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UNESCO Observatory Multi-Disciplinary Journal in the Arts



Guest Editors

Mike White

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development of research-guided practice
in community-based arts in health

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ABOUT THE E-JOURNAL

The UNESCO Observatory refereed e-journal is based within the Graduate School of Education at The University of Melbourne, Australia. The journal promotes multi-disciplinary research in the Arts and Education and arose out of a recognised need for knowledge sharing in the field. The publication of diverse arts and cultural experiences within a multi-disciplinary context informs the development of future initiatives in this expanding field. There are many instances where the arts work successfully in collaboration with formerly non-traditional partners such as the sciences and health care, and this peer-reviewed journal aims to publish examples of excellence.

Valuable contributions from international researchers are providing evidence of the impact of the arts on individuals, groups and organisations across all sectors of society. The UNESCO Observatory refereed e-journal is a clearing house of research which can be used to support advocacy processes; to improve practice; influence policy making, and benefit the integration of the arts in formal and non-formal educational systems across communities, regions and countries.

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International perspectives on the development of research-guided practice in community-based arts in health

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THEME

Health has become a recurrent topic in discussion of the role of the arts in society, fuelled by a growing body of research into links between culture and flourishing. In community arts in particular there has been a widespread development of projects addressing health issues. This is a distinct area of activity operating mainly outside of acute healthcare settings and is characterised by the use of participatory arts to promote health. There are indications that this work is developing in response to health needs of communities in differing cultures and healthcare systems around the world, but so far there is little mutual knowledge or connection of the work at an international level.

This issue aims to draw together well-researched case studies of community-based arts in health projects from different parts of the globe. Each case study should explain the motivation for the work undertaken and its sensitivity to context and cultural diversity, the partnership structures and ethos developed in its delivery, and the research methodologies used. Submissions are particularly invited that reflect multidisciplinary knowledge of the application of arts development to health and flourishing communities from the perspectives of applied arts, public health, anthropology, social geography, education and other disciplines.

Thinking the World of Arts in Health

Mike White

A few years ago I invited around 20 international colleagues (an equal number of practitioners and researchers) to explain what were the principles and values that informed their interest in community-based arts in health and their current lines of enquiry. I then made a subjective assessment of the key and recurring points they made. This was not intended to produce a credo or manifesto, but simply to identify what might constitute common ground for collaborations. The recurring points were:

- We have a sense of crossing professional boundaries – in hybrid and unconventional roles – with a tendency to generalism and/or inter-disciplinary collaboration rather than specialism.
- We have a commitment to social justice – addressing health inequalities through a nexus of collective creativity, health education and citizenship.
- We are activists, creating and connecting the field.
- We seek transformational change more than instrumental effects.
- Some of us thrive on complex connections; others strive to disentangle complexity – either way, we try to turn complexity into revelation.
- We focus on relationship-building through shared reflective practice.
- We are interested to connect the diversity of global practice of arts in health through a better understanding of process and context.

These several points have prompted many face-to-face and ‘virtual’ conversations I have had with researchers and practitioners since then, and in which I have come

to see that effective international collaboration comes from learning from different contexts and looking through different lenses. These conversations kept returning to questions of whether there are different types of language we should use to frame advocacy arguments for arts in health to participants, partners and policy makers. Must everything be recalibrated for context and cultural diversity, or are there global metaphors for arts in health and a shared set of values and principles?

At a 'critical mass' colloquium on international arts and health held at Durham University in 2011, it was resolved that a helpful development might be the establishment of an international media centre able to translate across cultures and healthcare systems and present community-based arts in health as an increasingly global phenomenon that is sharing its ideas on practice and clustering around a common research agenda. From emergent collaborations we might, for example, collectively test out hypotheses around what makes for flourishing and extend concepts around arts in health into global practice, ascertaining their relevance and application. 'Flourishing' ups the game on considering what makes for health and happiness - it can cope with ambiguity of circumstance and sees in both philosophical and social justice perspectives that it is not possible to flourish at the expense of others. We felt we could show that international collaboration articulates a new world of arts in health practice which demonstrates value and captures imagination. A word that became currency in these conversations to describe impact and dissemination was 'viral', in a benign and organic sense. To assist that process, as we grow an evidence base from research-guided practice there needs to be some relaxation of intellectual property so that findings can be accessed and redistributed globally. Meanwhile it was agreed it would be worth writing papers on the 'critical mass' approach and process, and inviting other papers that look at current work through the lens of internationality.

