

engage

the international  
journal of visual art  
and gallery education

# Visual Arts and Wellbeing

39





# engage 39

## Spring 2017

### Editor

Barbara Dougan

### Editorial Advisory Board

Lawrence Bradby / Juliette Buss / Sarah Campbell  
Annie Davey / Penny Jones / Claire Robins  
Veronica Sekules / Jane Sillis / Miranda Stearn  
Michael Tooby

### International Advisory Board

Stina Hodgkvist / Maeve Mulrennan  
Claude Forteau / Gavin Jantjes  
Declan McGonagle / Ken Robinson

### Proofreading

Jessica Akerman

### Inviting contributions

Contributions are regularly invited on a range of themes, visit [www.engage.org/journal](http://www.engage.org/journal) for details.

### Write to the editor at:

engage, Rich Mix,  
35–47 Bethnal Green Road,  
London E1 6LA  
T: +44 (0) 20 7729 5858  
F: +44 (0) 20 7739 3688  
E: [editor@engage.org](mailto:editor@engage.org)

### Cover image:

Rachel Cherry

### Image on facing page:

Laura Aquilina, *One Magnificent City*, 2015,  
Digital Video, Bluecoat, Liverpool

# Contents

- |           |  |           |  |            |   |
|-----------|--|-----------|--|------------|---|
| <b>4</b>  | <b>Foreword</b><br>Jane Sillis<br>Director, engage   | <b>55</b> | <b>Heather Kay</b><br>Reports, data, trust<br>and relationships  | <b>98</b>  | <b>Rachel Cherry</b><br>Movement and<br>photography:<br>an artistic collaboration<br>in sheltered housing   |
| <b>6</b>  | <b>Editor's Introduction</b><br>Barbara Dougan   | <b>62</b> | <b>Sharon Paulger</b><br>A new perspective   | <b>104</b> | <b>Helen O'Donoghue<br/>and Marie Brett</b><br>No it's not me...<br>that's not me...  |
| <b>17</b> | <b>Amber Walls and<br/>Asha Munn</b><br>Creativity, connection<br>and soul joy: postcards<br>from the land of the long<br>white cloud  | <b>64</b> | <b>Chris Kelly</b><br>Practice makes research,<br>makes better practice:<br>participatory visual arts as<br>a therapeutic inpatient<br>rehabilitation intervention<br>for stroke | <b>112</b> | <b>Niki Colclough and<br/>Elizabeth Weiwiora</b><br>How can we develop<br>arts and health practice?<br>An artist and curator in<br>conversation                       |
| <b>28</b> | <b>Louise Thompson</b><br>Manchester Art Gallery:<br>The Mindful Museum  | <b>74</b> | <b>Josie Vallely</b><br>Health as narrative:<br>Using visual language to<br>move beyond binaries of<br>health and ill health   | <b>118</b> | <b>Anna Croucher</b><br>'Now I use colours not pills<br>to calm me down'. An NHS<br>community-based gallery<br>that embraces the concept<br>of mental health recovery |
| <b>33</b> | <b>Lucy Medhurst</b><br>Better futures in visual arts<br>and wellbeing   | <b>81</b> | <b>Marjolein Gysels,<br/>Hélène de Koekkoek<br/>and Marthe de Vet</b><br>Stimulating the positive<br>health of older adults<br>through the Art Makes<br>Man outreach programme   | <b>124</b> | <b>Becky Waite</b><br>Blue Room: Inclusive arts<br>at Bluecoat  |
| <b>46</b> | <b>Lyn French, Shiraz<br/>Bayjoo, Camilla<br/>Waldburg and Prue<br/>Barnes-Kemp</b><br>The making of meaning:<br>Bringing together applied<br>psychoanalytic thinking<br>and the visual arts to<br>support emotional and<br>mental wellbeing | <b>91</b> | <b>Jayne Howard</b><br>Something remains for<br>us to do or dare: cultural<br>entitlement in older age   | <b>130</b> | <b>Contributors' details</b>  |

# Foreword

**Jane Sillis**

Director, engage

This journal focuses on wellbeing and the contribution that engagement in the visual arts makes to the wellbeing of communities. Articles explore interventions, which support people whose wellbeing has been compromised by their circumstances, by ageing, physical or mental illness, for example. This is a timely moment to explore this important issue with the UK All Party Parliamentary Group for Arts, Health and Wellbeing due to report later in 2017.

Since 2009, engage Cymru have developed an impressive range of projects, which prioritises the wellbeing of participants and has set up a thriving arts, health and wellbeing network. This work echoes the concern of both the Welsh Government and Arts Council of Wales to support health and wellbeing through the arts. engage Cymru initiatives have included working with socially isolated older people and their carers, and people with mental illness working with art and artists. The benefits of the programmes for participants has been notable; a carer for an older person with dementia commented,

“Projects like this make carers last longer!”

While a project participant with mental ill health issues reported,

“It was a major self-esteem boost for us.”

A similar story is told in articles in this Journal. Jayne Howard describes older people enjoying engaging with contemporary art in a project ran in partnership with The Exchange, Penzance, and Heather Kay, South London Gallery, shares evaluation from a successful arts programme for parents with mental health issues who have young children.

engage Cymru initiated an arts and health network in 2013. The network now has more than 80 members, artists, arts organisations, health professionals, local authorities, higher education institutions and health boards. As a consequence of the network, a Cross Party Group for Arts and Health in Wales has been established, championed by Arts Council of Wales and the Welsh Government. The arts, health and wellbeing network have also shared expertise across the arts

and health sectors through a toolkit created with seed funding from Artwork Cymru on artists working in hospitals.

In February the engage team had a wellbeing week, where we reflected on wellbeing in the workplace and tried out some of the techniques described in journal articles, such as mindfulness. The week was a great reminder of how important it is to take care of both our own and our colleagues' wellbeing, as well as the value of initiating projects that support others.

# Editor's introduction

Barbara Dougan

*'Well-being refers to positive and sustainable characteristics, which enable individuals and organisations to thrive and flourish.'*

<http://cambridgewellbeing.org>

Wellbeing should be an obvious aim for human and societal development but has been neglected in many countries for centuries, in an unequal battle for economic development and the pursuit of material wealth.

In *Nature*: international weekly journal of science, the Director of the Well-being Institute, University of Cambridge, reviews Derek Bok's book on the politics of happiness published in 2010 <http://www.nature.com/nature/journal/v464/n7293/full/4641275a.html> and states,

*'It has long been assumed that economic prosperity brings happiness. However, the evidence is to the contrary. Economic growth in developed countries has gone hand-in-hand with a rise in mental and behavioural disorders, family breakdown, social exclusion and diminished social trust. In China, for*

*example, a 2009 study by German sociologists showed that the lifting of hundreds of millions of people out of poverty in the 1990s has been accompanied by an alarming decrease in life satisfaction at every level of income, in both rural and urban areas.*

*In 'The Politics of Happiness', law professor Derek Bok, a former Harvard president, argues that it is time to rethink the goal of politics: to promote well-being rather than wealth. His appeal that this is both necessary and timely rests on two key points: first, that there is an increasingly solid body of evidence about the causes of happiness and its individual, social and environmental benefits; and second, that most people are unaware of and need education about what will give them lasting satisfaction.*

*Happiness is a legitimate goal for government policy, Bok argues, because it is more than a private, transient feeling. Lasting happiness – well-being or 'flourishing' – depends on the ongoing process of how we live our lives. Well-being encompasses close relationships, utilising our strengths, helping others,*

*having a sense of purpose and believing that what we do makes a difference. Hence the pursuit of lasting happiness can lead to the development of more productive, cohesive, caring and sustainable societies.'*

Governments and international agencies are increasingly engaged with notions of wellbeing and happiness. Many national policy-makers have begun to recognise that measuring a nation's success by traditional economic values alone no longer suffices and that we need also urgently to understand how people experience the quality of their lives.

It is sobering that, as **Walls and Munn** remind us in their article, as long ago as 1946 the World Health Organisation declared that *'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'* and that progress appears to be so slow (WHO, 1946).

It wasn't until 2012 that the former Secretary-General of the United Nations, Ban Ki-moon persuaded the United Nations to accept that this approach to the health of nations is a valuable tool, and for the past five years this organisation has produced a happiness index <http://worldhappiness.report/ed/2016/>, which often gives a different reading of a country's performance from the ubiquitous gross domestic product measure, as this table demonstrates:

	Gross Domestic Product	Happiness Index
<b>USA</b>	<b>1st</b>	<b>25th</b>
<b>China</b>	<b>2nd</b>	<b>30th</b>
<b>Japan</b>	<b>3rd</b>	<b>24th</b>
<b>Germany</b>	<b>4th</b>	<b>15th</b>
<b>UK</b>	<b>5th</b>	<b>20th</b>

As far as the happiest countries in the world are concerned, Switzerland came out top in the latest survey because of its high employment, excellent public services, high levels of public participation in major decisions and its beautiful, pristine environment.

It is followed by Iceland, Denmark, Norway, Canada, Finland, Netherlands, Sweden, New Zealand, Australia. It is interesting that these are nearly all small countries with small populations in regard to their land mass. People have room to breathe.

Progress is slow partly because shifting from an economic understanding of progress to a more holistic approach is much easier said than done. Gross domestic product is relatively capable of measurement in the sense that we are dealing with things – goods and services produced by a country in a period of time, usually a year, and then divided by the population to reach output per person and levels of productivity.

By contrast, how do we measure wellbeing, not to say happiness?

In 2015, in the UK, the New Economics Foundation set out five goals for government in order to increase the happiness of individuals. They are secure, well-paid employment; high levels of life satisfaction; a congenial environment - free from carbon emissions, for example; fairness in the sense of greater equality since the opposite has a corrosive effect on individuals and the economy; and good public services, especially regarding health. [http://neweconomics.org/five-headline-indicators-of-national-success/?\\_sft\\_latest=research](http://neweconomics.org/five-headline-indicators-of-national-success/?_sft_latest=research)

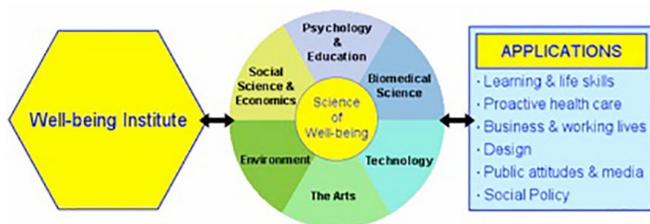
We discuss here what part the arts – specifically the visual arts - play in promoting wellbeing, and we can see from the articles in this issue that they can help to achieve nearly all the goals set out by the New Economics Foundation. They can improve life-satisfaction by increasing self-esteem and self-worth, by practising new skills, by achieving new outputs. They can help towards a fairer society where success is not measured simply by financial outcomes but by something less tangible and more insightful. They can play a major role in improving the health of individuals and thereby reducing the demands on health provision. By increasing self-worth, facilitating new skills and enhancing resourcefulness they can also help towards better employment and even help towards a more sustainable environment.

The opposition between economic prosperity and happiness or wellbeing seen in the ‘developed’ world, and the distinction between individual and collective wellbeing, ‘a western world-view based on the individual, versus an indigenous worldview based on community, collectivity and connectivity’<sup>1</sup> would be anathema to many supposedly less sophisticated societies.

In their article, **Walls and Munn** explain that ‘we benefit considerably from the influence of Māori and Pacific worldviews which understand health as wellbeing; holistic, relational and collective. This perspective resonates with expanding global understanding; from a medical model, which is essentially about fixing illness in individuals to a recognition that we are all part of a shared ecosystem and our wellbeing is mutually dependent. In short, healthy social environments nurture healthy people. This realisation has always been at the heart of Māori and Pacific worldviews’.

Progress may be slow but we can take some encouragement currently from the numerous examples of political interest in advancing wellbeing. These include the UK government, which has an All-Party Parliamentary Group on Arts, Health and Wellbeing currently taking evidence and due to report in 2017. The Wellbeing of Future Generations Act for Wales was passed in 2015, and two reports on arts and health were published in Australia this year, from Western Australia and New South Wales.

Political progress is reliant on research and evidence; wellbeing can be perceived as a bit 'fluffy' – maybe new age - and it is important to be able to define it, quantify the factors that influence it and the economic benefits of improved wellbeing. These include reducing the direct and indirect costs of loneliness, depression, mental illness and the psychological impact of these on physical health. The Well-being Institute, University of Cambridge, is inter-disciplinary and able to draw on all the inter-connected subjects that affect wellbeing and the application of wellbeing to individuals, society and public policy. Interestingly, these disciplines include the arts.



<http://cambridgewellbeing.org>

The Institute contributes to policy and research, including the UK Government Office for Science's *Foresight Project on Mental Capital and Wellbeing* <https://www.gov.uk/government/collections/mental-capital-and-wellbeing>, which commissioned work to identify the wellbeing equivalent of *Five fruit and vegetables a day*. The suggestions for individual action, *Five ways to mental wellbeing*, based on an extensive review of the evidence, are:

**Connect...** With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.

**Be active...** Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness.

**Take notice...** Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.

**Keep learning...** Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you enjoy achieving. Learning new things will make you more confident as well as being fun.

**Give...** Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, as linked to the wider community can be incredibly rewarding and creates connections with the people around you.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/292453/mental-capital-wellbeing-summary.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/292453/mental-capital-wellbeing-summary.pdf)

The programmes and projects that feature in this issue focus on members of society whose wellbeing is undermined by their circumstances, ageing, physical illness or mental illness. In response to these issues many galleries, visual arts organisations, artists and museums are developing skills and expertise to employ the visual arts in improving wellbeing. The *Five Ways to Mental Wellbeing* are apt to this work and recur in the articles that follow.

**Louise Thompson** describes how Manchester Art Gallery invites a wide range of audiences into *The Mindful Museum* to learn and practice mindfulness. Learners include adult mental health service users, primary school children, older people, newly qualified teachers, people who are long-term unemployed, and members of the public who seek quiet and mental space from busy lives. Thompson reminds us that wellbeing isn't a state that can be achieved, rather a skill and set of attributes that have to be cultivated and nurtured. In teaching mindfulness, the gallery aims to give people a skill to help them to maintain their own wellbeing.

