

Talking Points:

Arts and Health in Communities

2023

This guide is produced by the Northern Dimension Partnership on Culture (NDPC) in collaboration with the Northern Dimension Partnership in Public Health and Social Well-being (NDPHS). The guide is based on lessons learned in the “Art of Staying Healthy:” pilot projects. It aims to offer support to arts and health practitioners interested in creative approaches to wellbeing.

Authors, Evaluators and Consultants

Dr Diana Walters, BA, MA, Cert Ed, PhD, FMA
UK

Inga Surgunte, Mg. art., Mg. philol.
Latvia

Introduction

Thank you for reading this document.

It comes with a health warning – it might change you. The main purpose that we have here is to start conversations and invite you into areas that you might not frequently visit.

In a broken and challenging world, the importance of wellbeing is worthy of serious attention. There are many reasons for this – the obvious health benefits of increased hope and optimism, the resilience of stronger communities, the lessening financial cost of crisis interventions and the personal growth that can arise from confidence and self belief in dark days.

This document is about arts-based interventions that combine medical and cultural approaches. It has been deliberately experimental – bringing people together that might not easily collaborate, and testing approaches and methods designed to blur and fuse boundaries that are so often perceived and felt between cultural and medical practice.

There are five short vignettes and five short principles. Though these are linked in the text, the principles apply across all projects and the outcomes were across several areas.

So please, read, digest, argue, criticize, discuss and talk. Above all, engage in that active listening that puts our own internal dialogue and hold and allows us to really hear – with all of our bodies and senses – what someone else is saying. This is the essential basis of co-production and can facilitate extraordinary, life changing results.

Content

1

**Learning on the way –
Reflection and reflexivity**

5

2

**Creative partnerships –
Participation and co-production**

8

3

**Showing that something is happening –
Impact and evaluation**

11

4

**Opening doors –
Designing for access and inclusion**

14

5

**Bringing worlds together –
The social and medical models**

17

Learning on the way – Reflection and reflexivity

1

– **Success is a journey not a destination.
The doing is often more important
than the outcome.**

Arthur Ashe

Curiosity is the tool of the imagination. Scientists and artists alike experiment with ideas and approaches. Investing in learning is a key approach for cross sectoral working. It is easy to make assumptions that what we are seeing or feeling is shared by others.

Two platforms for this are **reflection and reflexivity**.

Reflection means creating space – emotional, physical, and intellectual – to critically look at what is happening and how people are feeling. This key part of the learning cycle is easy to hop over when the project is under pressure, but moving straight from experience to analysis will reduce the opportunity for new knowledge and insight to be harvested. This space might be uncomfortable, but that is an embodied clue that something needs attention. Building in reflection, evaluation and review will ensure that the project captures unexpected outcomes and is able to respond to changes more easily. It must be planned in from the outset.

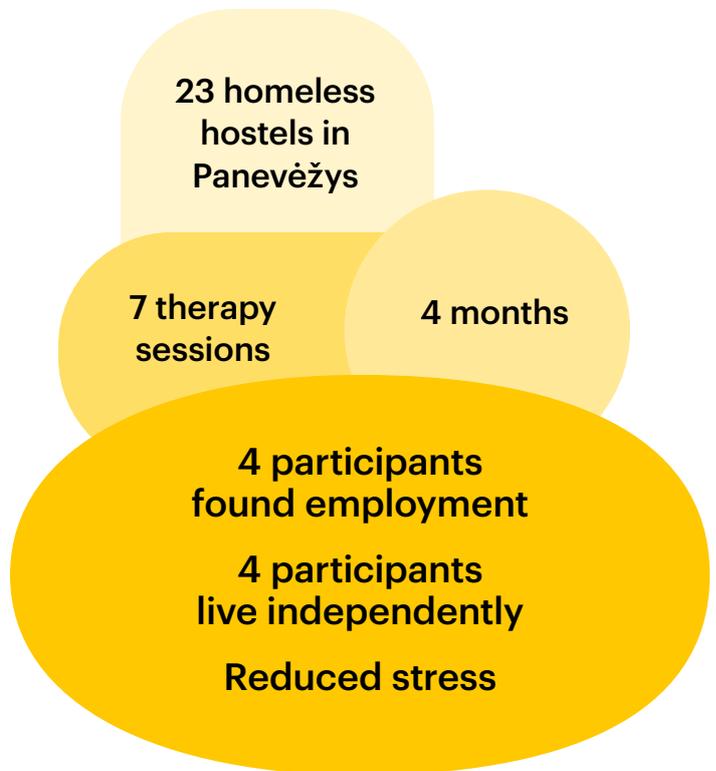
Reflexivity is about self-awareness. Being engaged in collaborative projects may open up aspects of ourselves that are currently unvoiced or invisible. Expanding our emotional literacy and intelligence is of professional and personal benefit.

