USA*

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## Abstract

**Purpose** – Individuals experience transitions that disrupt everyday life and impact well-being. The transition to self-management of a chronic condition, in particular, involves sustained changes and heightened vulnerability. Although these transitions are increasingly recognized as complex, marketing scholarship often relies on traditional methods that limit how such transitions are explored and understood. This study aims to introduce a novel method for accessing participant-led data in researching health-illness transitions.

**Design/methodology/approach** – Timelines are visual representations that support the recollection and sequencing of significant life events. Two participatory workshops were conducted with young people living with type 1 diabetes and family members. Participants created timelines to visually depict the dimensions that situate their healthcare journeys and behaviors, supported by a professional artist-facilitator and reflective practices.

**Findings** – Timelines enabled in-depth participant reflection on the meaning and impact of health-illness transitions over time. The visual process supported participant agency, collective sense-making and active interpretation of lived experiences that are often difficult to articulate verbally due to their complex nature.

**Originality/value** – A key contribution of this study lies in advancing the growing repertoire of participatory creative methods in marketing and consumer research. Specifically, it introduces a novel method for exploring transitions related to health and illness, revealing how vulnerability and agency

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fluctuate throughout the healthcare journey as individuals navigate shifting roles, relationships and care networks.

**Keywords** Qualitative methods, Participatory research, Transitions, Consumer vulnerability, Timelines

**Paper type** Research paper

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## Introduction

Transitions, how they are experienced, and how they impact multiple consumption domains have long been a key focus of marketing and consumer research and scholarship (Hopkins *et al.*, 2014). Indeed, most consumers typically experience several overlapping and intersecting types of transitions throughout the life course, including developmental (e.g. entering adulthood, parenthood or retirement), situational (e.g. shifts in roles, identity and circumstances), health-illness (e.g. experiences of health diagnosis, living with a chronic condition or recovery) and organizational (e.g. institutional and structural context changes). Often, however, marketing and consumer research scholars limit their studies to exploring the impact of single transitions, as opposed to also considering how multiple, overlapping and intersecting transitions can impact consumption throughout the life course (e.g. Nakata *et al.*, 2019; Schouten, 1991). This is particularly important for consumers living with and managing a chronic condition. During adolescence, for instance, experiencing a health-illness transition reinvolves several other transitions (e.g. developmental) through which young people constantly strive to claim and/or reclaim different identities, control and sense of normality in their everyday lives (c.f. Cronin *et al.*, 2015; Mason and Pavia, 2016).

To address this deficit, in this paper, we specially focus on how consumers living with chronic conditions experience health-illness transitions during adolescence, a period when consumers are already experiencing significant developmental transitions that impact their sense of self, identity and evolving social roles (Leocadio *et al.*, 2023). Although health-illness transitions can bring about opportunities for learning and adaptation (Mason and Pavia, 2006), as well as consumption (Cronin *et al.*, 2015), healthcare access and consumption are affected in unintended and unforeseen ways as consumers' health and well-being fluctuate over time. As a result, consumers' experiences of health-illness transitions are heterogeneous, multi-layered, multidimensional and situationally dynamic (c.f., Appau *et al.*, 2020). For some, health-illness transitions can lead to emotional distress, feelings of powerlessness and the need for complex identity negotiations (Riedel *et al.*, 2022), or denial of the illness itself, accompanied by refusal to attend to the daily requirements of living with and managing a chronic condition (Nakata *et al.*, 2019). For others, health-illness transitions can lead to the establishment of new routines and healthier lifestyles that can positively influence their well-being (Nakata *et al.*, 2019).

A key research challenge for marketing and consumer researchers therefore is to develop a deeper and more nuanced understanding of the multifaceted and dynamic nature of health-illness transitions and their impact on adolescent consumers. This can be particularly challenging epistemologically and methodologically because the evolving nature of illness trajectories makes it difficult for adolescents to recall, narrate or share the multiple transitions and navigations they experience over time (Hurtubise and Joslin, 2023). Although the use of traditional qualitative research methods (e.g. in-depth interviews, focus group discussions) have many benefits, their use alone to study the complexity of health-illness transitions risk placing a heavy and onerous burden on research participants. This is because adolescents are often required to articulate complex, emotional, embodied, and possibly not yet fully processed or understood aspects of their healthcare journeys (Barton, 2015), which thereby limits the depth and richness of expression (Kahlke *et al.*, 2025). Thus, reliance on traditional

research methods alone for exploring health-illness transitions may result in important details being left unstated or considered, particularly if perceived as trivial or taken for granted as part of one's lived experience (Veale, 2005).

To address these methodological challenges, increasingly, scholars such as Zhu *et al.* (2022) have called for more consumer-centric methodological perspectives for capturing deeper insights into the lived experiences of consumers' healthcare journeys. These calls are in line with patient-centered models that prioritize individual consumer goals, values and lived experiences for shared decision-making regarding their care. Accordingly, there is a need for more innovative methods that can capture and facilitate deeper sense-making of the complex nature of illness trajectories, including lived experiences associated with health-illness transitions.

The purpose of this study is to outline and illustrate a novel arts-based graphic elicitation qualitative research approach, namely, timelines, for actively engaging participants in the research process and providing a "deeper, richer and more nuanced representation of experience" (Sheridan *et al.*, 2011, p. 557) that may otherwise remain unseen or silenced (Bagnoli, 2009). Timelines [[1]] is a group-based creative visual and narrative method through which participants cocreate, share and discuss visual representations of their lived experiences over time (Bagnoli, 2009). As a strengths-based approach (Raciti *et al.*, 2022), timelines provide research participants with direct control over how their experiences are shared, represented and narrated, thereby encouraging them to express themselves more freely and fully (Dodds *et al.*, 2018). In this study, we outline the timeline approach in workshops conducted with 4 young people living with type 1 diabetes (T1DM) and 3 family members. The workshops facilitated and promoted shared sense-making, learning and peer engagement (Bagnoli, 2009; Sheridan *et al.*, 2011), which empowered participants to narrate, illustrate, share and jointly discuss their experiences of health-illness transitions in relation to living with T1DM during childhood and adolescence. Across two workshops that were led by a professional artist and facilitated by the first author, a trained facilitator in participatory healthcare research, participants were invited to visually represent their lived experiences by revisiting past and present experiences of the transition to self-management of their condition to trace and clarify the progress and sequence of health-illness transitions in relation to chronic condition management, for example, diagnosis, impact on daily life and adaptation to ongoing care routine. Following this, participants were invited to articulate, share, discuss and reflect on their timelines and the evolving nature of vulnerability and agency which characterized health-illness transitions as part of their ongoing healthcare journeys. In externalizing their lived experiences visually, timelines prompted participants to individually and collectively reflect, and access nuanced and deeper forms of meaning and sense-making as their illness trajectories unfolded.