The gallery's work with schools has shown that mindfulness can help children to build emotional resilience and self-worth, which is crucial in the light of what has been described in the UK and the USA at least, as a 'mental health epidemic' amongst

children and young people. [http://www.syp.org.uk/our\\_generation\\_s\\_epidemic](http://www.syp.org.uk/our_generation_s_epidemic)

[http://www.academia.edu/171493/The\\_Secret\\_Epidemic\\_Exploring\\_the\\_Mental\\_Health\\_Crisis\\_Affecting\\_Adolescent\\_African-American\\_Males](http://www.academia.edu/171493/The_Secret_Epidemic_Exploring_the_Mental_Health_Crisis_Affecting_Adolescent_African-American_Males)

<http://www.nejm.org/doi/full/10.1056/NEJMp068262>

**Lucy Medhurst** introduces her article,

*'Mental health issues now affect one in ten young people in the UK, with the most common conditions being anxiety, depression and conduct disorder. This equates to an average of three children in every classroom experiencing mental health problems, at a time of diminishing resources available to tackle them.'*

*A survey conducted by the Association of School Leaders (ASCL) and the National Children's Bureau (NCB) in March 2016 highlighted the urgent need for improvement in the provision of mental health care for children and young people across England.'*

She goes on to discuss how pedagogies can impact on children's wellbeing, referring to their education in Finland and Reggio Emilia in Italy before looking at the UK context, including gallery education pedagogy. Medhurst concludes with four case studies of programmes where visual arts organisations are working in partnerships with other agencies towards improved wellbeing for children and young people.

**Lyn French** reports on how INIVA works with A Space, an arts and therapies project, to publish *Emotional Learning Cards*. These themed boxed sets of cards feature works of art and provide a resource that facilitators use to prompt conversations with children and young people about feelings, and issues such as identity and personal histories. As with all arts and wellbeing work, it is fundamental that it is effective in addressing need and is recognised as doing so by participants and partners from other sectors. In this instance, Prue Barnes-Kemp, Executive Head Teacher responsible for Opossum Federation of Primary Schools & Educational Consultancy, values the cards, and not only uses them in her schools but has commissioned sets:

*'First of all, they feature culturally diverse artists, which is vitally important; the whole school community needs to see themselves represented in the artwork we use to bring learning alive. The cards also explore themes which are absolutely central to creating cohesive communities and to living with difference. We've commissioned ArtLab workshop programmes from Iniva such as the "A to Z of Emotions" and the "A to Z of Values" which have helped teachers as well as pupils to look at key aspects of relationships and emotional life from different perspectives.'*

The focus for the South London Gallery's *Creative Families* <http://www.southlondongallery.org/page/creativefamilies> programme is parents who are experiencing mental health issues and their children aged under five. Developed in partnership

with the Southwark Parental Mental Health Teams and local Children's Centres, *'Creative Families* was a series of artist-led projects which explored the relationship of parenting to well-being. Through working directly with local families, it aimed to promote well-being as well as critically explore some of the ideas that shape notions of contemporary parenting through the medium of socially-engaged art practice'. **Heather Kay** notes how the projects create 'a place to have a safe conversation about the challenges of life and parenthood' as well as offering stimulating activities for parents and children together.

Physical and mental illness have a detrimental effect on confidence, emotional resilience and self-worth, which can be very hard to overcome. Since 2011, *Art for Health (Milton Keynes)* has been running an *Arts on Prescription* service, which offers arts activities on a referral basis. Referrals come from mental health charities, GPs, pain management clinics and Macmillan Cancer Support. **Sharon Paulger** describes the programme and the film by Jason Impey enables participants in arts workshops to express directly the difference they have made to their lives, and their pride in their achievements – physical, social and artistic. This is one of several articles that highlights how important art can be in validating people's abilities and giving them confidence to extend themselves, in this case through exhibiting their work, maybe selling it, and becoming involved in social situations and volunteering.

**Chris Kelly** is Projects Coordinator for Tayside Healthcare Arts Trust and reports on the ST/ART

(Stroke & Art) Project which was established by him in 2004. The aim is to provide opportunities for people who have suffered a stroke to engage in creative activities to aid rehabilitation, contributing to physical recovery and to recovery from the shock and mental impact of stroke, and a new reality.

**Josie Vallely** writes from the perspective of an artist who works in community and clinical health settings. She discusses how acute illness receives a great deal of attention and publicity whilst debilitating chronic illness can be overlooked; 'This pattern of exclusion implies an effort to disregard people who "embody both the physical failure of medical practice" and serves to marginalise those that cannot return to their original 'non sick' state'. Vallely looks at the notion of illness narratives and through her own work, and the mediums of artist books and comics, explores how the visual arts enable artists who have a chronic illness and others to communicate a 'richer and more "authentic" illness narrative' and an expanded understanding of what it means to be chronically ill.

A number of articles explore the potential of the visual arts in working with elderly people. People are living longer, and the proportion of populations which are over the age of sixty-five is rising. Many live with ill health, dementia or Alzheimer's, experience loneliness, lack of stimulation and isolation, and often do not have the support from family or friends to take part in activities. In describing the *Art Makes Man* project in the Netherlands, **Marjolein Gysels et al** reveals not

only the depression that these circumstances lead to, but also boredom and lack of confidence. The interviews with participants highlight their pleasure at being able to make things, and by contrast, the low expectations of care staff.

**Jayne Howard**, points out that people over sixty-five are significantly less likely than young people to engage in arts and culture, and yet everyone is entitled to enjoy arts and participate in creative activity – for its own sake, even if there can also be health and wellbeing benefits. She urges arts organisations to develop work with older people and the necessary skills to cater for those with dementia, for example. As an example she cites how *Arts for Health Cornwall* partnered with the contemporary Exchange Gallery in Penzance on two projects, which counter the oft-held view that older people are not interested in contemporary art and that reminiscence work, and looking at familiar, traditional imagery, is more appropriate.

Two further articles demonstrate – in different ways – the valuable role of artists working with older people. **Rachel Cherry** is a visual artist and photographer who has considerable experience of working in health and wellbeing, including with dance projects. Her photo essay illustrates a project which was part of the *REgeneration* programme, which The Dance Network Association runs to enable older people to participate in dance classes in sheltered housing in Chelmsford, Essex. Again, this project emphasises the importance of not underestimating people's abilities or appetite to do

something new, and the value of social intercourse and peer recognition.

*'It is important that the residents get to celebrate and share their achievements over the term, which is where visual art plays a crucial role. Having a physical manifestation of the time spent together brings with it a sense of achievement, as well as something more tangible. The final image in the essay sums up the experience, creating memories, capturing the participants and sharing the experience with their nearest and dearest.'*

**Helen O'Donoghue** writes about a touring exhibition in Ireland, which was developed closely with artist **Marie Brett** and her work exploring the impacts and experience of Alzheimer's. The article, images and film gives us a powerful example of how the visual arts can communicate difficult and challenging ideas, in open ended ways that can speak to many different people. O'Donoghue particularly interrogates and advocates the role of the gallery or museum educator. They mediate the work and the artist, and this can be crucial to the experience of the viewer or exhibition visitor, especially where sensitive and emotional issues are being raised.

The roles that the artist and mediator (which can be a curator or educator) play, and the factors that they need to consider when working on arts and wellbeing projects are discussed by **Niki Colclough** and **Elizabeth Weiwiora**. These include decisions about when work from such projects should be

presented in care or community settings, and when it is appropriate to exhibit it in a gallery, and how it may be differently read and received depending on context. Colclough raises the concept of *emotional labour*, as working in health settings and working with people who are unwell is very demanding of artists, and takes an emotional toll. This can apply to participants as well, and is often overlooked.

**Anna Croucher** and **Becky Waite** each describe visual arts projects for artists who need support to make art and exhibit. The former talks about the work of the Salome Gallery in Brixton, London, which is for artists who use mental health services to show their work, sited in a room at Social Inclusion, Hope and Recovery Project, and also used as a therapy space. The curator works closely with artists throughout the planning, which assuages what can be a stressful experience. The professional development opportunity along with the credibility of showing publicly increases confidence and self-esteem.

*Blue Room*, an inclusive arts programme for adults with learning disabilities at the Bluecoat in Liverpool, also supports participants as artists. Three groups meet weekly at the art centre and engage with the visual arts through the exhibition programme, working with artists, visiting other venues and exhibitions, and making their own work. The film that the artists have made with *Blue Room* facilitator Becky Waite and volunteers, demonstrates the impact and how the participants use the *Five Ways to Wellbeing* to evaluate what they gain from the programme.

The articles demonstrate the importance of partnerships in art and wellbeing, where expertise and experience from the arts, health and social care sectors are crucial to devise and deliver effective work.

Partnerships are also invaluable in demonstrating first hand the potential of visual arts to improve wellbeing in different contexts. Consequently some receive funding and support in kind from education, health and social care agencies and organisations, including the Salome Gallery which receives some funding from South London and Maudsley NHS Foundation, *Art as Creative Engagement for Stroke* is funded in part by NHS Tayside, and *Arts on Prescription* has an office provided by Milton Keynes Hospital and funding from the hospital, local council and Milton Keynes Community Foundation.

However, the arts sector needs to provide solid evidence of the wellbeing advantages and outcomes illustrated in these articles if such work is to be expanded and properly resourced. For example in 2016 the UK All Party Parliamentary Group for Arts, Health and Wellbeing quite reasonably sought examples of the arts and culture influencing health and wellbeing outcomes. It asked for examples of practice from the past decade where there is reasonably reliable evidence of outcomes or evidence that a pilot or new approach has promise. <http://www.kcl.ac.uk/Cultural/-/Projects/Arts,-Health-and-Wellbeing-Inquiry.aspx>

The articles published here highlight some of the issues and challenges associated with evaluating arts and wellbeing work, which inevitably need to meet the particular needs of policy makers, delivery structures and funding. In the UK new systems for 'commissioning services' have gone hand in hand with reductions in national and local government funding and a desire to shed overhead and employment costs. Arts Council England (ACE) has pointed out that the voluntary sector plays a key role in delivering public services, the arts sector receiving £13.3bn in 2012/13 from government bodies, 83% earned through contracts or fees, and the majority coming through relationships with local government <https://www.ncvo.org.uk/practical-support/public-services>. As a result ACE provides extensive advice on commissioning and procurement and is running the *Cultural Commissioning Programme*, July 2016-December 2017 to 'work with policy makers and stakeholder to embed support for cultural commissioning' <https://www.ncvo.org.uk/practical-support/public-services/cultural-commissioning-programme>

Amber Walls explains the New Zealand context but the problems she outlines will be familiar to many:

*'This thinking has been slow to manifest in public health practice. It is exacerbated here (as it is overseas) by a focus on evidence-based commissioning, and a pre-occupation with RCT (Randomised Control Trials) and standardised evaluation frameworks as the only reliable form of evidence that something works. A recent report*

*commissioned by the Prime Minister to inform youth mental health policy concluded that only evidence-based interventions tested by RCT and validated in peer reviewed literature should be commissioned. The report also recommends the commissioning of models of practice which are predictable, scalable and replicable (Office of the Prime Minister's Science Advisory Committee, 2011). Arts-based practices rarely meet these specifications, and the challenge of adequately demonstrating the full benefits of more open-ended arts approaches using RCT evaluative models are commonly referred to in arts and health literature.'*

The *Arts on Prescription* film is a good example, in which three prescription users are totally convincing about the difference the arts workshops have made to them, but each is individual and it is difficult to see how consistent evidence could be obtained and scaled up.

Aesop, a 'arts enterprise with a social purpose', is currently focused on the role of the arts in health and social care, and in partnership with the NHS Alliance and College of Medicine presented the first national Arts in Health Conference and Showcase for health decision makers in February 2016 <http://www.ae-sop.org>. It was commissioned by Public Health England to develop an evaluation framework for health commissioners, third sector organisations, trainers, funders, practitioners, arts organisations and others with an interest in arts for health and wellbeing programmes. The framework can be

downloaded here <http://www.ae-sop.org/wp-content/uploads/2015/12/PHE-Aesop-Arts-in-health-evaluation-framework.pdf>.

Public Health England published *Arts for health and wellbeing: an evaluation framework* in February 2016.

<https://www.gov.uk/government/publications/arts-for-health-and-wellbeing-an-evaluation-framework> and contributors to this issue are using a range of frameworks and methodologies to evaluate their work, often with the support and specialist skills of partners.

For example, Chris Kelly has worked with the University of Dundee to devise an appropriate framework and evaluate an unusual programme such as *Art as Creative Engagement for Stroke*. *'The challenge, therefore, was how to examine the work in a research context that would be both feasible and rigorous? It was determined that a validated research model was needed to convincingly address this "novel" intervention and provide a robust research structure. The model that was identified was the Medical Research Council (MRC) Framework for Evaluating Complex Interventions'*.

Heather Kay's article explores a tangential benefit of evaluation; how it contributed to a deeper exploration of the work, a greater understanding between differing partners, trust in the work, and recognition of its importance. Kay identifies that process led projects are a strength of the visual arts

sector and that it's difficult – but crucial - to evidence 'hard' outcomes, and make appropriate resources available for evaluation.

*'Whilst the evaluation was initially only allocated a small fund within the pilot programme, half the programme budget was eventually earmarked. As part of Guy's and St. Thomas' commitment to sustainability, it was recognised that to develop a replicable model there would need to be a strong evidence base and an ongoing commitment to evaluation from the partners.'*

Goldsmiths' Centre for Urban and Community Research (CUCR) was asked to evaluate the programme, which established an evaluation framework that aimed to capture 'softer' outcomes and in particular the learning from the process of the project.

Kay found that a cost-effectiveness analysis would have been useful, particularly in the context of commissioning (which is the system for providing services in the UK), and cost-effectiveness is rarely built in to arts project evaluation. *'Cost-effectiveness is an intrinsic part of service-delivery and crucial in the current economic climate. However, the value placed by PMHT on this arts intervention has led to direct funding for the programme from their core budget, as part of a range of approaches in the community. Their knowledge of the local commissioning environment makes them valuable gatekeepers, enabling this strand of funding for the South London Gallery'.*

The engage Journal has been published online now for ten issues and this edition sees a substantial increase in the amount and range of media.