Case study 1

— It made me wander into myself...

revealed one of the participants of the project **CREATIVE HOME(less)** developed by Panevėžys City Municipality administration, Panevėžys Hostel for homeless and Stasys Eidrigevičius Art centre in Lithuania.

The project provided seven art therapy sessions to 23 homeless hostel residents in various cultural places (e.g. museums, galleries) in Panevėžys. After only four months the outcomes were very convincing: 4 participants found employment and 4 participants moved from the hostel to live independently. Others found the courage to continue visiting various cultural spaces on their own. Reduced stress and changes in controllability were also expressed through therapeutic drawings before and after participation.



- At first I thought it was bullshit, I thought that our “artist” was some kind of a freak, but now I can say that the therapy is really good, it catches such corners, it made me wander into myself... (Viktoras)
- I had a nice time, I relaxed, my heart felt very peaceful. (Antanas)
- Maybe I got a little more courage to talk about myself. Anyway, I dared to accept a job offer abroad and try to get back on my feet, and next week I’m moving to Norway. (Laurynas)



Case study 1

The project was a self-reflective experience not only for the participants, but also for the project organisers themselves and wider stakeholders. The success of it laid in the **constant reflection on the process and flexibility.**

- In order to create a safe space and to provide an opportunity to grow social bonds it was decided to work with 4 groups of 5 participants instead of organising 30 art therapy sessions for random groups as it was planned initially. The new approach improved the confidence of the participants and encouraged mutual sharing and respected the emotional vulnerability of many of the participants.
- Facing bias and irregular attendance, the project team tried out different motivating techniques such as gifts and modified time schedules. However, time showed that the only effective motivator was therapy itself and the improvement of mental health and well-being that it provided.
- An unexpected outcome of the programme were repeated visits of the participants to the cultural institutions. It was important to ensure the possibility for maintaining this habit as a proof of acceptance and inclusion of the homeless in the cultural life of the city.

Being responsive meant that the project was able **to adapt its approach and be guided by the evolving needs of participants.**

In this way, the project participants and the team engaged in an equal cooperation and both experience personal and professional growth.

Find out more about the project: **CREATIVE HOME(less)**



Creative partnerships – Participation and co-production

2

— **Alone we can do so little;
together we can do so much.**

Helen Keller

At a time when resources for health and wellbeing are distributed with increased unevenness, the benefits of working with others are essential for sustainability and meaningful impact. Yet building effective and creative partnerships is time consuming and often challenging – not least because of the limited insight and understanding we often have of the ways others work.

Both the cultural sector and the health sector are finding that where co-production is achieved, outcomes can be transformative. The mental health forum in the UK writes that ‘Co-production is about both mindset and culture It is a coming together of people interested in and affected by a shared issue, to work together as equals to achieve the best shared outcome. They value and utilise the experience, expertise and vision of all stakeholders who have the courage to think and act in ways that promote positive change.’*

There are several foundational principles for co-production. Four key ones are **equality, diversity, accessibility and reciprocity**. These are fine words, and investing time exploring what these look like in terms of methods, tools and approaches is a good place to start when building co-production. For example, what does it mean to have equality at the heart of working? Who makes the decisions? Where is the power? Having these clear is essential for building trust.