Overall, this study makes several contributions which advance the growing repertoire of participatory creative visual methods within qualitative research in marketing and consumer research. First, our study highlights and reveals how timelines, as a creative method combining visuals and storytelling, supported participants and researchers in revealing difficult-to-articulate experiences and vulnerabilities in relation to their experiences of health-illness transitions as they experienced other developmental transitions during childhood and adolescence. Second, the visual process of timelines helped surface participants' subjective and lived realities, including emotional turning points, the hidden labors of day-to-day illness management, and mismatches and misunderstanding in relation to the struggles between accepting, sharing or shouldering responsibility in regard to chronic illness management between adolescents and their caregivers. This was achieved through the temporal mapping of participants' illness trajectories, which revealed that responsibility, roles and care work fluctuated and were continuously negotiated across individual healthcare journeys. In this way,

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timelines highlighted that the multiple demands of chronic illness management in adolescence were cumulative over time, particularly in the context of overlapping life transitions (e.g. developmental, situational and organizational), all of which contribute to long-term vulnerability. This reflective dimension is particularly important as it facilitates participant's sense-making and enables them to situate their experiences of health-illness transitions within a broader temporal arc of other life transitions and social networks. Timelines as a strengths-based approach not only highlighted the challenges faced by adolescents navigating health-illness transitions, but their adaptive capacities and strategies for regaining control over their care as they navigate multiple transitions throughout the life course. Finally, by facilitating participants that live with chronic conditions to visually map and represent their experiences of health-illness transitions, timelines also acknowledge and address traditional power imbalances in the research process. Timelines encourage researchers and participants to co-construct, represent and narrate experiences of how specific temporal structures influenced individual sense of control and identity positions, and how participants make sense of this. We further provide practical insights into how timelines can be designed, facilitated and implemented to support purposeful engagement, narrative richness and participant agency, offering an alternative for exploring complex experiences related to health and illness and developing purposeful interventions (Sexton Topper and Bauermeister, 2021).

The structure of our paper is as follows. First, we outline the theoretical and methodological gaps that underpin health-illness transitions in marketing and consumer scholarship and research. Second, we introduce the use of timelines and demonstrate its value for exploring the complex and multidimensional nature of consumer and consumption transitions, as well as in advancing the marketing methodological toolkit. Third, we provide practical guidance for marketers on conducting timeline-based studies. We conclude with implications for consumer and marketing research.

### **Exploring consumer and consumption transitions**

Health-illness transitions and their impact on consumers and consumption are central to marketing and consumer research as they overlap with important developmental transitions that impact consumers and consumption (Cody and Lawlor, 2011). Ulver and Ostberg (2014), for instance, highlight that transitions impacting sense of self, such as health-illness transitions, may give rise to incongruence between identity and status, whereby consumers actively attempt to minimize harm through consumption practices that restore stability. This can become especially complex and consequential within health-illness transitions where change is enduring, such as when taking on long-term responsibility for self-management of a chronic condition, which requires ongoing practices for reclaiming identity, control and sense of normality in day-to-day life (Cronin *et al.*, 2015).

Borrowing from earlier seminal anthropology studies (c.f., van Genneep, 1960; Turner, 1969), many previous studies on consumer and consumption transitions (Cody and Lawlor, 2011; Schouten, 1991) somewhat unquestioningly characterize transitions as linear progressions that "enable the individual to pass from one defined position to another, which is equally well-defined" (van Genneep, 1960, p. 3). As a result, they characterize the transition process as a linear progression involving three sequenced stages or phases of separation, liminality and incorporation. As consumers transition or move forward through each stage, they shift from a prior role or identity, navigate an in-between period of ambiguity, and eventually reintegrate into a stabilized identity or social position. This one-directional view has been increasingly questioned because it overlooks the unpredictability and nonlinearity that characterize many transitions (Mimoun and Bardhi, 2022). For instance, contemporary marketing scholars who adopt a more dynamic approach to transitions highlight that

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transitions may be continuous or recursive (Nakata *et al.*, 2019), and sometimes unresolved (Appau *et al.*, 2020). That is, consumer and consumption transitions may produce ongoing states of ambiguity, identity flux and structural precarity. Despite the centrality of health-illness transitions on well-being, transitions remain fragmented and underdeveloped in marketing and consumer research. Extant scholarship tends to adopt linear models of transition that overlook the “fluid, complex, diversified and fragmented” (Punch, 2015, p. 262) aspects through which change is experienced.

#### *Consumers’ experiences of health-illness transitions*

Marketing scholarship has predominantly drawn on traditional qualitative methods to study consumer and consumption transitions. For instance, drawing on theory of consumer learning and using semi-structured interviews, Bhatnagar *et al.* (2024) characterized transitions as a threshold state of “inescapable labyrinths” in the context of new consumption repertoires caused by living with lactose intolerance through which the authors examined how individuals learn to adapt following socially embarrassing bodily disruptions. Yet, since the study relies on individual’s experiences of health-illness transitions that are often sensitive and stigmatized, certain aspects of these experiences may continue unspoken. Other studies have also used a mix of qualitative methods. For instance McColl-Kennedy *et al.* (2012) combined focus groups, interviews and field observations to explore how individuals cocreate value in their healthcare and adapt their practices following disruption. However, such methods often place a heavy burden on individuals to articulate complex, emotional and embodied aspects of their healthcare journeys (Barton, 2015), which can limit the depth and richness of expression (Kahlke *et al.*, 2025). Consequently, marketing and consumer scholars are constrained from addressing increasingly complex phenomena present in the marketplace (Davis *et al.*, 2013), such as health-illness transitions.