The inclusion of so many images, film and audio files is only possible online and gives a direct voice to participants, enabling us to appreciate and judge for ourselves the impact that visual arts projects have had on their wellbeing.

## Notes

---

1. *5 a day* refers to any of various national campaigns in countries such as the United States, the United Kingdom and Germany, to encourage the consumption of at least five portions of fruit and vegetables each day, following a recommendation by the World Health Organisation that individuals consume 'a minimum of 400g of fruit and vegetables per day (excluding potatoes and other starchy tubers)' <http://www.who.int/dietphysicalactivity/fruit/en/>

# Creativity, connection and soul joy

## Postcards from the land of the long white cloud

### Amber Walls

Research and Development Manager, Toi Ora Trust, and Doctoral Candidate, University of Auckland

### Asha Munn

Art Therapist, Waitematā District Health Board, and freelance Socially Engaged Artist

### Introduction

Asha and I recently connected with each other as practitioners working in arts, health and wellbeing in New Zealand – known locally by its Māori name Aotearoa (the land of the long white cloud). Until a few years ago we both lived in the north of England, a stone's throw away from each other, though we never met. We now live in a very different world, on the shores of Auckland's beautiful Waitematā harbour amongst volcanoes, South Pacific communities, and a new set of perspectives on what health and wellbeing mean.

We share here our experience and some local insights, which we believe are of value globally.

We intended to write this article about the New Zealand context for arts and health and our work in Auckland with young people. However, just as I was writing about the challenge of producing credible evidence in the language of health policy funders, Asha texted me a series of photos from her visit to Christchurch alongside the words 'there is literally ruin everywhere and the main response is art'. The

photos communicate the story of a city devastated by two major earthquakes, hundreds of aftershocks and six years of trauma, frustration, demolition and rebuilding. Residents have turned to grass roots creative activism to transform ruin into beauty and hope. This story reminds us of the powerful role the arts can play in wellbeing, and that the best evidence of this is unlikely to be found in a standardised questionnaire. We have woven stories from Christchurch into this article.

Whilst arts, health and wellbeing are not well resourced as a field of practice here, it is alive and kicking. We benefit considerably from the influence of Māori and Pasifika world-views, which broadly understand health and wellbeing as holistic, relational and collective. (Pasifika is a term used to describe people living in New Zealand who have migrated from, or identify with, the Pacific Islands, including Samoan, Cook Island Māori, Tongan, Niuean, Fijian, Tokelauan, Tuvaluan). These perspectives resonate with expanding global understandings of health: from a medical model,

focused on fixing illness in individuals, to a recognition that health is determined by complex life factors, and healthy social environments nurture healthy people. From our experience it seems as if this realisation has always been at the heart of Māori and Pacific worldviews. We share here ways in which this philosophy has offered rich opportunity and guidance in our work. We focus in particular on connection and belonging, themes that are central to Pacific worldviews, and are now widely recognised as an important influence on health and wellbeing.<sup>1</sup>



Postcard from Christchurch: *'At times when they needed a break or simply had to look away or did not know what to do they came together and stitched. And five years on it has not stopped. This connected the people of Christchurch and now it has connected us to the city, the tragedy and to each other'.*

### **The political and cultural context**

Contrary to popular mythology New Zealand is not just like Britain in the 1970s - only with less people, more volcanoes, palm trees, bungee jumpers, *haka* dancing rugby players and hobbits. It is a distinctly Pacific island with a post-colonial legacy and a unique bicultural partnership. Whilst Auckland is a 'super diverse' city with a multicultural population, New Zealand is a bicultural nation founded on *The Treaty of Waitangi*, signed in 1840 by European settlers and (most, not all) indigenous tribes. The Treaty underpins all the work we do. This bicultural relationship and the legacy of colonisation is, of course, complex. For the purposes of this article, the key issue is the responsibility to honour, protect and nurture indigenous identities, and embrace contrasting Pākehā (European settler) and Māori conceptions of wellbeing simultaneously.

In contrast to multiculturalism, which seeks to create a liberal democracy by finding the commonalities between diverse cultures, biculturalism here is the creative tension between two different world-views. In this case a western world-view based on the individual, versus an indigenous worldview based on community, collectivity and connectivity.

As practitioners we find ourselves navigating these and other cultures: the cultures of different art contexts (artist, community artist, educator, art therapist); the different cultures of health and wellbeing; and in our work with young people the intergenerational divide. This article is written from the perspective of our current roles.

## The wider arts, health and wellbeing context



Postcard from Christchurch: *'It is constant, it does not stop, there is no break in it and we are told this is how it was when the rolling Taniwha (Māori monster) beneath the earth came to shake the city and its inhabitants'.*

When Christchurch began to shake in 2010, taking 185 lives (in 2011) and leaving fear and ruin, the people started to make art. This was the message that opened *Artful Transitions*, the 2016 ANZATA (Australian and New Zealand Art Therapy Association) symposium. The event was staged in Christchurch to share ways in which the arts have flourished as a way to cope with constant loss and change. A harrowing account followed about how communities connected through collective trauma. Some made art together even as the ground shook, and some started to fill the gaps where buildings once stood with visual arts and experimental participatory projects. Amongst the ongoing anxiety and frustration of a city still full of cracks, a grass

roots movement of creative activism has flourished. This creative surge demonstrates a deep human need to connect and create. The *Dance-O-Mat* fills one of these spaces; an open access coin operated repurposed washing machine that anyone can use by connecting to their mobile phone. Over the past two years it has been host to kids discos, full moon parties, salsa, flamenco, breakdance, belly dancing, random all age discos, and Charles and Camilla jiggled away as part of their Jubilee New Zealand tour.



Postcard from a dancing Christchurch: photos courtesy of Gapfiller <https://www.gapfiller.org.nz/dance-o-mat/>

*'This city is connected through tragedy. The rebuild is slow and they feel unheard. Six years on they are still changing the city themselves through art. They cannot build a building but they can alter what is left in other ways. They use parts of broken china and condemned houses to make furniture and other bits of art, they use road cones as vases, they paint graffiti on barren walls, and use an old washing machine that you plug your phone to operate the Dance-o-Mat, an open-air dance mat in the middle of one of these barren spaces'.*



Postcard from Christchurch: Play Architects (Clay Architects). Photos and text courtesy of artist Stuart Shepherd.

*'I heard about the earthquake but it was the report about children's hair falling out from post-traumatic stress that affected me. The clay workshop was an idea to help kids play again – to rebuild... to reclaim the ruined places. The children made models for their new city. They sat and focused and played for eight hours. We placed the models amongst the rubble and lit them up in the night sky.'*

See also Green, D. (2016) for a fuller account of the Christchurch earthquakes. A full reference can be found in the endnotes.

Amidst this creative surge, in 2016, Christchurch saw the launch of a new *Art Therapy Masters* (becoming the only tertiary 'arts and health' course in the South Island, and one of only two dedicated courses in the whole country). It hosted the annual ANZAATA conference showcasing *Artful Transitions* in Christchurch's recovery. A new arts and mental health creative venue was established (<https://www.facebook.com/ocstrust/>), and a review was commissioned by one of New Zealand's key national primary care providers exploring the international evidence base for arts in health, with the intention of informing future development.<sup>2</sup>

### Challenges

Sadly, this creative surge has blossomed in spite of, not due to, a favourable policy and practice environment. In a climate of scarce public funding, arts and health providers like Toi Ora (the organisation we work for) struggle with ongoing funding challenges. The primary care review just mentioned highlighted how under-developed the field is compared to overseas (Pegasus, 2012). We suspect that this lack of comparative development is largely due to a historic absence of consistent public policy, leadership and investment. The value of the arts in health and wellbeing is actively endorsed by our peak body for the arts, *Creative New Zealand*, and the Mental Health Foundation, but to date we have a limited professional infrastructure and

research base. Our only dedicated arts and health network is ANZATA (Australia and New Zealand Art Therapy Association), which has regional professional networks. Art therapy in New Zealand is a relatively young profession in comparison to the extensive history that it has in the UK. Despite growing recognition of the arts in supporting wellbeing by many health professionals, art therapy is not yet a fully recognised profession within the public health system.

Meanwhile, in the community space, only a handful of dedicated arts in health initiatives are funded through sustained (government) sources across the country, one of these being Toi Ora. Toi Ora is one of a national network of participatory arts organisations described as *Creative Spaces*, set up back in the 1990's under an arts and health partnership led by Arts Access Aotearoa (the national organisation advocating for inclusion and participation in the arts). The *Creative Spaces* are unified under the broader mission of inclusion in the arts amongst marginalised communities. Though under-resourced, the fact that these venues have maintained government funding in the current climate affirms how valued they are. Discussions with health board funders at Toi Ora confirm that our work is credible and valued, but also highlights competition for scant resources, and the importance of telling our story effectively to sustain funding.

Other challenges (common to the field internationally) include the continuing domination of a medical model in public health, despite recognition that complex

social, cultural, economic, environmental factors impact on our wellbeing. Way back in 1946 WHO (World Health Organisation) declared that 'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'<sup>3</sup> signalling the beginning of a shift to a more social or ecological understanding that healthy social environments nurture healthy people (with some additional tinkering from genes and biology).

This thinking has been slow to manifest in public health practice. It is exacerbated here (as it is overseas) by a focus on evidence-based commissioning, and a pre-occupation with RCT (Randomised Control Trials) and standardised evaluation measures as the only reliable form of evidence that something works. A recent report commissioned by the Prime Minister to inform youth mental health policy concluded that only evidence-based interventions tested by RCT and validated in peer reviewed literature should be commissioned. The report also recommends the commissioning of models of practice that are predictable, scaleable and replicable.<sup>4</sup> Arts-based practices rarely meet these specifications, and the challenge of adequately demonstrating the full benefits of more open-ended arts approaches using RCT evaluative models are commonly referred to in arts and health literature.<sup>5</sup>

Our description of the ways communities in Christchurch have used the arts to bond, turn anguish and ruin into something beautiful, and create new possibilities describes something of these competing cultures of health and wellbeing

at play. Would it be possible, useful or ethical to evaluate the impact of these communal participatory outpourings in Christchurch using a randomised control trial?

These are not the only clashes of culture in the land of the long white cloud. This dominant medical model of health is also at odds with more holistic indigenous and Pacific conceptions of wellbeing, which we suggest, offer rich insights relevant to international developments in arts, health and wellbeing.

### **Māori and Pasifika models of health and wellbeing - synergies and opportunities**

‘Traditional Māori health acknowledges the link between the mind, the spirit, the human connection with whānau, and the physical world in a way that is seamless ... Until the introduction of Western medicine there was no division between them.’<sup>6</sup>

Broadly speaking, a Māori conception of health and wellbeing is holistic and relational (always in relation to others). It emphasises a collective identity, a deep connection to place, and the interdependence of all aspects of our physical, social, spiritual, cultural and environmental wellbeing. A few different models have been developed to encapsulate key concepts and practices. One of the most popular is *Te Whare Tapa Whā*. This model visually represents four components of health; physical, mental, spiritual and family as the four walls of a *wharenui* (meeting house), each wall necessary to support the roof. The Māori concept of family is important and

---

**‘Our description of the ways communities in Christchurch have used the arts to bond, turn anguish and ruin into something beautiful, and create new possibilities, describes something of these competing cultures of health and wellbeing at play.’**

---

broader than a European nuclear family. *Taha Whānau* (family health) defines the capacity to belong, to care and to share, where individuals are part of wider social systems.<sup>7</sup>

We believe that this emphasis on spiritual and cultural wellbeing and connectedness is at the core of arts in health practice, and that the arts offers incredibly valuable processes for building connection; with ourselves, with others and with our wider world. Amber’s doctoral research is offering rich insights into ways that the arts can nurture these connections for young people in New Zealand. As part of a participatory research process to co-design a youth mental health project, eleven young people have been sharing their experience of taking part in a project called *Express Yourself*.

The young people described processes that they believed were critical to the project's health-promoting effects. They described how several of these critical processes were made possible in an environment that encouraged collaborative art-making, creative experimentation, self-expression and imagination. Many of the processes they described are important concepts in Māori models of health. We have incorporated these concepts into our co-designed project model to begin to create a model, which genuinely acknowledges Māori (amongst other) cultural perspectives. Examples include the concepts of *Ako* (reciprocal dialogical relationships in which we are all co-creators and learning from each other); *Whakawhanaungatanga* (kinship through shared experience and relationship building); and *manaakitanga* (practices which affirm identities, grow self-esteem and respect, and extend unconditional positive regard). Research participants shared a perception that *manaakitanga*, for example, was made possible through participation in creative processes which enabled diverse individual identities to be expressed, included and validated. Some felt that this was contrary to all other social environments in their life where they were under pressure to conform, be the same, 'get it right'.

Research participants also described frequently how taking part in the arts project fuelled their spiritual (*Wairua*) wellbeing. They described how it enabled them to 'grow wings', find 'hope' and 'rainbows', and imagine different possibilities in a world that

they otherwise experience as exclusionary, competitive, and full of adults who 'eat all the soul joy'. Some young people in our research felt that the arts offered the only space in their lives where this was achieved. I am unable to offer full details of this research here, but for a more detailed account of these research workshops and discussions with young people, please see resources listed in the endnotes.



Postcard from *Express Yourself: Home*. Artwork created by project participant.

*The young people we work alongside have experienced a range of difficulties in their lives. They describe how they cannot breathe. They reach for connections and often cannot find them. We make art together to connect and make sense of the world - together. The spaces we offer provide a place where young people can arrive and be accepted no matter what they bring.*

### **Le va- the space between**

We are unable here to cover broader Pasifika health models (Pacific Island peoples make up 6% of the national population, over 13% in Auckland), but a particular example is the Samoan concept of *le va* which translates as 'the space between'. *Le va* asserts that our wellbeing depends on the health of *the space in between*; in essence, the space (or connection) between ourselves, and our wider world - parents, family, peers, wider community, and our beliefs, culture, environmental conditions and social status. *Le va* needs to be actively cared for to keep it alive.