This is why I and my co-editors Sarah Atkinson and Margret Meagher (who also attended the 'critical mass' meeting) accepted an invitation to put together this special issue on international approaches to participatory and community-based arts in health. The papers originate from UK, Ireland, Australia and New Zealand, and they cover both rigorous research and close-hand descriptions of process which together may help the reader to formulate ideas of what common ground and purpose there can be in international exchange in the field. This special issue is aimed at practitioners as well as academic researchers, and that has been reflected in our choice of papers and their independent peer reviewers.

Francois Matarasso's paper 'Creative Progressions' establishes a keynote for the special issue through a well-argued discussion from both philosophical and practical standpoints of some commonly misunderstood notions of 'quality' in participatory arts practice. It raises issues that are crucial for the effective delivery and evaluation of community-based arts in health projects, and makes an important contribution to understanding the complex 'quality' issue that is at the heart of debate on socially responsible art. Another paper that should provoke discussion is Annick Jansen's openly subjective multi-media account of the progress of an autistic artist schooled in New Zealand towards gaining the recognition of the international art world.

On the frontline of practice, there is Michelle Jersky et al's strong narrative account of her immersion in developing creativity in an at-risk community in New South

Wales to address the social determinants of health. There is useful knowledge transfer and crossover potential in her report to inform work with marginalised groups elsewhere, whilst keeping in mind the well-described cultural parameters and sensitivities inherent in her work with a specific indigenous population.

The two papers for Ireland, by Aine ni Leime and Ann Leahy respectively, provide complementary insights into the practice and research of arts work with older people. Bealtaine is a national arts for older people festival that is now influencing the development of similar initiatives in several countries. The scale of this event and the impact it has had on the well-being and cultural vitality of a nation's older generation is extraordinary. Leahy's paper summarising a study of arts in some of Ireland's care homes revisits the 'quality of life' issue in a policy context and contrasts it with first-hand observations. Together these papers offer a powerful argument for the efficacy of the arts in relieving the care burden and upholding the dignity and agency of elders. Their views are supported internationally by the papers from Richard Coaten and Tina Heeley of the UK and Julia Gross Macadam of Australia who provide illuminating accounts of appropriate methodologies for research-guided practice in work with people with dementia.

For hard evidence of the benefits of arts in health we have scientific papers worked up from meticulously constructed case studies by Julia Anwar McHenry on rural practice in Western Australia, Ian Morrison et al's pathological and mental well-being data that constitute the benefits of singing arising from the explosion of interest in choirs for health in the UK, and Costanzi Preti's assessment of the best arts approaches to relieving stress for children and their families in inner-city hospitals in London and on their return to the community. Finally Susan Hogan and Lorna Warren's paper addresses, through comparative assessment of some UK arts in health projects for women, the predominant issue in the World Health Organisation's assessment of what matters most for global health; namely, the improvement of women's well-being and health literacy.

The papers in this special issue together show us that the research agenda for arts in health is vast as there is now a broad spectrum of practice and it is still innovative and curious. We must not stifle that emergent vision and potential by only seeking a proven evidence base for arts in health that is narrowly defined through 'control' based intervention within the dominant medical models of our healthcare institutions and national cultures. This reduces the whole arts and health field to being some kind of ancillary treatment in healthcare. As I saw at an international arts in health conference in Bristol in June 2013, the emergence of small cross-national collaborations brings a renewed significance to narrative-based research because of the need to respect and reconcile differing cultural nuances in the application of creativity to health promotion. Finding common ground here precedes the challenge of identifying the relative medical and cost benefits across different systems of health education and welfare. The 'healthy living' stories we generate and exchange are the basis for international practice in arts in community health.

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