### **Adopting participatory and creative approaches for representing health-illness transitions research**

#### *Overview of participatory research in marketing*

By inviting participants to create things as part of the research process, it’s a *different way into* a research question. [...] it’s a *different way in*, and engages the brain in a *different way*, drawing a *different kind of response* (Gauntlett and Holzwarth, 2006, p. 84; *their emphasis*).

Due to the acknowledged limitations of traditional qualitative methods, there is a growing interest in incorporating more participatory research that prioritizes knowledge coproduction and legitimizes how individuals make sense of their experiences (Hutton and Cappellini, 2022), to enable deeper engagement with participants’ experiences of marketing phenomena, including consumer and consumption transitions. Participatory research considers that production of knowledge is done collaboratively in the course of the research process through a bottom-up approach in a way that emphasizes multimodal expression, nonhierarchical relationships between researchers and participants, and reciprocal learning (Kara, 2020; Veale, 2005). In other words, participatory and creative approaches offer open-ended and flexible forms of data collection to ensure that the research benefits those it aims to serve (Saaticioglu and Corus, 2019).

#### *Creative and arts-based methods within participatory research*

Creative and arts-based methods are inherently participatory and challenge conventional hierarchies of expertise and power between researchers and participants (Hurtubise and Joslin, 2023) by engaging participants in the research process through alternative routes to expression which provide insight into difficult to unpack experiences, including arts and craft (Bettany,

2022), poetry (Rojas-Gaviria, 2021; Tonner, 2019), photography (Banister and Booth, 2005), videography (Belk and Kozinets, 2005) and photo-elicitation (Dodds *et al.*, 2018). In such instances, participants become researchers of their own lives. This is because creative methods reinforce a participatory ethos of conducting research “with” rather than “for” or “on” participants. Namely, creative methods are especially important for consumer and marketing research that seeks to minimize harm and include those whose perspectives are often marginalized in research, such as young people (Banister and Booth, 2005; Veale, 2005).

A key benefit of using creative and arts-based participatory methods in consumer and marketing research is its capacity to help consumers surface deep meanings and insights regarding their underlying assumptions, emotions and experiences in relation to the marketing phenomena being studied (Dodds *et al.*, 2018). For example, Gurrieri and Drenten (2019) employed visual storytelling to examine how vulnerable individuals foster social support on social media as they navigate their healthcare consumption experiences. In doing so, they found that visual storytelling can normalize hidden aspects of healthcare consumption experiences in a manner that reflects individuals’ authentic lives. Rojas-Gaviria (2021) adopted a poetic representation to illuminate the lived experiences of people living with Alzheimer’s disease. Their study demonstrated that poetic representation can more effectively capture the complexity of lived experience, including the messiness, uncertainty and fragmentation of daily life. More recently, Leghi *et al.* (2022) demonstrated that body-mapping can elicit embodied food and nutrition experiences that link bodily awareness with well-being through reflection on embodied sensations, thoughts and meanings in a holistic manner. In the context of health-illness transitions, capturing their evolving nature, including how they unfold, overlap and develop over time, necessitates methodological approaches that account for temporal dimensions of past, present and future.

#### *Positioning timelines as a reflective and visual practice for marketers*

Timelines are a form of graphic elicitation that enables participants to illustrate, narrate and explore important turning points and biographical events as seen from their own perspective (Bagnoli, 2009). The timeline creating process encourages the construction of visual representations through storytelling and self-reflection (Sheridan *et al.*, 2011), combining chronological sequencing, drawings and images. A recurring theme is that timelines enhance research trustworthiness and depth by addressing power dynamics in the researcher–participant relationship and, with it, participants’ willingness to share their experiences (Adriansen, 2012; Bagnoli, 2009; Sheridan *et al.*, 2011). This has resulted in timelines becoming especially relevant for exploring emotionally or socially complex and ongoing experiences. They have been used to support participant reflection on past life events, explore personal change, and situate experiences of transitions and recurring patterns within broader sociocultural and temporal contexts (c.f. Adriansen, 2012; Basnet *et al.*, 2023). Eliciting the lived experiences of individuals undergoing health-illness transitions in chronic illness management can provide insights into how they interpret, negotiate and make sense of their worlds – past, present and future, and how they engage with and consume healthcare services.

In healthcare contexts, timelines have been used to explore weight loss and gain (Sheridan *et al.*, 2011), parental substance abuse (Wilson *et al.*, 2007) and emotional illness trajectories (Thygesen *et al.*, 2014). Timelines have also demonstrated therapeutic, as well as research, potential and benefits. Kolar *et al.* (2015) found that the construction of future timelines among marginalized populations supported resilience and emotional closure. Similarly, Sheridan *et al.* (2011) noted that timelines allowed participants “to see things from new perspectives” (pp. 565–566). In the specific context of chronic illness management, timelines have also been used to explore and represent how individuals experience and cope

with living with an ongoing illness (Sheridan *et al.*, 2011; Thygesen *et al.*, 2014) and have informed purposeful interventions (Hurtubise and Joslin, 2023). This study extends this conversation by introducing timelines as a novel methodological tool for marketers to access meaningful, participant-led insights into health-illness transitions. The following section outlines how timelines were designed and facilitated to support sense-making during the transition to self-management.