Communities in Christchurch could be described as using the arts to nurture *le va*; their connection with each other, and with their own fears, anxieties and visions for the future. And quite literally the physical spaces between demolished buildings.

Asha and I have come to understand that *teu le va*, (nurturing the space) is at the heart of all our work and that the arts offer us powerful languages to help nurture those spaces. Anna Hickey-Moody reminds us that the arts are a natural and potent language that young people use to connect and to find their voice,

'Young people live through art. Music, film, Youtube, dance, magazines... are the languages young people speak... They create new scapes and senses, new ways of knowing and being. Both in and out of school, arts can be used as everyday ways of belonging to a community.'<sup>8</sup>



Postcard from Christchurch: '*These in-between spaces remind us the quake is ever present. Art holds the space while everyone waits...*'

Asha and I often work in (or in partnership with) a clinical environment. Our partners and colleagues at times use the arts as tools in their own work. They also regularly articulate a view that arts-based approaches in youth mental health are an incredibly valuable way of softening the edges of an environment that many young people find stigmatising or too adult orientated. Young people in my research project described how the arts made being part of a 'mental health project' more 'human' and 'normal'.

Our discussion about the importance of connection is supported by a growing body of international research, which highlights an understanding that connection and belonging contribute to health.<sup>9</sup> The New Economics Foundation urge us all to 'connect with people around you. With family, friends, colleagues and neighbours; at home, work, school or in your local community'.<sup>10</sup> They also suggest that participation in activities such as the arts contributes to wellbeing.<sup>11</sup> Māori and Pacific perspectives do not just advise us to broaden social networks but emphasise the *characteristics* of those relationships that are health promoting; that they are respectful, reciprocal, dialogical, and (status) mana-enhancing. Our young research participants' views described above support this perspective.

## Conclusions

Despite challenges for arts, health and wellbeing practice in Aotearoa New Zealand, it is alive and kicking and a powerful resource that communities look to in times of need. We have described how holistic and relational Māori and Pacific worldviews

offer rich and progressive philosophical foundations relevant to expanding perspectives internationally. An understanding that our wellbeing is dependent on healthy life environments and is mutually dependent is at the heart of indigenous and Pacific worldviews. In particular, we have described the importance of connection and belonging in our work, supported by international research.

We have shared something of the challenges and opportunities we observe in both clinical environments and at a broader population level.

In 2002 Richard Smith declared in the British Medical Journal that 1% of the health budget should be reallocated to the arts because,

'...if health is about adaptation, understanding, and acceptance, then the arts may be more potent than anything medicine has to offer.'<sup>12</sup>

Our description of creativity and activism in Christchurch demonstrates these powerful processes of adaptation in action. The story of Christchurch alongside my young research participants' descriptions about the value of the arts in their lives should be powerful enough proof that the arts not only contribute to 'health agendas' but that they are indeed at the very heart of wellbeing. We share the declaration from the (late) Mike White that,

'... perhaps it is time to stop arguing for the role of the arts a useful adjunct to health services and declare that the arts sector, by the very nature of what it does, is in the business of health.'<sup>13</sup>

Arts and health literature often talks about the challenge of finding a common language. This is just one aspect of a wider problem. Historic divides between arts, health, youth, community, education and all the other 'sectors' are deeply unhelpful in expanding understandings of wellbeing. In our experience arts in wellbeing currently takes place in many other practice environments such as youth and community development. One goal should be to move towards recognition of a hybrid practice that speaks all of our languages.

On a final note, the opportunities to advance our own practice are evident and exciting. Asha and I are amongst a number of colleagues in the tertiary, community and research sectors who are launching an arts in wellbeing peer network, amidst a groundswell of enthusiasm. There is a shared aspiration to develop bespoke evaluative frameworks for participatory arts, which draw from our specific cultural context and a belief that we can find credible and robust ways to tell our stories to all of our 'stakeholders'.

And on that note, in case we lose our way in the urge to 'randomise, control and trial', we leave you with a reminder from one of my young co-researchers not to eat all the soul joy...



Postcard from *Express Yourself*: 'Shitty adult rules are eating all the soul joy'. Image from ongoing doctoral research project.

## Notes

1. Kirkwood, T., Bond, J., May, C., & McKeith, I., (2008). *The Mental Capital Through Life Challenge Report*. London, UK: Foresight Mental Capital and Wellbeing Project
2. Bidwell, S. (2014). *The Arts and Health: Evidence from the International Literature*. New Zealand: Pegasus Health.
3. World Health Organisation (1946) *Preamble to the Constitution of the World Health Organisation as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organisation, no. 2, p.100) and entered into force on 7 April 1948.*
4. Office of the Prime Minister's Science Advisory Committee (2011). *Improving the Transition*

*Reducing Social and Psychological Morbidity During Adolescence: a report from the Prime Minister's Chief Science Advisor.* Auckland, New Zealand.

5. Anni, R., Lewis, S., Russell A., & Macnaughton, J. (2012). 'A hole in the heart: confronting the drive for evidence-based impact research in arts and health' in *Arts & Health: An International Journal for Research, Policy and Practice*, 4(2), 97-108.

6. Ministry of Health (2016). Retrieved from <http://www.health.govt.nz/our-work/populations/maori-health/maori-health-models/maori-health-models-te-wheke>

7. Wayne Frances Charitable Trust (2011). *Positive Youth Development in Aotearoa*. Retrieved from <https://www.firezone.co.nz/Positive%20Youth%20Development%20in%20Aotearoa.pdf>

8. Hickey-Moody, A. (2013). *Youth, Arts and Education: Reassembling Subjectivity Through Affect*. London, UK: Routledge.

9. New Economics Foundation (2008). *Five ways to wellbeing: a report presented to the foresight project on communicating the evidence base for wellbeing*. London, UK: New Economics Foundation.

10. Ibid.,p.5

11. New Economics Foundation (2013). *A wellbeing manifesto for a flourishing society*. Retrieved from <http://b.3cdn.net/>

[www.neweconomicsfoundation.org/813660812dc0c82af5\\_vkm6vve98.pdf](http://www.neweconomicsfoundation.org/813660812dc0c82af5_vkm6vve98.pdf)

12. Smith, R. (2002). 'Spend (slightly) less on health and more on the arts' Editorial. *British Medical Journal*, 325,1432-1433.

13. White, M. (2009). *Arts development In Community Health: A Social Tonic*. Oxford, New York: Radcliffe Publishing.

### Further sources

---

Clift, S., Camic, P. Ed. (2016). *Oxford Textbook of Creative Arts, Health, and wellbeing: international perspectives on practice, policy and research*. Oxford, England: Oxford University Press.

For a fuller account of Christchurch earthquakes, please see Green, D. (2016). *Quake destruction / arts creation: arts therapy & the Canterbury earthquakes* (unpublished doctoral thesis). University of Auckland, Auckland, New Zealand

For a detailed account of research workshops and discussions with young people, please see Walls, A., Deane, K., O'Connor, P. (2016), 'Looking for the blue, the yellow, all the colours of the rainbow': *the value of participatory arts for young people in social work practice*, *Aotearoa New Zealand Social Work*, 28(4).

Also, see the Ministry of Health website for Māori health models <http://www.health.govt.nz/our-work/populations/maori-health/maori-health-models/maori-health-models-te-wheke>

# Manchester Art Gallery

## The Mindful Museum

**Louise Thompson**

Health and Wellbeing Manager, Manchester Art Gallery

Wellbeing is a skill that is cultivated over time and with regular care. The people we work with at Manchester Art Gallery are invited to learn, develop and practise it within our gallery walls. For the past four years we have been developing mindfulness across our learning programmes and with different audiences, and we have explored how this valuable skill can be employed in the appreciation of art. Through this approach we have helped people to engage more fully with our permanent collection and our special exhibitions in a way that encourages them to reflect upon the importance of their own mental health. Our learners include adult mental health service users, primary school children, older people, newly qualified teachers and people who are long-term unemployed.

Through our projects and public workshops we have helped people to appreciate that mindfulness is both life-long and life-wide. However, the most important outcome is if they go on to apply it independently in their everyday lives. Progress occurs only when people decide to make changes in their world

beyond our gallery doors. A person may choose to be mindful at home, in their garden or at work and many have told us of the joy that the practice can bring in such settings. Additionally, people have reported on the usefulness of bringing mindful awareness to their workplaces as well as on the value of practising it on a busy train! And so the process begins in the gallery but it does not end there; the practice of letting thoughts come and go while looking at a painting, without getting caught up or carried away by them, can be transferred to real life situations.

### **Our learners**

In our work with mental health service users, mindfulness has provided a much-needed tool when they were coping with difficult emotions and thoughts. It seems to give people something to draw upon whenever they feel overwhelmed by the events of their day. In our work with public sector workers, we have seen that mindfulness can help people respond to the challenging changes they face and over which they feel that they have little control.

---

**‘Older people have told us that mindfulness has helped them to see life in a new way and how they have become more aware of the curious, the strange and the beautiful.’**

---

Similarly, our work with schools has shown that mindfulness can help children to build emotional resilience and self-worth. Thus empowered, they are more inclined to accept and value themselves for being the way they are. With a quarter of a million children accessing mental health services in England, we believe mindfulness is a necessary skill for children and young people to learn in order to flourish and thrive into adulthood.

Our drop-in lunchtime sessions have provided city workers with important nourishment as well as respite from the noise and overstimulation of the modern world. The sessions give them a moment away from the many pressures of their working environments.

Older people have told us that mindfulness has helped them to see life in a new way, and how they have become more aware of the curious, the strange and the beautiful. They are therefore enriched by the realisation that, irrespective of age, there is still so much left to see and appreciate in the

world. And they are able to do this with a renewed sense of wonder.

We have evaluated this work by collecting participant feedback after every public session and also through observational feedback, given by staff and volunteers. At the end of every session staff and volunteers sit and spend some time reflecting on the workshop; discussing comments made by participants that reveal an increase in learning or wellbeing and sharing observations of witnessed changes in behaviour or perspective. This reflection time is vital not only for capturing anecdotal evidence of increased wellbeing but also for the development of the programme itself. It is only by reflecting on what we have experienced that we truly learn from it and improve.

### **Neuroscience and mindfulness**

Our work and the development of the Mindful Museum is informed by research we have undertaken into the history of mindfulness, and evidence of its efficacy. Mindfulness is a secular form of meditation that has been scientifically proven to improve health and wellbeing in many people.<sup>1</sup> Clinical trials carried out by Oxford University show that Mindfulness-based Cognitive Therapy (MBCT) could significantly reduce the rate of recurrence in serious depression.<sup>2</sup>

These trials show that in patients with three or more previous episodes of depression, MBCT reduces the recurrence rate over 12 months by 44% compared with usual care, such as anti-depressant medication



alone, and is as effective as maintenance antidepressants in preventing new episodes of depression. The National Institute for Health and Clinical Excellence (NICE) recommended MBCT to the National Health Service as a cost-effective treatment for preventing relapse in depression as early as 2009.<sup>3</sup>

Neuroscientists have documented the changes in the brain that occur when people practice mindfulness, one of which improves the ability of the brain to deal with stress. Magnetic Resonance Imaging (MRI) scans have demonstrated that after an eight-week course of MBCT the amygdala (the brain's fight, flight or freeze centre) appears to shrink, and grey matter in the area is reduced. This primal region of the brain, associated with fear and emotion, is involved in the initiation of the body's



response to stress. Reducing activity in the amygdala means that cortisol (the stress hormone) and adrenaline levels lower in the body and people are better able to respond to stress when it occurs. It also means that their emotional systems experience respite, leading to people feeling calmer, more curious and happier.

Brain scans taken before and after the participants' meditation regimen also found increased grey matter in the hippocampus, an area important for learning and memory. The studies into the practice are far from complete but what we can draw from these early conclusions is that mindfulness seems to be an effective tool for learning and wellbeing, as borne out by our work at the gallery.



### The Art of Looking film

<https://www.youtube.com/watch?v=xCWgtZNfN8c>

A short film about taking notice using mindfulness techniques at Manchester Art Gallery. Produced by Manchester Art Gallery with Cathy Fortune, Harriet Hall, pupils from Charlestown Community Primary School, Creative Living Centre and Start in Manchester. A partnership project with National Portrait Gallery as part of their #SeeVanDyck initiative.



### Take notice audio guide

<https://www.youtube.com/watch?v=xaymLOAlwbMA>

This 10-minute audio guide uses mindfulness techniques to enable viewers to slow down, look at and engage with Van Dyck's last self-portrait.

---

### The Mindful Museum

Having integrated mindfulness across our learning strands and with a mindfulness-based public health and wellbeing programme <http://manchesterartgallery.org/learn/health-and-wellbeing/public-workshops/> that is accessible to everyone, we would like to share our learning and experience with other UK museums and galleries. As *The Mindful Museum* we will raise awareness of the clinical evidence behind the practice and its impact on health, creativity and learning. In our

studios, we will share tested, practical ways for other cultural venues to integrate mindfulness into their programmes through a series of CPD sessions. And, of course, we look forward to learning from others so that we can continue to develop our knowledge and understanding in this field.

Most importantly, as the *Mindful Museum*, we will continue to support people to learn this useful wellbeing skill so that they can effect real

and long-lasting change in their own health and wellbeing. In other words, as the *Mindful Museum*, we will continue to invite the people of Manchester to be mindful, one painting at a time.

### Notes

---

1. M. Williams and D. Penman (2011), *Mindfulness: Finding Peace in a Frantic World*. London: Piatkus, p.6
2. *Mindfulness and Depression*, Oxford University, 2012
3. National Institute of Clinical Excellence (2004), *Depression: Management of Depression in Primary and Secondary Care*. National Clinical Practice Guidelines. <https://www.nice.org.uk/guidance/cg90>

# Better futures in visual arts and wellbeing

Lucy Medhurst

Strategic Manager, Kent, Artswork

## Introduction

Mental health issues now affect one in ten young people in the UK, with the most common conditions being anxiety, depression and conduct disorder.<sup>1</sup>

This equates to an average of three children in every classroom experiencing mental health problems, at a time of diminishing resources available to tackle them.