Reciprocity is about recognising that everyone needs to get something back for what they put in. Too often vulnerable and marginalised people are ‘used’ in projects as a way of justifying funding or reaching criteria. This will not help wellbeing and could result in the opposite if expectations are raised but not met. Co-production mitigates against this by being transparent and respectful, as well as flexible and creative.

* **Welcome – How you can be involved in Co-production** – accessed 4 March 2023

Case study 2

The project **'Better'** begins in the belief that both **art and psychotherapy** can support mental health. The project was developed jointly by the art focused foundation "Propaganda" and the foundation for mental health promotion "Można Zwariować" in Poland.

The project explored the relation between therapeutic benefits of art and the approach of psychotherapy. **A short film** was produced, comprising three interviews featuring young creatives who attended psychotherapy and benefited from it. They talk about why they decided to go for psychotherapy, what it meant to them and how it influenced their work. The film shows them as participants of two parallel processes: therapeutic and artistic.



One of the artists revealed:

- In general, if I cope with my emotions, it's thanks to the projects. I tend to escape from emotions and feelings and make art about it. There were however moments in my life where I couldn't cope anymore. And that's how I found myself in therapy and it has only done me good.

Case study 2

The premiere of the film was followed by a panel discussion involving the psychologist, art therapist, curator and author of the film, who discussed the relationship between these two parallel processes – the artistic and the therapeutic. The different therapeutic benefits which artistic expression can bring were explored. Another theme was how therapy can support people working creatively. One of the important topics discussed was the idea of psychotherapy being not only a support for healing, but also a tool for self-discovery, just like artistic expression. In this way, **by exploring the differences and similarities of arts and therapy, the representatives of both sectors were laying groundwork for respectful and equal dialogue and future collaborations.**

The audience of the event, mainly artists and cultural professionals, responded to the positive awareness raising, affirming that such approaches really helped to reduce barriers, thereby empowering people to explore different approaches and potential areas of support and creative expression.

— This film encouraged me to return to psychotherapy, which I have been thinking about already for some time.

— I always believed in psychotherapy, but the film made me feel even stronger that psychotherapy 'has a power' :)

Find out more about the project (in Polish):

BETTER



Photo: Martyna Nitkowska. © Propaganda Foundation, 2022

BETTER

Showing that something is happening – Impact and evaluation

3

- **Evaluation is creation: hear it, you creators! Evaluating is itself the most valuable treasure of all that we value. It is only through evaluation that value exists: and without evaluation the nut of existence would be hollow. Hear it, you creators!**

Friedrich Nietzsche

Everyone is looking for funding. Resources are scarce and funders look for 'evidence and proof' of impact. For many this is a barrier – the heart sinks as ways to 'show the unshowable' are articulated.

This is an opportunity missed. Experimentation is based on trying something to see how it works – there's always an outcome. Health and culture working together can combine qualitative and quantitative outcomes by blending their approaches and learning from each other. The use of story and personal testimony is often dismissed as 'anecdotal' but as more and more is known about the neurological impact of emotions and their power to aid wellbeing, this is starting to shift. It's more than playing a game, it's strengthening advocacy and claiming power from voices that are so often dismissed, marginalised or unheard. Finding a common language reduces divisions and, rather beautifully, can open up resources that at first glance might have seemed beyond reach. A reflective approach also helps to strengthen the power of diversity. There is not just one story.

Case study 3

— I saw other participants changing emotionally over time.

This was a common observation in the project

Creatively Feeling carried out by the ISSP in Riga, Latvia.

Creatively Feeling: An Artful Approach to Mental Health & Healing was implemented as a community art therapy project piloting research into the integration of arts and mental health. The project used photography and collage as therapeutic arts intervention tools for adults and teenagers experiencing symptoms of depression and anxiety. Three pilot art therapy groups (teenagers, adults of 20 – 27 years, adults over 27 years) were led by art therapist Julia Volonts with support of Riga Stradiņa University Art Therapy programme Masters' students. Each of the groups participated in eight art therapy sessions over two months.

