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# **Arts, Health & Wellbeing –Reflections on a national seminar series and building a research network**

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## **INTRODUCTION**

This article reports key outcomes from a UK seminar series funded by the Economic and Social Research Council that focused upon Arts, Health and Wellbeing. The series comprised four seminars delivered in Nottingham, Bristol, Glasgow and London during the period March 2012-September 2013. It was hosted by a steering group comprised ten academics from eight universities as well as an independent consultant from what was then the Public Engagement Foundation (all are listed as authors of this report). The steering group members reflected a range of disciplines including: nursing, human geography, art therapy, social policy, arts practice, psychology and sociology. This paper presents the key outcomes from the seminar series, drawing implications and priorities for the development of arts in healthcare as a developing field of study.

## **SEMINAR PROGRAMME FORMAT**

Research on Arts, Health and Wellbeing is found across many academic disciplines and creative agencies, but remains fragmented and intellectually diffuse. The Seminar Programme brought into dialogue different academic and practitioner perspectives, involving established researchers and major organisations in the field of Arts, Health and Wellbeing. Through this dialogue, the aim of the Seminar Programme was fourfold:

1. to generate consensus on the 'big questions' for Arts, Health and Wellbeing research

2. to advance and deepen theoretical, conceptual and methodological research on the processes and practices in Arts, Health and Wellbeing
3. to develop strategies for advocacy and knowledge exchange with policy-makers, funders and arts agencies and practitioners
4. to establish the foundations for a national network in Arts, Health and Wellbeing

## **RESEARCH CONTEXT**

Over the last thirty years, in the UK, there has been sustained growth of interest in the value of creative arts for wellbeing and health. There is considerable vibrancy in this field, with health trusts, arts organisations and charities working together to promote individual, professional and community health and wellbeing through the arts. Under the leadership of Peter Hewitt, the Arts Council England (ACE) encouraged the development of this field. This Department of Health (DH) broadly supported this work and in 2007 various policy documents were published to support it (ACE, 2007; DH/ACE, 2007). However, until recently, there has yet to be established a research network focusing on arts, health and wellbeing. This seminar group sought to launch such a network to draw together academics from range of disciplines and perspectives in order to share research findings, review methodologies, develop underpinning theories and forge collaborations that will support further development of arts and health research and scholarship.

The first task of the seminar series was to reflect the range of academic engagement within the field of Arts, Health and Wellbeing. This falls very loosely into four broad categories. Probably the largest category of work has been to evaluate arts based initiatives and programmes for their impact on health and wellbeing. Leading examples include arts on prescription in primary care, arts in mental healthcare (Secker et al. 2007), singing for health in communities and hospital based arts. The dominance of this highly programme-focused and applied research within arts and health is not surprising given the need for advocacy in the face of what is widely perceived as a de-valuing of the arts and humanities in contemporary societies increasingly concerned with economic crises and austerity. Researchers have endeavoured to build the evidence base for arts, health and wellbeing in terms of the health sector's identified

information needs by producing systematic reviews, evaluation research and qualitative studies (e.g. Daykin, 2005; Daykin et al., 2006) Evaluation research has encompassed a range of programmes within health and social care, such as arts based social prescribing for mental health (Stickley, 2010). Such orientations are welcome but not beyond critique and the seminar series has tried to hold such tensions and work creatively with them.

Beyond the health sector per se, research has examined the potential value of arts to participants in community settings. Examples include group singing for wellbeing and health (Batt-Rawden et al., 2005; Clift and Morrison, 2011) as well as the benefits in specific ill-health experiences such as mental health, dementia or Alzheimer's (Hara 2011a; 2011b; Parr, 2006; Stacey and Stickley, 2010). Again, researchers are experimenting with building evidence in the terms of the health and medical domains; the first randomised controlled trial of community singing for older people has recently been completed (Livesey et al., 2012). Engagement with visual arts and museum/gallery-based community research with young people, working age adults, older adults and those with pulmonary disease and dementia have all demonstrated benefits for those populations (Camic, 2008, 2010; Clift, et al., 2009; Alcock, et al., 2011; Roberts, et al., 2011). Arts based research with older women has also explored later-in-life wellbeing through arts engagement (Hogan & Warren 2012).