## Designing and facilitating a timeline study

### *Study overview*

This study applied timelines as part of a larger participatory doctoral research project that explores how young people with Type 1 Diabetes (T1DM) transition to self-management with the support of family members and caregivers. As young people with T1DM approach adulthood, they are expected to assume full responsibility for their care. Failure to manage their illness effectively can lead to serious long-term complications. This shift requires young people and caregivers to prepare for and transition from caregiver-driven management to self-management (Leocadio *et al.*, 2023). The doctoral study is underpinned by feminist perspectives, which are committed to attentiveness, relationality and ethical engagement in research as a means of “inviting stories rather [than] coercively courting headlines” (Herron, 2023, p. 659). Guided by these principles, the study’s participatory design centered on those whom the research is intended to serve so as to improve healthcare services and supports. This was achieved by “cultivating ecosystems of care” (Herron, 2023, p. 659) through the choice and use of participatory methods that promoted voice in sharing experiences of transitioning to self-management.

*Ethical considerations.* Undoubtedly, the use of timelines introduces a new ethical terrain for marketing and consumer researchers, particularly around the participation of vulnerable populations and issues of privacy and ownership of visual data. In this study, such ethical considerations necessitated a continuous and responsive process grounded in researcher reflexivity, with attention to power dynamics, building trust and reciprocity (Creswell and Creswell, 2018). Examples included responding sensitively to participants’ comfort and emotional safety, engaging in shared decisions about the use and dissemination of visual material, and maintaining consent as an open, continuous dialogue throughout the study.

Attention was paid to the potential of emotional risk that can arise when exploring sensitive topics. This study aligned with values central to participatory creative research, such as do no harm, amplify participant voice, guard against bias and be accountable (Kara, 2020). Data collection was underpinned by the Lundy Model of Child Participation (Lundy, 2007), a rights-based framework for authentic (youth) involvement in decision-making and research. The model structures participation around four key dimensions: providing a safe space for expression (space), enabling participants to articulate their views (voice), ensuring those views are heard (audience), and influencing outcomes (influence). The model was selected for its emphasis on meaningful engagement and for recognizing participants as knowledgeable contributors to research and practice.

*Study participants.* Following ethical approval, four young people aged 12–15 and three caregivers attending a national pediatric clinic were invited using purposive and snowball sampling to attend an in-person workshop (see Table 1 for participant sampling). Recruitment efforts aimed to include young people and caregivers from the same families. While this was achieved in part by having two of the young participants related to three caregivers, two additional young participants were recruited independently. This study prioritized data richness and depth over sample size. Small and relatively homogenous samples can be sufficient to reach saturation and yield nuanced findings (Hennink and Kaiser, 2022). The workshop format allowed for prolonged engagement, collaborative

**Table 1.** Participant sampling

Participant	Gender	Context
<i>Young people</i>		
Casey	Female	13-year-old living with T1DM
Edel	Female	12-year-old living with T1DM
Ella	Female	13-year-old living with T1DM
Francis	Male	15-year-old living with T1DM
<i>Family members</i>		
Camille	Female	Sibling of a young person living with T1DM
Mallory	Female	Mother of a young person living with T1DM
Stevie	Female	Mother of a young person living with T1DM and other children with chronic illnesses

**Note(s):** Pseudonyms are used throughout to protect participant identities

reflection and detailed exploration of lived experience, which aligns with our participatory research focus. Furthermore, participants contributed to multiple data points that included visual artifacts, group discussions and reflective dialogue. Each workshop lasted up to 90 min and were conducted in February 2025.

To prevent family perspectives from overshadowing the voices of younger participants, separate workshops were held for young people and family members, so that both groups could engage in open and comfortable discussions. Workshops were conducted by the first author, who is a trained facilitator in working with young people, a member of the research team (e.g. the third author) for support, alongside an experienced visual artist-facilitator who guided the creative process and development of timelines. In these group-based artist facilitated workshops, participants were invited to define how they present, sequence and interpret significant moments during the transition to self-management and to externalize and share their experiences with the group in ways that can surface emotional, relational and contextual dimensions that often go unstated in oral communication. Workshops concluded with collaborative discussions to encourage reflection and peer learning. In summary, timelines were used as a visual and participatory tool to support young people and caregivers in reflecting on their healthcare journeys over time and making sense of their shifting roles and responsibilities. In what follows, we offer practical guidance based on the authors' reflections regarding applying timelines for exploring health-illness transitions.

#### *“How to” conduct timeline-based research*

*Laying the groundwork for visual reflection.* In this study, a professional artist-facilitator was central in facilitating the workshops as a means of creating a more inclusive environment to legitimize nonverbal forms of expression. To open the session, the workshops began with guided meditation to reduce self-consciousness, followed by a Visual Thinking Strategies (VTS) (Housen, 2002) exercise. VTS is a structured discussion approach that uses visual stimuli to enhance visual literacy, reflective thinking and collaborative peer dialogue. In this study, VTS served as a warm-up and rapport-building activity prior to the central task (e.g. timeline development), helping participants gain confidence in expressing their ideas, practice visual interpretation and become comfortable sharing perspectives in a group setting prior to developing their personal timelines. As part of the VTS exercise, the artist-facilitator carried out three open-ended questions to guide participant observations: “What is going on in this picture?,” “What do you see that makes you say that?” and “What

more can we find?” (Housen, 2002). As participants noted their observations, the artist-facilitator actively linked their different viewpoints and highlighted where contrasting interpretations emerged or where ideas were complementary. Appendix 1 details the VTS exercise with exemplar images.

Building on the VTS approach, participants engaged in reflective practices to brainstorm when they began taking on more responsibility for diabetes management or adjusted their level of supports. Participants were encouraged to note when a shift in responsibility occurred and to reflect on what triggered the shift to happen. They were then asked to consider when the transition to self-management did not go as planned. For example, when they or their child/sibling struggled with a diabetes-related task and needed to rely on caregivers again (e.g. feeling overwhelmed, forgetting to check blood sugar levels or needing caregiver intervention in unexpected situations), and who they relied on for support. These reflections served as a foundational element for developing the timelines that followed.

Previous research exploring patient healthcare journey and behavior has provided participants with grids and/or frameworks to guide their timelines. In some cases, participants were directed to focus on particular periods of time (Thygesen *et al.*, 2014), while in others, participants were encouraged to think broadly about the events they wished to depict (Sheridan *et al.*, 2011). In this study, an open-ended approach to timeline development was adopted, and instructions were intentionally broad as this study is exploratory. Participants were introduced to timelines as a visual narrative tool for exploring experiences of health-illness transitions over time. Timelines focused on the transition to self-management or, in the case of caregivers, supporting their child/sibling, which refers to the transfer of care responsibilities. Several participants requested additional clarification concerning the structure and content of the timelines.