A survey conducted by the Association of School Leaders (ASCL) and the National Children's Bureau (NCB) in March 2016 highlighted the urgent need for improvement in the provision of mental health care for children and young people across England<sup>2</sup> among headteachers,

*'...nearly two-thirds (65 per cent) say they have had challenges in obtaining mental health care from local services in their area for students who need more specialist support, and 53 per cent who have made a referral to Child and Adolescent Mental Health Services (CAMHS) rated their effectiveness as poor or very poor'.<sup>3</sup>*

In spite of this the UK has moved up the rankings from a bottom position in terms of wellbeing in the UNICEF survey of wealthy countries in 2007, to 16th place in 2013 (of 21), but this is qualified,

*'Although the Report Card shows the UK moved up the league table in overall wellbeing, since 2010 the downgrading of youth policy and cuts to local government services are having a profound negative effect on young people aged 15-19.'<sup>4</sup>*

In the face of this, what current and historic examples are there of ways in which the arts, and in particular the visual arts, are helping to deliver on improved outcomes for children and young people's wellbeing? In strategic conversations between children's services commissioners, schools and arts and cultural partners in targeted areas in England (as identified by Arts Council England) a large number of the developing cultural education partnerships, mental health and wellbeing are identified as strategic priorities.<sup>5</sup>

This article looks at some UK and international examples, both historic and current, which help to set this topic in context. It discusses in more detail what is emerging through strategic programmes in the South East of England, focusing on evidence, challenges, scalability and sustainability in relation to mental health and wellbeing work with young people.

### **International pedagogies**

It is well evidenced and frequently referenced that children in Finland achieve well educationally and are, importantly in this context, happy. They do better in the Programme for International Student Assessment (PISA) <sup>6</sup> tables by comparison with the UK but the pedagogical approach is very different and is based on the teaching-learning relationship.<sup>7</sup> The wellbeing of students is a priority in Finnish society and culture, and the focus is not on academic performance and attainment alone. This could be defined as a child-centred approach that nurtures the natural interests and strengths of the individual, rather than on competitiveness,

*'In fact, while children and young people are valued as individuals, there appears to be a more collective approach to learning in which all children experience the same curriculum, the same opportunities and the same support from the whole community to achieve collaboratively. The greater good (or the good of the nation, the people) appears to be more highly valued than individual competitiveness and achievement.'*<sup>8</sup>

In Italy, a body of work that originated in Reggio Emilia after World War Two informed by the desire to value the innate creativity and knowledge possessed by very young children, has led to a highly impressive body of research and practice. In common with examples from Finland, Reggio is characterised by a holistic approach and teachers, *atelieristas*, parents and carers working together to support children's learning. Aesthetic development, a wide exposure to and experience of materials and opportunities for open-ended play and enquiry are characteristics of Reggio, together with a meticulous attention to recording the learning journey of the individual child. Visual art is, therefore, a strong component in creating the experiences and learning environments of Reggio children,

*'Focusing on the centrality of the hundred languages belonging to every human being, in the atelier spaces young children are offered daily opportunities to encounter many types of materials, many expressive languages, many points of view, working actively with hands, minds, and emotions, in a context that values the expressiveness and creativity of each child in the group.'*<sup>9</sup>

### **UK context**

The theoretical underpinning of differing educational approaches can be traced back into the past. I would argue that what we see at the moment is the tension between a constructivist theory of education and meaning making and 'a culture in education in the UK that still requires standardised

methods of comparison and measurement'.<sup>10</sup> This has become more polarised over time and since the days of enabling policies such as the *All Our Futures* report launched by Sir Ken Robinson in 2002<sup>11</sup> (which gave rise to *Creative Partnerships*) and *Every Child Matters*, launched in 2003 in response to the Victoria Climbié case.<sup>12</sup>

Herbert Read was an anarchist poet, co-founder of the Institute of Contemporary Arts (ICA) with Roland Penrose and editor of the Burlington magazine. His seminal work, *Education Through Art*, published in 1943, involves an in-depth comprehensive analysis of educational theories, from Plato onwards. He was also perhaps the first to incorporate psychology, education theory, therapy, philosophy and aesthetics in what was the most detailed investigation into the topic, analysing the drawings and paintings of children to prove his thesis. He was a passionate advocate for specialist visual art teaching.

Herbert Read deconstructs the meaning of education, 'which in the old and literal sense of the word, prevents us in the ways of evil',<sup>13</sup> while Anna Cutler has written that 'education is ideologically driven', maintaining 'the dominant hegemonically maintained hierarchy of value'.<sup>14</sup> In 2008, Leadbetter wrote: 'The current system seems to reward teachers who can teach to get children through national tests. Good test results seem to have become an end in themselves – not just a measure of achievement but the system's goal'.<sup>15</sup>

In spite of this, we know that there are many ways in which great work going on in our museums and galleries through education, outreach and engagement programmes is enhancing the lives of those communities in which they are situated. There are also many schools that highly value the contribution made by visual arts (as well as other artforms) to the wellbeing and broad and balanced education they wish to provide for their students. Galleries and museums are spaces where regular workshops and activities for families can take place and events like *The Big Draw* <http://thebigdraw.org> allow people to come together to participate in group visual arts activity. All these activities are social.<sup>16</sup> They provide opportunities for self-expression, for play and experimentation, for having fun and being absorbed.

Emily Pringle identifies the origin of gallery education pedagogy in participatory and community practice. Central to the qualities that the artist brings are 'playfulness, risk taking and productive failure', together with an understanding that 'art making is necessarily uncertain and fluid'.<sup>17</sup> Exhibitions and collections stimulate curiosity and learning and encourage active enquiry. Programmes like *Enquire*,<sup>18</sup> *Watch This Space*<sup>19</sup> and *Senior Leaders in Cultural Education (SLICE)*<sup>20</sup> and others provide us with models that demonstrate how partnerships between galleries and schools can result in better and deeper relationships that benefit teachers and gallery/museum educators alike. What characterises them at best is the equal collaborative relationship between all partners involved. This co-learning

echoes and reflects the international examples I have referenced. Many of the young people taking part in these programmes were at risk of exclusion, with difficult or disadvantaged backgrounds, or with behavioural difficulties. As an example, among the benefits to participants from Phase 2 of the enquire action research programme were:

- Improved motivation to learn through engaging in visual arts
- Self-confidence and a sense of achievement
- Encouraged gallery and museum visiting (as well as opportunities for a richer cultural life)
- Introduction to contemporary arts practice and values
- Confidence in talking about and experimenting with the process of making art
- Learned art skills particularly in digital media, increasing career options
- Life skills such as independent working, decision-making, social skills, communication, debate and discussion of ideas, team working, risk-taking and experimentation
- Working with artists to encourage questioning, experimentation and process over product, different possibilities and ways of thinking as distinct from work with teachers
- Artists working as facilitators and co-learners, mutual trust developed
- CPD for artists and teachers offering opportunities for mutual reflection.<sup>21</sup>

Above all for many children and particularly those from less advantaged backgrounds, the experience of visiting and engaging with a gallery or museum can enhance their learning, experience and understanding of place, deepening their own sense of identity and belonging. It can also enhance individual wellbeing and has the potential to change life chances.<sup>22</sup> Until around 2012, English schools were using the Leuven scale <http://www.earlylearninghq.org.uk/earlylearninghq-blog/the-leuven-well-being-and-involvement-scales/> to help measure the wellbeing of their students. This was developed by Ferre Laevers in Belgium in 1976, and was complemented in England by the SEAL <http://webarchive.nationalarchives.gov.uk/20130401151715/http://www.education.gov.uk/publications/eOrderingDownload/DFES0110200MIG2122.pdf> (Social and Emotional Aspects of Learning) curriculum. There has since been a shift in focus, meaning that this approach is less encouraged, although it must still be remembered that high quality arts provision within a school is very favourably assessed by Ofsted under the requirements for the social, cultural, moral and spiritual aspects of the school curriculum, and particularly where this addresses better outcomes for vulnerable and disadvantaged pupils.<sup>23</sup> Social, Moral, Spiritual and Cultural (SMSC) is defined as (among other criteria):

- A sense of enjoyment and fascination in learning about themselves, others and the world around them
- The use of imagination and creativity in their learning
- The willingness to reflect on their experiences<sup>24</sup>

Arguably, what failing schools need is precisely a commitment to embedding the arts in school development plans and reinvigorating teaching practice through imaginative continuous professional development programmes that value, enable and support confident teachers to incorporate opportunities to experience art exhibitions and museum collections first hand. Strong partnerships and a commitment to the new Artsmark <http://www.artsmark.org.uk> are significant mechanisms for ensuring that this is well supported by the leadership and governance in the school and that the arts are embedded in the school development plan. Gallery and museum partners can also help to encourage schools to take part, working with their Bridge organisations <http://www.artscouncil.org.uk/children-and-young-people/bridge-organisations>

### Case studies

There follow case studies that include visual arts partners working towards specific wellbeing outcomes:

#### The Happy Museum Project

<http://happymuseumproject.org/>

A strategic programme providing a leadership framework for museums to develop a holistic approach to wellbeing and sustainability. The work reimagines the museum's purpose as 'steward of people, place and planet', supporting institutional and community wellbeing and resilience in the face of global challenges. The project has used different techniques in order to measure happiness and wellbeing: <http://happymuseumproject.org/rules-for-a-playful-museum/play-tracker-evaluation-graph/>

#### Six Ways to Wellbeing Kent Public Health Programme

This pilot programme came together in 2014 specifically in response to a new approach by the partners to embedding the arts in commissioning and involved a series of training sessions to help support arts organisations and voluntary partners to be commission-ready. A partnership with Kent Public Health was developed with two Bridge organisations <http://www.artscouncil.org.uk/children-and-young-people/bridge-organisations> covering six districts in the county. New partnerships, consortia and business models were developed in response to the contracts to deliver programmes and events that would raise awareness of the *Six Ways to Wellbeing* (developed by South London and Maudsley hospital), as well as ensuring that young people directly engaging on the programme would incorporate the *Six Ways* into their everyday lives.<sup>25</sup> Of the participating organisations, Turner Contemporary, Dover Arts

Development, Creative People and Places and LV21 were specifically using visual arts to deliver their programmes in four out of the six districts, working with young people aged 13-19 and up to age 25 for those with Special Educational Needs and Disabilities. Project participants were recruited via healthy living centres, libraries and youth centres or community groups.

### **Turner Contemporary: *IMPACT***

Evaluation of these programmes revealed considerable success in reaching into communities. Both the arts and wellbeing, with their positive and creative messages, present considerable opportunities for community-based grassroots involvement and problem solving. The development of Wellbeing Champions was also successful and aligned well with Arts Council England's Quality Principles. <http://www.artscouncil.org.uk/quality-metrics/quality-principles> There were challenges in working with vulnerable and disadvantaged young people, however, the considerable added value offered by the arts organisations was recognised by the commissioners,

*'This commission did not only pilot a new business model; the wellbeing focus also provided a serious evidence base that triggered some development in the arts practice of those involved, like working on the beach for example. As one of the commissioners identified, the 'Unique Selling Points' of these projects were capturing the attention of participants, creating (sometimes) emotional conversations and experiential learning,*



*and facilitating celebratory social encounters embedded in communities. Together, these demonstrate both the intrinsic and instrumental value of arts and culture that are often described as in conflict. There was a strong sense of ownership, with many young people co-creating projects with professionals.<sup>26</sup>*

*'Since becoming a Wellbeing Champion, my outlook towards everyday things has changed. I think a lot more about how I can become more positive and incorporate the Six Ways in my day-to-day living'. Young participant*

The programme featured:

- Six consortia and at least one new business model
- 904 young participants aged 5-19
- The achievement of 182 Arts Awards

- 20,038 members of the wider community in attendance at festivals
- 813 young people increasing their understanding of the *Six Ways to Wellbeing*
- 156 young people becoming wellbeing champions
- Warwick-Edinburgh Mental Wellbeing scale (WEMWBS) 5 point overall improvement<sup>27</sup>

Building on the *Inspire* programme and the work emerging from young cultural leaders across Kent in ART 31 <http://art31.co.uk>, Turner Contemporary is now working on Art Inspiring Change <https://www.turnercontemporary.org/learn/0000000908/paul-hamlyn-art-inspiring-change> 80 pupils from four Margate primary schools will each regenerate a disused area within close proximity to their school through the creation of four new installations. Supported by teachers, parents, artists, a philosopher and Turner Contemporary staff, children will lead the regeneration of sites in their own neighbourhoods, using their enhanced leadership, communication, and negotiation skills to inspire others.<sup>28</sup>

### **Oxford Being Other: The effectiveness of arts-based approaches in engaging with disaffected young people**

This project was a partnership between Artsworld and Oxford University Department of Education, and was delivered by Pegasus Theatre and OYAP Trust in 2015.

Too many young people find themselves on the margins of education or excluded from school entirely. Secondary schools, in particular, report that many of their pupils struggle to cope with the twin demands of a results-driven education system and the difficult transitions that they have to negotiate in their personal and social lives.

Much of the research suggests that marginalisation in education has negative long-term consequences for young people in terms of social engagement in the wider world, academic attainment, emotional development, and future employment (e.g. Ball, 2006; Duckworth & Schoon, 2012; Lumby, 2013; Stamou et al., 2014). Arguably many of these young people have become estranged from forms of schooling that they find difficult to navigate. Within schools the remedy offered to those who struggle to engage with an academic curriculum has traditionally been to offer more of what has failed in the first place. The interventions that the arts organisations offered young people through *Oxford Being Other* provided alternatives to these personal, cultural and historical ways of experiencing the world. Through offering the possibility of different forms of experience, of experimenting with other identities, they provided opportunities for reflection and personal transformation. These experiences of 'being other' offered a means of engaging in the social world through a new lens. The arts-based projects helped disengaged young people by replacing a difficult current social situation with a new social situation,



based on increased self-esteem and more positive social interaction.