As one of the project's goals was raising awareness of the benefits of community art therapy methods, **the team was determined to establish a statistical analysis framework that allowed them to assess the therapeutic effects of the programme.** Weekly therapy sessions were structured into four parts: an introductory group check-in, mindfulness exercises, art intervention, and group discussion exploring creative processing. The change in participants' symptoms was measured through intake evaluations, post-group questionnaires and final feedback. Each intervention addressed a specific clinical rationale applicable to the groups and project purpose. Tools used for measuring depression and anxiety levels of participants included Patient Health Questionnaire 9 (PHQ-9) and Generalized Anxiety Disorder 7 (GAD-7). The data was gathered and analysed by Sophie Mind – an international start-up company that designed a tool to tackle the complexity of mental health by combining state-of-the-art algorithms with a user-friendly interface. In summary, although the sample was statistically small, the results were positive – wellbeing and self-confidence of the participants had increased in all of the groups. In the final questionnaire of the project all of the participants noted that the creative tasks in the group contributed to their personal development and exploration.



Case study 3

As the outcome evaluation was embedded in the project from the start, it enabled the team to capture the positive transformations in the participants throughout the process and to obtain data that proved the effectiveness of the programme. As a result, community-based art therapy gained more visibility in the Latvian cultural sector and health professionals expressed an interest in engaging with the method.

- It was a beautiful experience and a way to find time for myself and engage in creative activities as well as reflect on my thoughts and way of being. The group was very open and honest, which I loved. I felt like we formed a really safe and accepting place for everyone...
- I think I gained some insight about myself and my feelings, because hearing other people open up about theirs made me think more about my own experiences and how they compare between me and others my age.
- It was definitely worth participating. I think the most valuable thing was to learn that other people are also facing the same problems as myself, which reduced the feeling of loneliness.
- It was valuable to take part – I found a space where I am understood, as other participants were going through similar experiences. An environment where I don't have to pretend, where I can be as I am. Where you don't have to always be happy and smile, where it's allowed to feel.

For more information, as well as freely downloadable PDF with Programme Methodology and art interventions outline

Creatively Feeling



Opening doors – Designing for access and inclusion

4

— **Universal design is the design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design.**

Ron Mace

Society is full of barriers. These can be physical, sensory, financial, emotional and attitudinal. Moving through the environment can be difficult or impossible for many people.

Understanding where the barriers are in your organisation, building or team is a key first step in moving towards inclusion and participation. It is vital that this is done in consultation with your users and partners – it is simply not possible to identify all the barriers (potential and actual) without listening to others. For example, producing information in just one format (printed, to a standard size and font) might not work for all participants. How else can people access information without having to ask every time? This relates back to the principles of the social model explored earlier.

Modelling promising practice by demonstrating accessible and inclusive approaches is helpful for everyone. It sends a powerful signal about equality and diversity.

Case study 4

The design of the project **'STIMULI'** from Germany **evolved around user needs.**

Interdisciplinary artist Irene Fernandez Arcas and designer Laetitia Barbu teamed up with yoga and breathing expert Amanda Morelli and health experts to encourage the practice of yoga, breathing exercises and meditation in order to reduce children's and adults' physical pain as well as stress and anxiety in hospital and care settings. The preventive approach is also particularly important for this project. Various forms and representations of drawings inspired by yoga postures were printed on daytime care clothes and pyjamas of both patients and caregivers, complemented by explanatory cards and videos – to introduce, train and to remind the patients to practise breathing exercises and movements in an interactive and playful way and decrease sedentary habits.

This approach can be used for building a healthy care routine and preventing unhealthy patterns through the promotion of movement and mindfulness. It can also be used for management and treatment of specific illnesses.