Timelines were explained verbally, and sample timelines were provided to participants after the VTS exercise as reference points to promote creative engagement and encourage individualized expression. Participants were informed that there was no right or wrong way to construct their timeline. They were encouraged to choose their own layout, symbols, colors and level of detail. This was done to ensure that the sample timelines served only to clarify the task (Park, 2024). The researcher reiterated the general directions and encouraged participants to create a representation that reflected their experiences and significant moments from “start” (parental or caregiver management) to “now” (self-management). This process prompted participants to reflect on how their roles, responsibilities and identities had shifted over time.

Despite careful planning, ethical considerations surfaced during the workshops. As timelines inevitably involve emotionally sensitive information, participants were reminded that they were not obligated to disclose anything they felt uncomfortable sharing and were informed that follow-up support would be available. Thus, timelines required ongoing ethical reflection before, during and after the data collection process to ensure participant safety and integrity are upheld. Some participants reported feeling anxious regarding their drawing and writing skills. The researcher reassured participants that this study prioritized their lived experiences over grammatical and drawing accuracy. Table 2 outlines each key methodological step undertaken, showing how the Lundy Model of Child Participation (Lundy, 2007) and ethical considerations were integrated throughout.

*Timelining experiences.* Participants were encouraged to represent their health-illness transition journey in a way that felt meaningful to them, whether through images, words, symbols or abstract shapes. They were provided with blank rolls of paper and various colored markers, pencils, emoticons and stickers, as recommended by Adriansen (2012). To allow participants full control over their own narratives and timelines, and what aspects of

**Table 2.** Summary of participatory timeline methodological steps

Step	Description	Lundy (2007) dimensions	Ethical considerations
1. Recruitment and consent	Participants were recruited through purposive and snowball sampling. Informed assent/consent processes emphasized voluntary participation, and right to withdraw	Space	Transparent communication, age-appropriate consent, and respect for participant agency
2. Introductions	Researchers outlined study aims and introduced timelines as a creative method. A visual artist-facilitator co-led the workshop	Space and voice	Reflexive facilitation, attentiveness to power dynamics, and artistic support
3. Guided Meditation and Visual Thinking Strategies (VTS)	Participants engaged in a guided discussion using visual stimuli to encourage self-expression and reflection	Voice	Creating conditions to do no harm, reduce participant anxiety, and validate non-verbal expression
4. Reflective Brainstorming	Participants identified and reflected on moments when greater responsibility for diabetes management was assumed prior to engaging in the main research activity	Voice	Amplifying voice, attentiveness to emotions, trust, and comfort in peer discussion
5. Timeline creation	Participants visually mapped significant moments during the transition to self-management	Audience	Control over the content, meaning, and sharing of their timelines
6. Group Reflections	Participants engaged in collective discussions and reflections as a means of interpreting and contextualizing their timelines	Audience and influence	Respect, shared sense-making, and emotional safeguarding
7. Analysis	Visual and narrative data were analysed using critical visual methodology and inductive coding	Influence	Reflexivity, iterative interpretation, and data integrity

these they wished to share or not, they were invited to determine the scope, content and level of detail included in their timeline. For participants who required support in identifying a starting point, they were encouraged to use diabetes diagnosis (or, in the case of caregivers and siblings, the time when they first became involved in diabetes management). Although workshops were conducted separately with young people and caregivers, participants were invited to include interactions with others involved in their care (e.g. family members, healthcare professionals and peers) when constructing their timelines to allow for reflection on shared and negotiated responsibilities within their experiences of transitioning to self-management. From there, participants mapped the transition to self-management by representing key turning points, setbacks and emotions that shaped their healthcare journey and behaviors (see Figures 1–3). This participant-led format enabled individuals to define what mattered most to them, revealing personally significant priorities.

Many participants used drawings, color coding and annotations to represent positive and/or challenging moments, while others illustrated support systems, struggles and personal milestones. Participants predominantly favored multicolor, path-based and text-based representations in their timelines. Moreover, many had little difficulty identifying significant moments during their transition to self-management. Stevie noted: “You always remember [when you get the pump], it’s just one of those things you never forget” (Stevie). Although timelines varied, almost all the participants shared key dimensions, including onset, diagnosis and the role of family members and technology in the transition to self-management. Some participants chose to organize their experiences of the transition to self-management by a specific milestone, such as receiving an insulin pump, while others were guided by specific dates in time, such as the first time finger pricking was no longer needed. Timelines included curving paths and symbolic elements (e.g. red to represent negative experiences, smiley or sad faces, footsteps, arrows, ladders) to analogize their experiences.

On average, participants spent 25–30 min completing their timelines. During this time, the researcher and artist-facilitator moved among participants, offering encouragement and



**Figure 1.** Casey’s timeline reflects disruptions in the transition to self-management

**Note(s):** Typed transcription of handwritten (left to right) text in Figure 1 is provided below, “I need my dad’s help at first. I was afraid at the thought of injecting myself”, “I stopped going outside”, “I then got a pump and went training with Kate and we would go to Wilton [shopping center]”

**Source:** Participant timeline; reproduced with permission



similarities and differences in their experiences, which often triggered further sense-making of their own trajectories. Every detail added to the timeline gave participants a chance to discuss their experiences in general and specifically regarding the transition to self-management.

Casey's timeline (Figure 1) initially showed steady progress toward self-management but marked a regression using a reversed arrow and an isolated figure. The visual cue signaled a period of withdrawal and emotional difficulty that was linked to loss of social interaction and diminished motivation to manage her illness. Casey identified how earlier moments of uncertainty later shaped her capacity for control over managing diabetes as she transitioned toward independence (e.g. increased freedom to go out with friends) with the use of diabetes management technology. This nuance (e.g. pause, reversal and progression) enabled Casey to externalize and interpret her experience in a way that surfaced deeper emotional shifts during transition, including the impact of these experiences over time.