In their most recent publication, Oxford University examined the impact of work led and delivered by Pegasus and by OYAP Trust, and the effectiveness of arts-based approaches in engaging with disaffected young people.<sup>29</sup>

### **Youth Justice programme in South East England**

As part of a youth justice programme in the South East of England, Artswork invested in four partnership clusters comprising the arts and cultural sector, local authority youth offending teams and the youth justice sector. To encourage sustainability, all four projects held at their core the ambition to build accredited opportunities for young people, often through Arts Award <http://www.artsaward.org.uk/>, as well as in staff development and training.



In Southampton, the John Hansard Gallery, <http://www.hansardgallery.org.uk> Sea City Museum <http://seacitymuseum.co.uk> and Southampton City Art Gallery <http://www.southampton.gov.uk/libraries-museums/art-gallery/default.aspx> partnered with Southampton's youth offending team to bridge the gap between repeat offenders and access to arts, cultural and heritage provision in the city. This programme supported the professional development of youth offending service workers and arts and cultural partner staff, while measuring the impact of longer-term weekly Arts Award <http://www.artsaward.org.uk/site/?id=1346> programmes for young people known as 'prolific offenders'. Through the programme, six young people completed an Arts Award: four at Bronze level and two at Silver, one of who went on to become John Hansard Gallery's first Creative Trainee as part of Artswork's creative traineeship programme.<sup>30</sup> Importantly, this



Arts Award programme in Southampton has gained recognition from the Ministry of Justice, while the Hampshire Police and Crime Commissioner set aside funding to support the programme beyond Artsworld's investment (as part of the work of the Hampshire cultural education partnership.)

John Hansard Gallery (JHG) in partnership with Southampton Youth Offending Service (SYOS), Compass School, and In-Focus Training Ltd, are working to create a programme of activity for February 2017 as part of the Tate Exchange Programme. <http://artsworld.org.uk/news/re-observing-juvenile-delinquency-at-tate-exchange/> This programme will realise a number of objectives, including an exploration of the perceptions and issues surrounding youth crime, through the *Mass Observation Archive Report on Juvenile Delinquency*, as well as parts of the Tate Collection, including the specially commissioned

*Tate Exchange Provocations*, by Tim Etchells.

During the development stage of this project, young people will engage in a creative weekly learning programme, which will provide them with qualifications achieved through Arts Award and opportunities to develop life/work skills, supporting their re-engagement with learning.

During the delivery stage, young people, artists and youth offending service workers will work with visitors facilitating interactive workshops over two days, which will be delivered in Level 5 of the New Tate Modern in early February 2017.

This project is funded by Artsworld, and the Office of the Police and Crime Commissioner for Hampshire and the Isle of Wight, with additional support from the Winchester School of Art Research Centre for Global Futures in Art, Design and Media. <http://www.southampton.ac.uk/wrc/index.page>

## Conclusion

In response to Arts Council England's *Cultural Education Challenge*, which reflects an increasingly difficult funding environment, new partnerships and consortia are coming together to work in new ways. This work will develop in priority areas of focus identified by the Arts Council, to support a high quality cultural education offer. It will, in particular, address the needs and issues of children and young people in those local places. The cultural education partnerships will work together to make best use of resources and to lever in new non-arts sources of funding for co-investment. National Portfolio

Organisations <http://www.artscouncil.org.uk/our-investment-2015-18/national-portfolio-organisations> (where they exist) and the gallery and museum sector are vital partners in helping to deliver on these programmes of work, which will be realised over time in pursuit of a shared vision and goals, evaluated to record their impact.

At the heart of all this work, which is responsive to very different local circumstances and priorities, is a shared vision of achieving much better outcomes in relation to mental health wellbeing and future life chances with and for children and young people. Programmes will embed Artsmark, Arts Award and the Quality Principles evaluation framework. It will require enormous generosity of spirit, vision and strong leadership to get there, but already we are seeing that through strong collaboration and new approaches, a great deal is possible.

### **About Artswork**

Since 1987, youth arts charity Artswork has been on a mission to place arts and culture at the heart of its work with children and young people, particularly those are considered hardest-to-reach. We advocate for, share and celebrate some of the most extraordinary work being done with young people, led by partner organisations across the UK.

Since 2012, Artswork has also worked as one of Arts Council England's Bridge Organisations, <http://www.artscouncil.org.uk/children-and-young-people/bridge-organisations> covering the South

East of England. Find out more about our work at: <http://artswork.org.uk/programmes/>

### **Notes**

---

1. [http://www.youngminds.org.uk/training\\_services/policy/mental\\_health\\_statistics](http://www.youngminds.org.uk/training_services/policy/mental_health_statistics)
2. [http://www.ascl.org.uk/news-and-views/news\\_news-detail.school-leaders-voice-concerns-over-children-s-mental-health-care.html](http://www.ascl.org.uk/news-and-views/news_news-detail.school-leaders-voice-concerns-over-children-s-mental-health-care.html)
3. Ibid.
4. <http://www.unicef.org.uk/Latest/Publications/Report-Card-11-Child-well-being-in-rich-countries/>
5. <http://www.artscouncil.org.uk/children-and-young-people/cultural-education-challenge>
6. <http://www.oecd.org/pisa/>
7. <http://www.bbc.co.uk/news/business-26249042>
8. Is pedagogical love a secret to Finland's educational success?' *Edu Research Matters* online. Accessed: 30 May 2016. <http://www.aare.edu.au/blog/?p=1578><http://www.aare.edu.au/blog/?p=1578>
9. Loris Malaguzzi quote on Reggio Emilia website <http://www.reggiochildren.it/identita/reggio-emilia-approach/?lang=en>

10. Medhurst, L. (2011) *Science Nature and Identity – Understanding the Value of Experiential Learning in a Land Art context*. p.18 Stour Valley Arts, Challock, Kent ISBN978-0-9558719-4-8
11. <http://sirkenrobinson.com/pdf/allourfutures.pdf>
12. <https://www.education.gov.uk/consultations/downloadableDocs/EveryChildMatters.pdf>
13. Read, H. (1947), *Education Through Art*, 6th edition. p.6 Faber and Faber, London
14. Cutler, A. (2010), 'What is to be Done Sandra?' in *Tate Papers Issue 13*, p.2 <http://www.tate.org.uk/research/publications/tate-papers/13/what-is-to-be-done-sandra-learning-in-cultural-institutions-of-the-twenty-first-century>
15. Leadbetter, C. (2008), *What's Next? 21 ideas for 21st Century Learning*. The Innovation Unit, p.17, [http://www.innovationunit.org/sites/default/files/What%27s Next - 21 ideas for 21st century learning.pdf](http://www.innovationunit.org/sites/default/files/What%27s%20Next%20-%2021%20ideas%20for%2021st%20century%20learning.pdf)
16. 'The greatest social impacts of participation in the arts – and the ones that other programmes cannot achieve – arise from their ability to help people think critically about and question their experiences and those of others, not in a discussion group, but with all the excitement, danger, magic, colour, symbolism, feeling, metaphor and creativity that the arts offer.' Matarasso, F. (1997) 'Use or Ornament? The social impact of participation in the arts.' *Comedia*, May 1997 ISBN-10:1873667574
17. Pringle, E. (2008), 'Artists' Perspectives on Art Practice and Pedagogy' in *Creative Learning*. Creative Partnerships Arts Council England, London p.43 <https://www.sussex.ac.uk/webteam/gateway/file.php?name=creative-learning-sept-2008&site=45>
18. En-quire <http://www.engage.org/enquire>
19. Watch This Space <http://www.engage.org/watch-this-space>
20. SLICE <http://curiousminds.org.uk/slice/> (Senior Leaders in Cultural Education) Curious Minds' Bridge organisation programme
21. Taylor, B ed. (2008), *Enquire: Inspiring Learning in Galleries 02 Research reports*, engage p.10 Arts Council England engage and the authors, London, ISBN 978-0-9559088-0-4
22. John Hansard report: RE/CREATIONS <http://www.hansardgallery.org.uk/furniture/cms/documents/recreations-final-report-jhg.pdf>, 2014
23. Ofsted Strategic Plan 2014-16, p.4 and throughout: <https://www.gov.uk/government/publications/raising-standards-improving-lives-ofsted-strategic-plan-2014-to-2016>
24. Ofsted school inspection handbook, p 92: <https://www.gov.uk/government/publications/school-inspection-handbook->

### from-september-2015

25. See <http://www.artskommissioningtoolkit.com/> for the resource created from the learning of all organisations who took part in the pilot

26. MB Associates evaluation report: <http://artswork.org.uk/resource/140/> Date accessed: 19.11.16

27. McPin Foundation report: [http://mcpin.org/wp-content/uploads/McPin\\_Mental-Wellbeing-Programme\\_concept-maps-summary\\_FINAL\\_Nov2015.pdf](http://mcpin.org/wp-content/uploads/McPin_Mental-Wellbeing-Programme_concept-maps-summary_FINAL_Nov2015.pdf) Date accessed: 19.11.16 / Agnes Hann, Laura Hemming and Sarah Hamilton

28. See also Turner Contemporary's recent *Social Return on Investment* report Art Inspiring Change <https://www.turnercontemporary.org/media/documents/COaST%20Turner%20SROI%202015-2016%20FINAL%202.pdf> Dr Andrew Jackson, Dr Amy Nettley, Joanna Muzyka and Tim Dee COaST Research and Knowledge Exchange Group Christ Church Business School North Holmes Road Canterbury CT1 1QU, date accessed: 31/10/16

29. Published report: <http://www.artswork.org.uk/resource/124/>

30. <http://www.artswork.org.uk/resource/56/>

### Further sources

---

Ball, S. J. (2006), *Education policy and social class: The selected works of Stephen J Ball*. London: Routledge.

Cutler, A. (2010), 'What is to be Done Sandra?' in *Tate Papers Issue 13*, p.2

K. Duckworth, and I. Schoon (2012), 'Beating the odds: Exploring the impact of social risk on young people's school-to-work transitions during recession in the UK' in *National Institute Economic Review*, 222(1), pp.38–51

M. Fler, and M. Hammer (2013), 'Emotions in imaginative situations: The valued place of fairytales for supporting emotion regulation' in *Mind, Culture, and Activity*, 20(3), pp.240–259

Howard, F. (2015), 'Pedagogies of difference - investigating 'dis-engaged' young people's educational experience of the Arts Award' in *BERA Youth work, informal learning and the arts: Exploring the research and practice agenda*, 18 April 2015, University of Nottingham.

Leadbetter, C. (2008), *What's Next? 21 ideas for 21st Century Learning*. The Innovation Unit, p.17 <http://www.innovationunit.org/sites/default/files/What's%20Next%20-%202021%20ideas%20for%2021st%20century%20learning.pdf> accessed 14.6.10

Lumby, J. (2013), 'Education isn't working for us - listening to disengaged young people' in *BERA Insights*, (5), pp.1–4

Medhurst, L. (2011), *Science Nature and Identity – Understanding the Value of Experiential Learning in a Land Art context*, p.18 Stour Valley Arts, King's Wood Challock ISBN978-0-9558719-4-8

Pringle, E. (2008), 'Artists' Perspectives on Art Practice and Pedagogy' in *Creative Learning*, Arts Council England, p.43 LONDON

Read, H. (1947), *Education Through Art*, 6th edition, p.6 Faber and Faber London

E. Stamou, A. Edwards, H. Daniels and L. Ferguson (2014), *Young people at-risk of drop-out from education: Recognising and responding to their needs*. Oxford: University of Oxford

Taylor, B ed. (2008), *Enquire: Inspiring Learning in Galleries 02 Research reports*, engage p.10 Rich Mix Bethnal Green Rd London E1 6LA ISBN 978-0-9559088-0-4

A. Wallace-DiGarbo and D.C. Hill (2006), 'Art as agency: Exploring empowerment of at-risk youth' in *Art Therapy: Journal of the American Art Therapy Association*, 23(3), pp.119–125

P.R Wright and B. Rasmussen (2001), 'Children and drama: Knowing differently' in M. Robertson and R. Gerber (eds.) *Children's ways of knowing: Learning through experience*. Camberwell: ACER Press, pp.218–232

## Images

---

1. Reflector box from Six Ways project at Turner Contemporary, photo by Contemporary and Mandy Quy Verlander, July 2014

2. Students discuss logos for a corporate identity for the Department of Doing Nothing, photo by Xavier Fiddes, 2014

3. Tate Exchange opening event 2016, photo by Xavier Fiddes, 2016

4. *Department of Doing Nothing* project, post it notes on what doing nothing is, photo by Xavier Fiddes, 2014

# The making of meaning

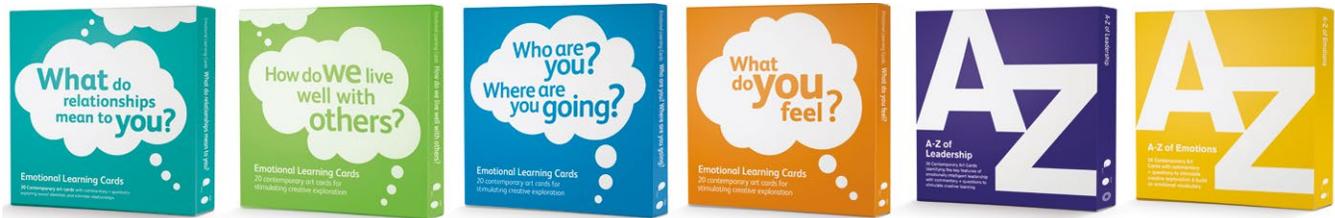
## Bringing together applied psychoanalytic thinking and the visual arts to support emotional and mental wellbeing

Lyn French, Director, A Space

Shiraz Bayjoo, Artist

Camilla Waldburg, Family therapist

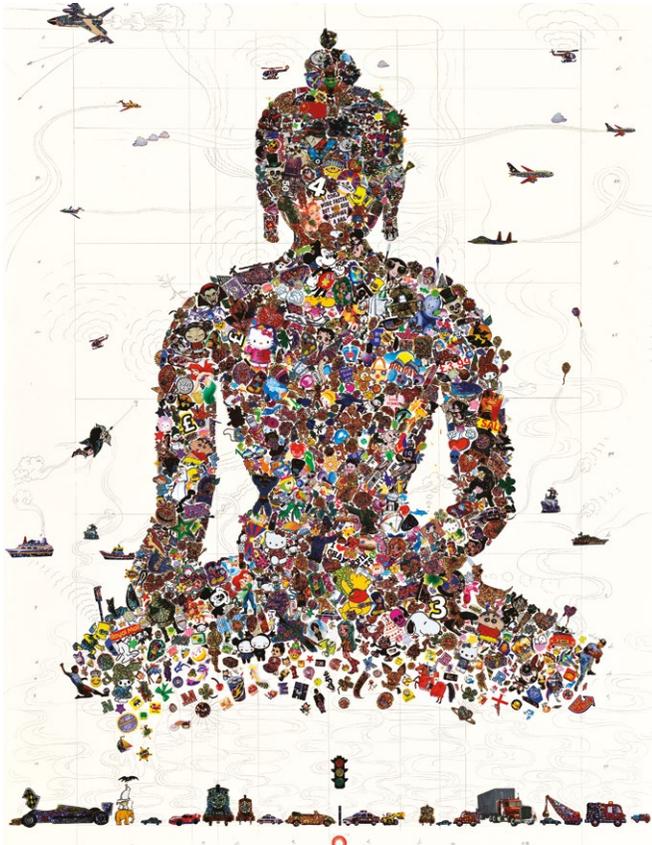
Prue Barnes-Kemp, Executive Headteacher for Opossum Federation of Primary Schools & Educational Consultancy



What is 'the self' and how is it formed? In what ways does it change over time? How does our experience of our worlds within and without influence our relationships with others and vice versa? These are questions which apply and resonate in some form or another for all of us. Since 2004, Iniva (the Institute of International Visual Arts)<sup>1</sup> and A Space<sup>2</sup>, an arts and therapies project, have explored these themes through the visual arts. Working together as Iniva Creative Learning<sup>3</sup>, we publish a unique resource for children and young people, Emotional Learning Cards, which we use to deliver artist-in-schools projects and CPD workshops for gallery educators and therapists.