Case study 4

In development of the project artistic practice and art therapy methods were combined with a **Design Driven Innovation** and experience design approach which consists of 3 main phases.

Listening. The purpose of this phase is to explore both known and unknown user needs. The review of studies and reports made it possible to contextualise the project in the current social and health innovative approaches. Observations and interviews with people receiving care, especially children, allowed the project to identify different types of needs in the context of the care they receive, but also their own ways of managing stress and pain.

Interpreting. The artist and designer translated this user insight into a new solution – hospital and/or preventive care pyjamas with drawings inspired by yoga postures to provide patients with self-help techniques that might support their physical and mental health inside and outside hospital treatment time.

Addressing. Prototypes of pyjamas were created and tested together with children, parents, care staff and health-wellbeing professionals. Different textiles and printing techniques as well as explanatory courses and materials were adjusted to the needs of the future users.

With this approach **art and design are able to propose new meanings and trends, influence the context of people’s lives, and stay connected with the participants’ experience and be relevant to them at the same time.**

- The simple illustrations make it so easy for me to remember the yoga postures. Sometimes when I see myself in the mirror with the pyjamas on, it reminds me to take a deep breath. (Alina)
- So I can do everything by myself!”, “Let me try to do the frog ... (Maya, 6 years old)



Prototypes of STIMULI pajamas. © STIMULI project, 2022

Bringing worlds together – The social and medical models

5

— ... everyone knew that all islands were worlds unto themselves, that to come to an island was to come to another world.

from Tigana, by Guy Gavriel Kay

Bringing cultural professionals and medical professionals together can sometimes feel like two worlds colliding. We tend to work within our own spheres, with shared language, values and often behaviours. Think for a moment how you might describe someone from 'another world' ... a 'typical' artist or a 'typical' health worker.

We need to recognise that sectors develop their own norms and values. There are times when we might struggle to understand where ideas and approaches come from – and also the behaviours that accompany them.

A key to encouraging dialogue between health and cultural sectors is to discuss the Social Model and the Medical Model. The diagram below summarises this in a simple way. At the heart of it is an understanding of the relationship between the individual (the embodied self) and the environment. In brief, the medical model focuses more on the pathological – the experience of the body itself – whereas the social model will focus more on the context and environment.

This model is a very simplified diagram of a complex set of systems and relationships. Representing it like this can start a conversation – where is the overlap and the spaces of dialogue?

| Medical Model | Social Model |
|--------------------------------------------------------|----------------------------------------------------------------------------------------|
| The focus is on the individual person and their body | The focus is on the way environments and relationships impact on the individual person |
| The question asked is 'what is wrong with you?' | The question asked is 'what needs to change to improve your life?' |
| The focus is on practical and pathological information | The focus is on practical information |

**The important issue is to keep the person at the heart of the process.
What is their story, their hope, their voice?**

Case study 5

— **Inspired to live** was the most often heard phrase from the participants during the project *The Beauty of Self-Mercy and Life* from Latvia.

A group of people living with cancer participated in a one-year programme of activities that were developed by a cross-disciplinary group of health and arts professionals. The methodology of the programme was supervised and the health outcomes of the participants were assessed by clinical psychologist and trauma therapist Kristīne Maka. Her presence at the different stages of the programme ensured relevance of the activities to patients' abilities and wellbeing, essential for both for the participants and the involved artists. **The label of the "cancer patient" was consciously removed from participants during the project. Instead the focus shifted to transformative stages of life.**

The methodology developed in the project consisted of three major steps. Firstly, transformational life coach Aleksis Daume facilitated a series of group sessions which, based on dialogue and storytelling techniques, equipped participants to better manage crises and enhance problem solving, build self-confidence and self-belief, and uncover and share missions and visions of their personal lives. Secondly, individual art photo sessions with photographer Mētra Daume supported the participants to acknowledge and accept the changes in their bodies, discovering and appreciating their own individual beauty and value. A selection of ten large-format photographs from the photo shoots formed an exhibition at Riga East Hospital. Thirdly, the creative writing workshops, led by Velga Vītola-Kļava and the Ziedonis Museum served as a cathartic process, which also enhanced the social bonds in the group.