Similarly, Edel's timeline (Figure 2) captured the emotional turbulence of navigating diabetes-related stigma. She expressed frustration about being misunderstood: "People always asked me if I could eat sugar! I can, it bugged me a lot." These statements were visually reinforced through cross-out words and fragmented writing, as well as the repetition of visual symbols (e.g. angry face) which highlighted emotional depth and unspoken tensions. This made visible how vulnerability intensified during moments of heightened diabetes stigma from peers. Thus, her transition back to caregiver-driven management and lack of control was a response to emotional strain.

Furthermore, timelines illustrated how responsibility for managing T1DM is an ongoing negotiation among young people, family members, healthcare professionals and school personnel (Figure 3). Stevie's timeline featured looping arrows and overlapping visuals to show how caregiving fluctuated in response to health crises, emotional readiness and external demands of everyday life and her child's developmental stages. Notably, she emphasized "No sleep" in her timeline to express the ongoing burden of care responsibility and its impact over time. Her narrative depicted cycles of shared management, full parental intervention and later role renegotiation in response to medical emergencies. In particular, Stevie's timeline illuminated the relational dynamics and the emotional toll of decision-making within care networks and amongst multiple actors.

Participants were given a moment to reflect privately on their timelines before being invited to a group discussion. The aim of the group discussion was to facilitate reflection and contemplation of individual narratives and to encourage engagement and shared learning. Discussions focused on the significant moments that stood out most in their timelines, when this occurred, patterns that emerged in their experiences, and what they learned about their healthcare journey through the exercise. Participants guided the research team through their timelines and referenced drawings and/or images, along with descriptions of events, to convey their experiences. As participants shared their reflections, they built on one another and drew connections between their experiences. For some, the discussion reinforced a sense of progress, while for others, it brought awareness of ongoing challenges regarding finding the right balance during the transition to self-management. Nonetheless, participants referred to constructing timelines as helpful for thinking about their trajectories: "It's the first time I have actually written it down (Mallory)."

*Analysis of timeline data.* Following the data collection, timelines were photographed, and discussions were transcribed. The analysis followed an inductive and reflexive stance informed by Rose's (2001) critical visual methodology framework, as adapted by Guillemin (2004) and Basnet *et al.*'s (2023) six steps for timeline analysis (see Appendix 2–3). Timelines as a participatory and participant led approach (e.g. participants constructed narratives that prioritized their individual experiences and how they made sense of them) ensured that interpretation of data emerged from participants lived experience and shared narratives.

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Diverse themes were identified (e.g. shifting roles and responsibilities, emotional adaptation, negotiation of autonomy and relational tensions between young people and caregivers). However, how these were experienced or negotiated varied depending on who and what was copresent or absent, the setting (e.g., home, school, sports practice) and the timing of the transition within the illness trajectory. In this way, timelines offered a “wormhole” or a window to participants’ dynamic, evolving and multidimensional experiences of health-illness transitions and how they experienced change over time, particularly during specific symptom presentations or illness management challenges (e.g., fluctuations in blood sugar levels). To explore and understand specific transitions more deeply within the workshop, we compared and discussed the content and form of timelines, such as color and visual symbols. This helped participants to identify significant moments that influenced and impacted their transition to self-management, such as learning to inject independently and negotiating new boundaries with family members or caregivers. Our coding structure was reviewed [2], and discrepancies were discussed until a consensus was reached amongst the research team.

#### *Expanding the methodological toolkit*

Overall, the use of timelines offers three key contributions with implications for marketing and consumer research:

- (1) Supports participants in expressing difficult-to-articulate experiences and vulnerabilities in relation to their lived experiences.
- (2) Reveals participants’ subjective and lived realities that often remain unspoken, particularly through the temporal mapping of their lived experiences.
- (3) Acknowledge and addresses extant power imbalances in research.

First, timelines enable marketers to access layered meanings and temporal complexities of transitions that are often obscured in verbal narratives. By facilitating participants living with chronic conditions to map and visually represent their experiences of health-illness transitions, timelines captured how vulnerability and agency fluctuate across transitions, as well as how overlapping transitions may impact long-term vulnerability. For example, participants noted diagnosis elicited loss of control, which over time shifted toward greater agency as they desired control over their care (and lives). This stability was often disrupted by the ongoing demands of living with an illness. Vulnerability, control and identity were also shown to fluctuate in response to intersecting transitions that unfolded over time, such as developmental transitions, where increased autonomy introduced new forms of uncertainty and vulnerability. As such, timelines highlight the challenges faced by individuals, as well as their adaptive capacities and strategies for regaining control over their lives. It also prompted participants to engage in deep reflection regarding how ongoing changes in responsibilities for care tasks, identity and perceived autonomy occurred during the transition to self-management.

Secondly, the collective visual process of “artmaking together” encouraged and enabled participants to safely access externalize their lived experiences, surfacing important emotional turning points that often remain unspoken or overlooked (Bagnoli, 2009; Hurtubise and Joslin, 2023), such as the cumulative burden of daily self-management, experiences of stigma and ambivalence and subtle mismatches in perceived responsibility between young people and caregivers. Discussions and representations of individual timelines revealed the co-constructed and negotiated nature of roles, meanings and responsibilities within health-illness transitions. For instance, caregivers’ timelines emphasized monitoring, vigilance and the emotional toll of the transition to self-

management, whereas young people's representations highlighted moments of independence, frustration and negotiation of control. This also offered a means of assessing how individuals and interconnected actors navigated transitions independently and/or with the assistance of others over time, their impact and how roles and responsibilities fluctuated, were shared or negotiated. Moreover, timelines visually and through shared narrative revealed how health-illness transitions are relationally embedded. In other words, timelines can attend to the social and relational dynamics involved. Such relational dynamics help marketers, and indeed health care professionals, to better understand the individual consumer as part of a broader (social and relational) ecosystem that shape healthcare consumption (Sexton Topper and Bauermeister, 2021). In this way, timelines as a method helps researchers challenge dominant theoretical assumptions within marketing and consumer scholarship that individuals progress as autonomous actors from one stable state to another. Thus, timelines of health-illness transitions highlight that individuals "[...] may cycle through transformative processes repeatedly, returning to former states again and again" (Hirschman *et al.*, 2012, p. 371). Specifically, temporal fluidity of timelines, wherein individuals regressed to previous phases (parental management), paused or looped back before ever progressing through toward stability (self-management) revealed the iterative, dynamic, multidirectional and multidimensional and sometimes shared nature of health illness transitions.