Each of our six boxed sets of Emotional Learning Cards highlight specific themes designed to facilitate

a better understanding of what makes us who we are and how we make sense of our experiences, bringing together the artwork of international contemporary artists with therapeutic commentary and questions. We move beyond commonly explored subjects by branching into discussion relating to difference, diversity, outsider / insider experiences, and how past histories (both personal and collective) shape the present. Using art as a starting point, the cards help facilitators and educators open up difficult conversations on challenging feelings, and complex family or cultural experiences. By openly exploring less talked about feelings and thoughts engendered by the artworks, we re-frame them as common to the human family, to be shared and thought about rather than labelled as embarrassing or shameful and denied or hidden away.



Our boxed set of 20 Emotional Learning Cards entitled *What do you feel?* <http://inivacreativelearning.org/collections/store/products/what-do-you-feel> includes Gonkar Gyatso's mixed media artwork *The Buddha in our Times*. The silhouette of a Buddha is filled with Disney-style stickers, raising ideas about 'east versus west' and mixed heritage. The commentary on this card also looks at the mental 'stickers' or 'self-representations' we carry in our minds, comprising many different experiences and influences, often

dating back to childhood, and how these shape our identity whether we are aware of it or not. The subject of how our image of self is constructed and re-configured over time, ties in with an image by Juan Pablo Echeverri from our second set of Emotional Learning Cards: *Who are you? Where are you going?* <http://inivacreativelearning.org/collections/store/products/who-are-you-where-are-you-going>



Echeverri's series of photobooth self-portraits entitled *miss fotojapon* plays with this idea. A simple art task can be introduced using Gyatso's Buddha and Echeverri's concept as a starting point. Whether working in a group or an individual setting, basic outlines of figures in varying sizes can be provided

or made in the session. Young workshop participants can be invited to select a few figure shapes and fill them in with words or questions, collages, drawn or painted images and stickers which represent different parts of themselves as well as past, present and future selves. It is helpful to make a word bank available comprising words, phrases and questions relating to self-representation such as 'Who are we now? Who have we been and who are we becoming? How do family relationships and expectations shape identity? Should gender influence how we see ourselves? What does it mean to have a mixed heritage?' The end results can be mounted on foam board and displayed on a wall or framed to resemble Gyatso's work. This easily accessible art task opens up a multitude of possibilities for exploring different identities as well as thinking about 'self-talk', that is, the messages we give ourselves about ourselves, weaving in the idea of challenging negative self-talk and replacing it with a more balanced picture.

Bani Abidi's photograph *Intercommunication Devices* in our Emotional Learning Card set *How do we live well with others?* <http://inivacreativelearning.org/collections/store/products/how-do-we-live-well-with-others> documents intercoms commonly found on housing blocks or gated properties. This art piece provides a way into thinking about who we let into our lives and who we keep out as well as the opposite - our experiences of being included or excluded. This can



take the discussion into how we perceive our own differences and those of others. An art task can be set, focusing on photographing mobile phones or downloading images of them, printing them on paper and adding in text messages with questions or statements related to identity such as 'What gives us a sense of belonging? What unites us? What separates us? What makes differences interesting? Who are we drawn to - are they similar to us or different?', etc.

Alternatively you can look at images of ancient clay cuneiform tablets from Mesopotamia which represent a very early form of writing and create an art task based on making clay mobile phones with text messages inscribed, perhaps featuring symbols

or words. The clay tablets can be A4 size for ease of working and then photographed together in a grid to replicate Bani Abidi's image. Or mobile phones can be made from papier mache and messages typed up, printed and collaged onto the papier mache screen. Again, you can make available 'word banks' on the theme of belonging and not belonging so that your participants or clients have a starting point. These word banks can be basic or more sophisticated depending on the level at which your sessions are pitched and the age group you are working with. Word banks are included at the end of all of our worksheets packs which are free to download on our website [www.inivacreativelearning.org](http://www.inivacreativelearning.org).

[www.inivacreativelearning.org](http://www.inivacreativelearning.org)

### **Emotional Learning Cards in action**

Using the Emotional Learning Cards as a point of departure, Iniva Creative Learning has developed an innovative artist and therapist in schools programme called ArtLab. <http://www.inivacreativelearning.org/blogs/art-lab> ArtLab workshops deliver curriculum requirements for Key Stage 2 during the school term and have been created in partnership with Opossum Federation, which comprises three London primary schools and an international not-for-profit educational consultancy service run by Executive Head Teacher Prue Barnes-Kemp. Our aim is to use Opossum schools as a 'laboratory' to pilot different art tasks and approaches to emotional learning.

From this we create workshop packs and resources, which are made available for free via [www.inivacreativelearning.org](http://www.inivacreativelearning.org).

[www.inivacreativelearning.org](http://www.inivacreativelearning.org) Artist Shiraz Bayjoo and

A Space family therapist Camilla Waldburg have co-delivered a number of our ArtLab projects, drawing on themes running through our series of Emotional Learning Cards. Here all three are in conversation with A Space Director Lyn French, discussing ArtLab and the value of emotional learning through the arts.

**Lyn French (LF):** 'Shiraz, together we've designed ArtLab projects using Iniva Creative Learning's Emotional Learning Cards. As well as leading whole-class initiatives on the theme of life values and their roots, you've supported primary school Art Leaders in making some arresting images which explore related themes.'

**Shiraz Bayjoo:** 'One of the starting points for all of my projects with young people is to introduce the notion of visual language to students, opening up a conversation on how art can convey our sense of the world and communicate complex ideas and emotions. The Emotional Learning Cards provide a strong and diverse set of images that allow students to explore how different artworks might trigger particular feelings and ask questions of what is employed in each image to affect such a response. How can colours, forms, or symbols change the way we feel and ultimately convey an idea or message? This process teaches students to look closely and interpret their associations to, and feelings about, different images, and gain confidence in their ability to understand art, their own emotions, and their own making abilities'.



In the A-Z of Values ArtLab which I completed earlier in the year with classes of Key Stage 2 pupils at Newport and Dawlish schools in Leyton, the cards provided a good introduction to exploring the four British values of democracy; rule of law, freedom of speech, and respect and tolerance (now a compulsory part of the curriculum). Students were invited to select images from the Emotional Learning Cards set *A-Z of Emotions* <http://inivacreativelearning.org/collections/store/products/new-the-a-z-of-emotions> and assign a card to one of the values. They were asked to present a rationale for their choice, describing the feelings it evoked and explaining how the image expresses their understanding of the value. My own contribution to this set included 'Insecure', which

features an archive image of a manatee, a breed of sea cow now facing extinction. The manatee is pictured on its own, its place in the world a vulnerable one, symbolising how we can feel if we are not shown respect and tolerance for who we are. The layered watercolour washes create an emotionally charged space which highlights how lost and lonely we can feel if we don't have a community around us giving us a sense of belonging. Other works of my own which I showed the pupils included a similarly painted background within which I'd positioned an archival lithograph reflecting colonial histories and their impact.



Using key elements from my art practice, students participating in the ArtLab workshop series explored how colours and forms can create different emotional spaces that can be used to express different ideas, and in this case a range of values. The works were complemented with collage layers of symbols that students sourced from art books,

newspapers and the internet. In the pictured work, the value 'Justice for All' is illustrated. The student contrasts strong uses of colour with subtle brush marks, which enables a transition across an emotional field, moving from one of tension to a more relaxed peaceful centre. The symbols provide a narrative that allows the audience to read across the work and to interpret the value featured.'

**LF:** 'Camilla, tell us about your role in emotional learning workshops using art as a vehicle for reflection and exploration.'

**Camilla Waldburg:** 'I'm interested in how life values and emotional understanding have their roots in our experiences in our family. How we see our family, and how we imagine we're seen by others play a significant role in our self-belief and in the way in which we engage with others. Tolerance and respect are vital in making both families and communities work regardless of race, culture or class. To encourage discussion about this, Shiraz Bayjoo and I have used Yinka Shonibare's image from Emotional Learning Cards set: *'What do you feel?'*

<http://inivacreativelearning.org/collections/store/products/what-do-you-feel> Shonibare's piece features four fabric figures made to look like stereotypical aliens. It is called *Dysfunctional Family* (1999), a title which brings up all sorts of associations. One way you could read it is as illustrating how easily we can fall into labelling lifestyles or even people as 'normal' or 'abnormal'.

Yet, there is nothing about the family in Shonibare's work that suggests dysfunction - you could say that they are being described like this simply because of how they look.



I also like to use the card with Shirin Neshat's photograph *Bonding*, of a woman's hands inked with intricate patterns gently cradling a small child's. It captures the way in which nurturing relationships are the foundation for cultivating tolerance and respect.'

**LF:** 'Prue, as an Executive Head you have a seminal role in ensuring that emotional learning and the arts are embedded in the schools across your federation and in the educational consultancy work you carry out. How do our Emotional Learning Cards contribute to this?'

**Prue Barnes-Kemp:** 'The majority of my work here in the UK and internationally focuses on supporting educational leaders in mixed urban communities. The Emotional Learning Cards stand out for many reasons. First of all, they feature culturally diverse

artists, which is vitally important; the whole school community needs to see themselves represented in the artwork we use to bring learning alive. The cards also explore themes which are absolutely central to creating cohesive communities and to living with difference. We've commissioned ArtLab workshop programmes from Iniva such as the 'A to Z of Emotions' and the 'A to Z of Values' which have helped teachers as well as pupils to look at key aspects of relationships and emotional life from different perspectives.

The Opossum Federation has also commissioned the Emotional Learning Cards set '*A to Z of Leadership*', <http://inivacreativelearning.org/collections/store/products/a-z-of-leadership> As an Executive Head with the responsibility for training and supporting the next generation of senior leaders, I wanted a set of cards that would offer a creative way into discussing various topics and could be used time and again to explore a range of leadership themes and issues that emerge within our working lives. Effective dialogue and communication are essential for leadership success. These cards facilitate discussion in a unique and powerful way. Whenever I use them, they open up new levels of reflection and engagement. They now take centre stage in all of my seminar programmes here and abroad.'

### **Summary**

Art educators and creative therapists share a commitment to cultivating the skills that we all need in order to make sense of our emotions and our life experiences. This includes not just being able to

---

**'Art educators and creative therapists share a commitment to cultivating the skills that we all need in order to make sense of our emotions and our life experiences. This includes not just being able to name feelings, regulate emotions and recover from setbacks but to better understand how we relate to others.'**

---

name feelings, regulate emotions and recover from setbacks but to better understand how we relate to others. This naturally encompasses ideas of who we are and how our roles in life are shaped by social and family histories, political agendas and belief systems. The experience of difference in general will always be in the mix. In addition, the conscious and unconscious legacies of colonisation and slavery often make their mark, affecting what we perceive as our place in the world. Developing the capacity to think about 'self' and 'other', and how our differences boost our esteem or the opposite –

erode it - ties in with the main objectives outlined in the NHS publication launched in March 2015 entitled *Future in mind: Promoting, protecting and improving our children and young people's mental health and wellbeing* [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/414024/Childrens\\_Mental\\_Health.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf) <sup>4</sup> which sets targets to be met by 2020. The report makes a compelling case for on-going emotional learning. A sign of good mental health is the ability to tell our life story 'as it is', ups and downs included, with appropriate emotion and coherency and to be able to learn from experience. 'Mentalisation', which is a core component of meaning making, encompasses being able to stand back and observe ourselves and to 'think about our thinking' as well as having the capacity to imagine how someone else thinks or feels or what motivates the behaviour of others. This is at the root of compassion and empathy and is essential for developing higher level social and relational skills. Our Emotional Learning Cards support art educators and creative therapists in achieving these goals.

All sets of Emotional Learning Cards are available to buy online at [www.inivacreativelearning.org](http://www.inivacreativelearning.org) (priced between £14.95 - £17.95 per set). Our newest set of cards *What do relationships mean to you?* <http://inivacreativelearning.org/collections/store/products/what-do-relationships-mean-to-you> explores themes of intimacy, sexual identity and love, designed to stimulate discussion, art making and personal

reflection with young people aged 7-14 and support PSHE (Personal, Social & Health Education) requirements. For more information on all of our cards contact Jenny Starr at Iniva: [jstarr@iniva.org](mailto:jstarr@iniva.org).