These studies often work with expanded definitions of health and wellbeing that encompass a range of personal and social benefits. Most broadly, arts in health is defined as "creative activities that aim to improve individual/community health and healthcare delivery using arts-based approaches" (White, 2009: 11). Hence it is differentiated from some forms of 'art therapy' by its non-medicalised and flexible approach (White & Angus, 2003) though there is overlap with art therapy studio-based approaches and art therapy for social-action. As such, arts in health interventions are mobilised to address a wide range of social issues. Evaluation studies have examined broad impacts including social connectedness or social capital as well as psychosocial impacts such as improved confidence and self-esteem (Spandler et al., 2007; DeNora 2011; Ansdell and DeNora 2012). Indirect impacts on wellbeing and ultimately factors known to affect health include social outcomes such as employability (White and Angus, 2003). There is a growing body of research that examines the links between arts and health in relation to wider social concerns such as issues of cultural citizenship

(Parr, 2006; Hogan & Warren 2013). Community arts specifically engage individuals and groups of individuals in arts activities not only for individual gains but more particularly to address both individual disadvantage within a given social landscape and to strengthen the sense of cohesion and community within such landscapes (White, 2009). There is potential for greater connection between research on public art, public festivals and events, architecture, design and so forth and the field of arts and health.

The arts have been drawn on to address organisational practices and cultures that in turn impact upon health and wellbeing. The best known intervention of this kind is the government funded Creative Partnerships programme which aimed to impact on learning environments and cultures of practice (Thomson and Sanders, 2010). Whilst ultimately an education and pedagogy facing intervention, specific programmes often had social and emotional wellbeing as central concerns. Finally, there is a small body of work in which the arts are used not as a means to impact health and wellbeing but as the means either to research health and wellbeing, for example, as a methodology for improving understanding of the lives of vulnerable groups (Parr, 2007).

The seminar series drew together academics and practitioners from across this range of research and scholarship, from clinical evaluations through to explorations of arts based communities of practice. This was challenging, not just because of the breadth and depth of the research base, but also because of the different disciplines and traditions represented. Participants often struggled to find a common language to talk about the impacts and challenges of using arts in health and social care. A further challenge was presented by different definitions and understandings of research that these disciplines represent. For those most closely aligned with the development of clinical services, evaluation research was a clear priority for the series. However, it was recognised that there are dangers of overlooking other forms of research, not least, the conflation of research with advocacy and the obscuring of more critical theories and perspectives, including those emanating from arts, humanities and social science disciplines.

A second challenge for the series organisers was to consider how we might support the development of underlying theory in research on arts and health. While evidence from evaluation research is accumulating (Staricoff, 2006), there has been far less attention to developing conceptual and theoretical frameworks

for understanding the processes through which the arts may exert their benefits (Daykin et al., 2007). Theoretical perspectives may be constructed from a complex menu of the inward looking disciplines of psychology, biology or neuroscience, more interactive disciplines of sociology and anthropology, the spatial and temporal disciplines of geography and history or more contemplative elements in the humanities including philosophy and studies of the various art forms themselves such as literary studies, media studies and so forth. Whilst within any one of these disciplines, theoretical and conceptual debates exist that may include reference to the arts and which certainly have relevance to arts engagement, there has been little drawing together of these diverse strands into a productive dialogue within the arts and health communities. And there is a particular gap in research beyond the arts therapy traditions examining the nature of arts practice itself, as opposed to the person engaging or the benefits. Kilroy et al., (2007) offer what is probably the only general model of the relationships between the arts and wellbeing in which they propose that a holistic approach to the person interacts with a facilitative environment to generate an openness to change. The arts in this model act as a type of catalyst to change. The seminar series had highlighted the need for further work looking at the underlying components of the interventions themselves, to build a more nuanced understanding of arts-based interventions and a stronger theoretical base.