Thirdly, timelines, as a participatory creative method, positioned individuals as coproducers of knowledge, enabling them to construct individual interpretations of their healthcare journeys and to collectively contemplate the meaning of significant life events with peers. In doing so, the temporal complexity, overlap and nonlinearity of transitions as they are lived and experienced is captured. Importantly, timelines allow participants to decide on and control the pace and depth of sharing their experiences depending on their levels of trust and how comfortable or safe they felt. Such an approach challenges traditional extractive research methods by legitimizing participants' lived and living experience and expertise by addressing and recalibrating unequal power relations within the research process (Herron, 2023). This creates a supportive means for navigating sensitive and emotionally charged experiences (Kolar *et al.*, 2015). As a result, timelines facilitated participants' recollection and sequencing of their lived experiences, illuminating personally meaningful turning points, and the expression of complex emotions through the "recording of life events, along with their affective ratings, [to] depict the highs and lows of life – the peaks and valleys" (de Vries, 2013, p. 31). This, in turn, supported participant agency, enabled individual and collective sense-making, established trust and built rapport through a collaborative, strengths-based understanding of the illness experience (Adriansen, 2012; Raciti *et al.*, 2022).

In terms of future research directions, timelines may be particularly effective in studies requiring a more nuanced understanding of experiences that may be co-constructed, such as those involving shared decision-making and role negotiation (Sexton Topper and Bauermeister, 2021). This may also include contexts involving overlapping transitions (e.g. retirement, parenthood, bereavement), identity reconstruction in liminal consumption, and marketplace exclusion. In summary, timelines can address the limitation of the theoretical and empirical characterization of transitions and the resulting impact on individuals and those around them by enriching oral communication with alternative forms of expression that support perspective and a nuanced understanding regarding the complex and multidimensional experiences associated with transitions.

*Limitations.* Timelines hold particular significance for marketers seeking to understand how meanings, roles and relationships of transitions shift over time, but is not without limitations.

First, while timelines can facilitate reflection and sense-making, as with many forms of participatory and qualitative research with young people, visually mapping these experiences may elicit and resurface distress or experiences of vulnerability for certain groups. To minimize potential harm, ethical safeguards such as participant agency, the option to withdraw, and opportunities for debriefing should be prioritized throughout (Bagnoli, 2009).

Second, timelines require careful planning, transparency and reflexivity. However, explicit best-practice guidance is limited (c.f., Adriansen, 2012). Thus, adopting a participant-led approach that empowers and encourages individuals may facilitate and enable considerable depth and reflection regarding changes triggered by their illness and the meaning and impact of these changes over time across the life course, which might otherwise remain unspoken and hence unknown. Moreover, timelines pose analytical challenges, requiring careful attention to form (e.g. visual layout, sequencing, symbols and spatial organization) and content (e.g. events, emotions and accompanying narratives) and researcher reflexivity. This study addressed this by combining critical visual analysis (Rose, 2001) and structured coding (Basnet *et al.*, 2023). Further research is needed to develop clearer standards and enhance methodological rigor in future applications of timelines (Adriansen, 2012).

Third, although timelines risk imposing linearity on experiences that may be fluid or nonsequential, this was mitigated through participant control over the visual form, scope and extent of their timelines. In this study, participants mitigated this risk through looping arrows and overlapping visuals to convey emotion, regression or cooccurrence. However, such visual representation may not be intuitive to participants (Bagnoli, 2009). Thus, an artist-facilitator was incorporated into this study to support visual expression and sustain engagement, particularly where experiences were abstract or challenging to depict. Marketing and consumer researchers without access to an artist-facilitator can provide participants with prompts, encourage the use of symbols, arrows and layering, as well as reassure participants that artistic skills are not requirement.

## Conclusion

This study demonstrates the value of timelines for generating rich and reflexive accounts of experiences of health–illness transitions that are often difficult to express through traditional methods. Timelines enabled participants to express personal meaning, identify significant moments, and visualize patterns of progression, disruption and return in their healthcare journeys. The use of timelines leveraged rich data regarding how individuals manage change and reconstruct meaning in response to change. While timelines may not suit all research questions or participants, their ability to elicit depth, amplify voice and visualize meaning over time makes them a compelling addition to marketing’s methodological toolkit to advance understanding of transitions.

This study has broader implications for research, practice and society. For research, it advances participatory creative methodologies within marketing and consumer research, illustrating their potential for investigating sensitive contexts or exploring intangible, deeply personal and difficult-to-articulate experiences. Thus, timelines may be particularly valuable in other transition contexts (e.g. situational, developmental or organizational), where disruptive changes and experiences of vulnerability are ongoing (Mason and Pavia, 2016). For practice, timelines provide a practical tool for reflection and coproduction of knowledge between individuals, researchers and healthcare professionals. At a societal level, the use of timelines contributes to more inclusive and equitable forms of knowledge production by amplifying the lived experiences of vulnerable individuals and enabling them to exercise agency over their own narratives regarding their healthcare journeys in research.

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## Notes

- [1.] In the literature, timelines are referred to interchangeably as ‘lifelines’, ‘life mapping’, and ‘journey maps’
- [2.] As the focus of this study is methodological, the qualitative themes and findings are not presented in this paper as substantive findings.

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### Appendix 1. Visual reflection

Before beginning the timeline activity, all participants engaged in short visual reflection exercises led by an artist-facilitator. This was designed to prompt personal reflection and prepare participants to represent their experiences visually. This Supplemental Material are included for transparency in this research and to support readers who may wish to adopt or adapt these visual approaches in future research.