Case study 5

The programme showed decreasing levels of depression, anxiety, and PTSD for the majority of participants. Self-esteem and confidence also rose due to the exhibition of works and responses to it. **Participants also identified benefits of the programme beyond standard 'health benefits' but rather in non-medical outcomes that show the strength of a social model approach.**

- Sincere thanks to all project organisers. You have brought new knowledge about myself into my life, and this knowledge will support me further on. I thank all the participants – I was happy to meet you and get to know you better. From each person in the project, I received a ray of light, experience, warmth. I felt good, cosy, and comfortable together with you. (Svetlana)
- The project gave me a lot both socially and personally. It supported me through my darkest days, and I am grateful for meeting wonderful people and spending unforgettable days together. I believe in miracles, and the Ziedonis Museum is the place where miracles live and can be touched upon. (Eva)
- I liked participating in the project, it gave me the opportunity to communicate with understanding, close, intelligent, interesting people and bright personalities. Special thanks to the project organisers for our meetings, both to seminar leads and practical organisers. I liked the atmosphere of the Ziedonis Museum, the aura of this picturesque place, calmness, beauty, and wisdom of nature. (Juri)

Find out more about the project:

[Beauty of Self-Mercy and Life](#)



Project participant Natalija. © Mëtra Daume, 2022

Further reading

-  Daykin, N. & Joss, T. (2016).
Arts for health and wellbeing. An evaluation framework.
UK: Public Health England.
-  Fancourt, Daisy & Finn, Saoirse. (2019).
What is the evidence on the role of the arts in improving health and well-being? A scoping review.
World Health Organization. Regional Office for Europe.
License: CC BY-NC-SA 3.0 IGO.
-  National Disability Authority.
What is Universal Design.
-  Puja Turakhia, MS and Brandon Combs.
MD Using Principles of Co-Production to Improve Patient Care and Enhance Value.
-  Raelin, Joseph A. (2002)
'I Don't Have Time to Think!' (vs. The Art of Reflective Practice).
Reflections, Vol 4, No. 1, Fall 2002, pp. 66-79, Available at SSRN
-  Shape Arts.
What is the Social Model of Disability?
-  Taylor, M.
Disability Toolkit for Museums.
Cultural Heritage without Borders.
-  Warran K, Burton A and Fancourt D.
What are the active ingredients of 'arts in health' activities?
Development of the INGredients iN ArTs in hEalth (INNATE) Framework
[version 2; peer review: 2 approved] Wellcome Open Research 2022, 7:10
-  Zbranca, R., Dâmaso, M., Blaga, O., Kiss, K., Dascl, M. D., Yakobson, D., & Pop, O. (2022).
CultureForHealth Report. Culture's contribution to health and well-being. A report on evidence and policy recommendations for Europe.
CultureForHealth. Culture Action Europe.

**Northern
Dimension
Partnership
on Culture**

Northern Dimension Partnership on Culture (NDPC) is an international governmental organization that aims to enhance the creative sector capacities in the region. The Partnership consists of countries from the Baltic Sea Region and Northern Europe.

Dialogue and sharing inspiration and knowledge is the key – thus we aim to connect across borders, institutions and across sectors. We believe in human beings as the core source of creativity and change.

Learn more from: ndpculture.org



NDPHS

Northern Dimension
Partnership in Public Health
and Social Well-being

In the **Northern Dimension Partnership in Public Health and Social Well-being (NDPHS)**, we connect minds for healthy lives. The Partnership also consists of countries from the Baltic Sea Region and Northern Europe as well as several International Organisations.

Our vision is to lead the way to sustainable and inclusive societies with equal opportunities for good health and wellbeing for all throughout the life course.

Our mission is to provide an inclusive cross-sectoral platform for health advocacy.

Learn more from: ndphs.org