The Glasgow seminar sought to open up and directly address the need for more theoretical nuance in arts and health research and produced challenges for the network to not only be *'concerned with establishing whether there is a causal relationship between arts practices and health outcomes; rather, [...] focus [...] on how these practices can be understood'* (Broderick, 2011, p95). In order to carve a distinctive intellectual place in an interdisciplinary academy, this seminar challenged researchers to engage further with and in philosophical curiosities as well as measurement. The work of critical scholars of arts and health were used to frame this debate in order to challenge the research network:

*'The specific subject domains of "arts" and "health" do not exist as concrete entities, but are shifting, amorphous and contested, subject to competing knowledge claims ...'* (Broderick, 2011, p95)

The current landscape of social theory is relevant to arts and health researchers – particularly with new thinking around affect and theories of practice (Stewart,

2005) and the series calls for researchers to engage with this kind of work in order to secure wider engagement in the academy. The series warned against a development of 'models' of theory. Instead the series calls for researching arts work to be a creative conversation between the places, sites and spaces in which it occurs and the radical possibility of its practice. The relationship between research and arts and health need not be formulaic and understanding that as strength and not a weakness is what the research network emergent from this series can articulate.

Research on Arts, Health and Wellbeing is an expanding field of interest as reflected by the emergence of, and investment in, several distinct centres inquiry which are all represented on this project<sup>1</sup>. The growing strength of the field is reflected in the fact that it now supports two dedicated journals: *Arts & Health an International Journal of Research, Policy and Practice*; and *The Journal of Applied Arts and Health* although there is a need to reach out to the wider academy. The Seminar Programme sought to facilitate this by drawing together the researchers and stakeholders most engaged with arts and health research at the current time and spotlight a range of studies, theories, methodologies and applications which are compiled virtually <http://www.artsandhealthresearch.ac.uk/artshealthandwellbeing/index.aspx>.

The website acts as an important portal for the research network and future developments.

## **EVALUATION OF THE SEMINAR SERIES**

The 'big questions' were at the forefront of the seminars and the entire programme addressed the theoretical, conceptual and methodological research on the processes and practices in Arts, Health and Wellbeing. For example how to value, collect, analyse 'evidence' of arts impact; how to move beyond health economics, what counts as health/wellbeing, what are the mechanisms, ontologies of illness/health, eventful bodies and extremis role of arts, medical

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<sup>1</sup> : University of Nottingham, the Centre for Medical Humanities at Durham University MIRIAD at the Manchester Metropolitan University, University of Glasgow, University of the West of England, the Sydney de Haan Research Centre for Music, Arts and Health, and SocArts at the University of Exeter The University of Derby supports 'expressive therapies' as well as the traditional range of HCPC registration focussed arts therapy trainings, and DMT, with arts and health topics supported at Doctorial level, making it the largest provider of such in the UK.

'authority', questioning experience and its origins? Were each addressed. Issues beyond evidence were explored for example lay expertise, alternative methods of documenting impact of the arts, evaluation and 'beyond' towards new ontologies of health/wellbeing/illness and ultimately to policy implications.

The content of aim 3 was discussed at each of the seminars as delegates were very keen to engage with the current political agenda. In the course of the project, Lord Howarth had challenged the group to develop a manifesto for knowledge exchange and this activity was incorporated into the programme. The final aim was fully met as during the programme, funding was acquired to establish a network and the steering group for the Seminar Series has since become the steering group for the network. This now has nearly 200 members and future activities have already been planned.

### **MOVING FORWARD**

This emerging network is extremely inter-disciplinary and growing. This is an ideal platform for growth. With three year funding from Lankelly Chase Foundation, the website can be developed and maintained and a five year plan can be developed beyond the initial funding. The Royal Society for Health Promotion has agreed to host the network as a Special Interest Group under their auspices. The PhD students and early career researchers who have engaged with the series have also created a network on social media and this has 85 members. They have independently organised a follow-up seminar. A number of the steering group have also collaborated in preparing and submitting other bids for research funding for Arts, Health and Wellbeing studies.

In terms of political engagement, during the course of the programme a number of the steering group were invited to the House of Commons for a roundtable meeting with Culture Minister Ed Vaizey on the subject of culture and wellbeing. Furthermore, the steering group also gave constructive feedback to Sir Peter Bazalgete on the Arts Council's recent "Evidence Review". This feedback was appreciated and has led to closer working between the network and his department.

The authors are in the process of submitting a book proposal to an academic publisher entirely based upon the content of the Seminar Series.

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