### Visual thinking strategies (VTS)

The VTS exercise (Housen, 2002) was designed to support participants in gaining confidence in articulating their interpretations, practicing visual sense-making, and becoming comfortable sharing perspectives within a group setting before engaging with more personal reflection.

The artist-facilitator guided the VTS exercise using three open-ended prompts:

- (1) What is going on in this picture?
- (2) What do you see that makes you say that?
- (3) What more can we find?

The visual stimuli used in the VTS exercise was selected by the artist-facilitator to be nonclinical, ambiguous, age-appropriate and open to multiple interpretations. The aim was to enable participants to engage in open-ended sense-making. Examples of the types of images used during the exercise are provided below.



1 July 7 by Frederick D. Jones, Jr



2 Cakes by Wayne Thiebaud



3 The Tree of Life, Stoclet Frieze by Gustav Klimt

### **Reflective practice**

#### **Part 1: Taking on or letting go of responsibility**

Participants are to reflect on a moment when responsibility for diabetes management began to shift, whether taking on new tasks or stepping back to allow someone else to do so.

1. What is one task that is now mostly managed independently?
2. When did this shift happen?
3. What made you or the person you support feel ready to take on this responsibility?

#### **Part 2: Challenges in the transition to self-management**

Participants are to reflect on a moment when managing diabetes became difficult or required additional support.

1. What task or situation was challenging?
2. What was happening at the time that made support necessary?
3. Who provided help or stepped in during this time?

Participant timelines	Production of the image	Researcher notes
	When was it made?	Created during the workshop with young people in the individual timeline development phase
	What events preceded the drawing, both in terms of the participant's condition and the relationship established between participant and researcher?	Preceding this timeline, the participant engaged in discussions about their journey towards self-management, which may have influenced their approach to visual representation. The researcher acted as a facilitator to allow for autonomy in the participant's storytelling
	Where was the image made?	Created in a workshop setting alongside peers with guidance from the researcher and artist-facilitator. The environment was designed to be supportive, creative, and non-judgmental
	Who drew the image? Was the participant able to draw the image her- or himself, or was assistance required?	The participant drew the image independently but sought clarification on what elements to include and asked the researcher if their timeline had to follow a linear structure
	What was the response of the drawer to the request to produce the image?	Initially hesitant and expressed concerns about drawing ability
	What are the relations between the drawer and the subject of the image?	The participant is both the creator and the subject. The timeline acknowledges the role of family and external perceptions in shaping the transition to self-management
<b>The image</b>		
What is being shown? What are the components of the image? How are they arranged?	The timeline is structured from bottom to top. Key components include: Handwritten reflections on their diabetes journey, self-management, and social perceptions Symbolic visuals (footprints, arrows, smiley/angry faces, stars) indicate movement, progress, and emotions Arrows indicate iterative shifts (e.g., external misconceptions that impacted responsibility for diabetes management) Stick figure drawings of the participant, their family, and a sibling reinforce relational aspects	
What relationships are established between the components of the image?	The footprints signify progression towards self-management, and at a certain point, the arrows signify a setback. The text-based reflections highlight internal struggles and external judgments. The drawings of family members acknowledge the support system in the early stages prior to transition	
What use is made of color? What colors are used? What is the significance to the drawer of the colors used?	Bright stickers evoke positivity and achievement  Contrasting colors highlight key frustrations—misconceptions about Type 1 and the participant's independence	
What do the different components of the image signify? What is being represented?	The upward movement represents progress in self-management Footprints reflect walking through the journey and reflective practice of timelines The corrected words and crossed-out sections show an iterative thought process, reflecting how self-perception and external perceptions evolve The stick figures of family reinforce relational dependencies in the transition Emoticons and stickers in the timeline reflect struggles and achievements in diabetes management	
What knowledge is being deployed? Whose knowledge is excluded from this representation?	The timeline primarily reflects the participant's personal lived experience, particularly regarding misconceptions and their impact in the transition to self-management (e.g., the arrow going backward/ "People always asked me if I could eat sugar.") The focus is on social and personal dimensions Healthcare professionals are missing, suggesting that they may not have been as	

**Figure A1.** Exemplary critical visual methodology framework (Guillemin, 2004; Rose, 2001) applied in the data analysis process (e.g. data familiarization and researcher reflexivity)  
Source: Adapted from Guillemin (2004)

		central in the transition as family and personal learning were
	Is this a contradictory image? (to other collected data)	There are tensions in the narrative—while the participant expresses confidence in self-management, there is lingering frustration about stigma and misinformation The participant emphasizes self-sufficiency but also acknowledges parental support
	<b>The image and the audience</b>	
	Who was the original audience(s) for this image?	Created primarily for personal reflection but later shared in group discussions. The audience includes peers, caregivers, researchers, and potentially academic audiences when used in research dissemination
	Where is the viewer positioned in relation to the components of the image?	The viewer follows the timeline upwards, mirroring their progression over time. The arrangement invites engagement through text, drawings, and stickers, as well as encourages a nonlinear reading where emotions and experiences are interwoven
	What relation does this produce between the image and its viewers?	Encourages empathy and identification among peers who share similar experiences. The frustration with misconceptions about diabetes invites critical reflection
	Is more than one interpretation of the image possible?	Yes
	How is it redisplayed?	The image is part of the research dataset

**Figure A1.** Continued

Appendix 3

**Table A1.** Timeline analysis process

Basnet *et al.*'s (2023) Six steps for timeline analysis

Description	Application in this study
Familiarization	Reading and familiarizing oneself with the timeline information
Theme identification	Identifying themes and patterns chronologically
Compare across timelines	Compare and contrast themes between different timelines
Identify significant moments	Identify life events that shape the timeline
Review and finalize	Re-evaluate the themes developed
Present the story of trajectories	Show the actual timelines

Source(s): Basnet *et al.* (2023)

**Corresponding author**

Paula Leocadio can be contacted at: [pleocadio@ucc.ie](mailto:pleocadio@ucc.ie)