## Notes

---

1. Iniva is an evolving, radical visual arts organisation dedicated to developing an artistic programme that reflects on the social and political impact of globalisation. With the Stuart Hall Library acting as a critical and creative hub for our work, we collaborate with artists, curators, researchers and cultural producers to challenge conventional notions of diversity and difference. We aim to engage a wide audience, particularly young people, in discourse and debate on issues surrounding the politics of race, class and gender.

2. A Space for creative learning & support was established in 1997 by the Glass-House Trust, the Social Science Research Unit (Institute of Education) and Hackney Education (now the Hackney Learning Trust). A Space provides therapy services and emotional learning input to schools, engages in research in the field and disseminates best practices through delivering training and publishing books, articles and therapeutic resources.

3. Iniva Creative Learning evolved out of a long standing partnership between Iniva (the Institute of International Visual Arts) and A Space, an arts and therapies service. Our experience comes from over ten years of jointly delivering art education and therapy services for schools and community groups

in East London. Iniva Creative Learning reflects the belief that contemporary art can stimulate and challenge our understanding of the world around and within us. We produce art focused learning resources to support teachers, counsellors, therapists, art educators and parents who are interested in new ways of fostering emotional intelligence and developing creative thinking by exploring what makes us who we are and shapes where we are going.

4. This report by the Children and Young People's Mental Health Taskforce was commissioned by the Department of Health. <https://www.gov.uk/government/groups/children-and-young-peoples-mental-health-and-well-being-taskforce>

### Images

---

1. Emotional Learning Cards sets by Iniva Creative Learning
2. Gonkar Gyatso, *The Buddha in Our Times*, 2006. Stickers and pencil on treated paper, 100 x 70 cm. Courtesy the artist and Rossi & Rossi London
3. Juan Pablo Echeverri, *miss fotojapon*, 1998 to present. Photobooth pictures. Courtesy of the artist
4. Bani Abidi *Intercommunication Devices*, 2008. Series of inkjet prints. Courtesy of the artist
5. Shiraz Bayjoo, image illustrating 'Insecure', 2014. Digitised collage, acrylic ink on paper with archival lithograph

6. Pupil artwork from ArtLab illustrating 'Justice for all'

7. Shirin Neshat, *Bonding*, 1995, RC print and ink. Photo: Kyong Park. Image courtesy the artist and Gladstone Gallery, New York and Brussels.

# Reports, data, trust and relationships

Where do we look for evidence that we can trust about the impact and effectiveness of a project: the voice of a participant, hard data, a well-told story of change, photo documentation?

**Heather Kay**

School and Community Projects Manager, South London Gallery



'86% of participants had a reduction in their stress scores using the Depression, Anxiety and Stress Scale.'<sup>1, 2</sup>

Since 2012 the South London Gallery (SLG)<sup>3</sup> has worked in partnership with the Southwark Parental Mental Health Team (PMHT) and local Children's Centres to run the *Creative Families* programme, a series of projects drawing together artists and parents who are experiencing mental health difficulties, along with their children aged under five.

Over this time we have worked with artists Lawrence Bradby (of Townley and Bradby), Davina Drummond, Oriana Fox, Daniel Lehan and Jessica Scott. Artists worked within the structure of a ten-week project<sup>4</sup> and each brought a differing approach to the programme, exploring with the parents an area of shared interest: mental health, the revaluing of female crafts, parenting and play to name a few. These discreet projects became spaces of experimentation and fun, as well as a place to have a safe conversation about the challenges of life and parenthood.

*'No matter how old or miserable you are, you can still be playful. It helps you to manage. It lifts the weight.'*<sup>5</sup>

Initially funded as a pilot through Guy's and St. Thomas' Charity,<sup>6</sup> funding for the programme is currently secured from within the PMHT budget. Receiving direct health funding for an artist project is a new stage for the *Creative Families* programme and for the SLG, and demonstrates the value and trust placed by our health partners in the benefits this approach can bring.

This article explores how the evaluation of the project contributed to the development of trust in and value of the work, the stakeholders' differing requirements of the evaluation and the ongoing benefits of working in partnership.

Whilst the evaluation was initially only allocated a small fund within the pilot programme, half the programme budget was eventually earmarked. As part of Guy's and St. Thomas' commitment to sustainability, it was recognised that to develop a replicable model there would need to be a strong evidence base and an ongoing commitment to evaluation from the partners.

The arts education sector practices and promotes an ethos of discursive criticality, a questioning approach that is more process-led than outcome-driven. The aim is to articulate both the successes and failures of a project and take a holistic view of learning, not just the learning of participants but across all parties. I regard this as a strength of the sector but, it often leads to a difficulty in demonstrating the 'hard' outcomes of this socially embedded practice, and we are often therefore considered much better at achieving 'soft' outcomes.

*'I think a lot of us have backgrounds and experiences that, unless you were brilliant at everything, including being a mum, then you were a complete failure. So it's quite nice to be in a space where anything is good enough and interesting. And that affects how you are as a*

*parent, because you think, actually you know, no one is really judging me all the time. And we are all different with what we choose to play and what we make in the sessions.'*<sup>7</sup>

Compatible with this ethos, we invited Goldsmiths' Centre for Urban and Community Research (CUCR) to conduct an evaluation of the programme, led by Dr Alison Rooke. CUCR established an evaluation framework that aimed to capture these 'softer' outcomes and in particular the learning from the process of the project. The evaluation team were present at key stakeholder meetings and conducted interviews with all the partners, gathering a range of perspectives. They participated in workshops – for one ten-week project an evaluator was present at all sessions, fully embedded in the experience. They conducted evaluation sessions with parents at the end of each programme and at a reunion event, and they established a session log that was used as the basis for a critical conversation between the artist, the SLG staff and PMHT support worker after each session.<sup>8</sup> Their approach was based on dialogue and on integrating evaluation across all levels of the project, and this set the tone for the project as a space of questioning and mutual learning between the partners.

Parents were invited to write down what they could see happening in the workshop space, as a way of reconsidering the value of their child's play as a learning experience, and creating space for child-led activity.



before and after the programme. The table shows a 77% reduction in parents' depression and anxiety scores and 86% of participants had a reduction in their stress scores from pre-project to post-completion. The five participants who had an increase in score between the two time periods had an average increase of seven points.<sup>13</sup>

In this way an evaluation framework was constructed that would reflect the needs of both stakeholders. The final report brought these strands together, evaluating the programme quantitatively and qualitatively, detailing the clinical benefits to parents (reduced anxiety and depression, reduced isolation, increased resilience) as well as a broader discussion of the overall learning gained through the programme, by the partners and artists as well as the families involved.




---

**‘A key area of this learning for the arts and health partners was that the development of an evaluation framework beneficial to both was in itself a catalyst for greater learning, not only about the programme, but also about our particular approaches and values as differing sectors.’**

---

79% of parents found that they have improved self-efficacy scores.<sup>14</sup>

A key area of this learning for the arts and health partners was that the development of an evaluation framework beneficial to both was in itself a catalyst for greater learning, not only about the programme, but also about our particular approaches and values as differing sectors. Our differences – whilst initially causing tension – have then helped us to articulate our practices better, challenging our assumptions and enabling a shift in understanding.

As an example, our use of language can be specific to our sectors and need clarifying. The SLG places a high value on experimentation and innovation,

encouraging artists to explore new ideas. In conversation with PMHT we articulated this as a research-led practice. For the health partners, the use of the word research was very problematic – if this was a research project, it would require an ethics committee review to ensure that ethical standards were being upheld.

We learnt that research was a problematic term but the ethos of innovation wasn't negotiable for us – it is a core value to our work. We agreed with PMHT that we would continue to work with a number of artists, rather than limit to two as had been suggested, to ensure that we tested and brought diverse learning to the programme. However, we ensured that the PMHT were intrinsically involved in the planning so that they could manage their responsibility to the parents, who were their clients or service users.<sup>15</sup> In this way, the process of dialogue and evaluation led to a greater understanding of the values, needs and strengths of our respective sectors.

The double-angled approach to the programme and its evaluation has also benefitted the ongoing project, the cross-sector dialogue continuing into public forums and increasing the programme's reach across arts and health sectors. Our differing use of language and networks has enabled us to speak about the programme both separately and together within different contexts. PMHT have written and spoken about the programme at health conferences, whereas SLG are able to talk more directly to an arts audience. The recent *AESOP Arts In Health*

*Conference* was an opportunity for us to speak collaboratively.

There are also similarities to our teams that have strengthened the partnership: we are both relatively small, and partnering enables greater impact for our work. We both work very locally, are based close to each other and work in the community: PMHT meet people in their homes and help them to get out of the house; SLG education also works predominantly off-site, meeting the community in third spaces. PMHT works in this way to 'overcome the stigma of accessing mental health services and social inclusion.'<sup>16</sup> It could be said of gallery education that we too work to 'overcome the stigma of accessing art galleries and family programmes.' We are both trying to connect with those that are 'hard-to-reach' and create bridges in the community.

We also both fundraise for our work project to project, with a need to feed back to funders on our programmes. It has transpired since the evaluation that a cost-effectiveness analysis would have been helpful to our ongoing work, particularly for PMHT commissioning, and this wasn't built into the initial evaluation. Cost-effectiveness is an intrinsic part of service delivery and crucial in the current economic climate. However, the value placed by PMHT on this arts intervention has led to direct funding for the programme from their core budget, as part of a range of approaches in the community. Their knowledge of the local commissioning environment makes them valuable gatekeepers, enabling this strand of funding for the SLG.

Shared objectives are important to any partnership, as is valuing each other's differences. The evaluation process created the basis for that value, building mutual trust in the work. The 'hard' and 'soft' data have built a more detailed picture of the work, and enabled it to be articulated effectively to both sectors. In a difficult economic climate, partnership working has drawn on the strengths of the arts and health sectors to build a stronger case for our work.

*'When we started I was down, really, really low, like everything in my life was going to crumble. I didn't take the kids anywhere. The sessions with Lawrence, that was my first going out. After I joined the group, I socialise more, I made new friends, so now I am out more than ever, I feel more confident.'*<sup>17</sup>

The full report Making it Together<sup>18</sup> is available to download online. <http://www.southlondongallery.org/page/creativefamilies>

### Notes

1. C. Black, M. Ellis, L. Harris & A. Rooke (2015), Making It Together Report, London: South London Gallery, p.26

2. All statistics referred to in this article are based on data collected before the project and on its completion.

3. The SLG is a contemporary art gallery on the borders of Peckham and Camberwell, with an award-winning education programme.

4. Five sessions took place at a local Children's Centre where a crèche was provided and five sessions at SLG where children were included in the workshops. This enabled the parents to have some time by themselves, apart from their children, as well as family time.

5. Bradby, L. (2013), *Creative Families May – July 2013*: participant stories

6. Guy's and St. Thomas' Charity fund programmes for innovation in healthcare, as a 'catalyst for innovation in health.' (October 2016). <https://www.gsttcharity.org.uk/>

7. Quote from a parent, taken from Black et al. (2015) op.cit., p.84

8. The session log template can be found in the report, ibid. p.95

9. Ibid., p.16

10. Ibid., p.11

11. The Centre for Parent and Child Support at the Maudsley Hospital is 'committed to innovating, developing, disseminating and evaluating training and interventions that make a difference to children's and families' lives.' (October 2016). <http://www.cpcs.org.uk/>

12. For more information about the scales used, please see Black et al, op.cit., p.20.

13. Black et al. (2015) op.cit., p.26

14. Ibid., p.27

15. The terms 'clients' or 'service users' are not terms SLG staff would use to describe the people taking part in the project.

16. Black et al. (2015) op.cit., p.11

17. Quote from a parent, ibid., p.84

18. Ibid.

### **Images**

---

1. *Giant Bubbles in the SLG's back garden*, Lawrence Bradby, 2013.

2. *Things that are happening*, Lawrence Bradby, 2014.

3. *P.A.T.I.E.N.C.E.: Rubber Stamp Making and Printing on Bags*, Davina Drummond, 2013.

# A new perspective

**Sharon Paulger**

Programmes Manager, Arts for Health (Milton Keynes), Milton Keynes Hospital

**Jason Impey**

Freelance filmmaker

## **Arts for Health (Milton Keynes)**

Since July 2011 Arts for Health (Milton Keynes) has been running a successful *Arts on Prescription* programme, which offers arts activities on a referral basis. Since the start of the project 276 people have attended. The project is primarily aimed at people with mild to moderate mental health conditions, however some participants have been referred for other conditions including cognitive problems, trauma, brain injury, cancer and pain management. Referrals onto the project have come through various sources including local mental health charities, GPs, pain management and Macmillan Cancer Support.

Arts for Health is a registered charity with a board of trustees and a small team of three part time staff; a Programmes Manager, Curator and Workshop Assistant. Three regular artists run the *Arts on Prescription* workshops. An office base is provided by Milton Keynes Hospital, and a dedicated art workshop space at a local library. Support for the work comes from a variety of sources including MK

Council, MK Hospital and Milton Keynes Community Foundation, with project funding often coming from trusts and foundations.

People who are referred are invited to attend a ten-week programme of two-hour art workshops. Our evaluation shows that the benefits to participants include increased confidence, reduced social isolation and distraction from problems.

Participants who complete the ten-week programme are invited to join an art club that meets weekly for open studio sessions. In these sessions the participants are supported to do their own projects and develop their own artistic practice. We support participants to exhibit their work and some have gone on to sell work.

A recent development in the programme has been a project called *Do Good Feel Good*. For those participants who want to 'give something back', we offer training and volunteer opportunities where they provide one-to-one support to enable people with dementia to take part in art activities.



*Arts for Health (Milton Keynes):*

*Arts on Prescription Programme*

<https://vimeo.com/205065678/fb35579254>

8'27"

Director: Jason Impey

---

**Quote from Arts for Health film:**  
**'I'm actually a different person, plus I've found I'm quite good at it, and I even have two art exhibitions. It makes me value myself some more.'** Irene, Arts For Health participant

---

This film comprises case study interviews with participants, each representing one of the three stages of the project – *Ten-Week Programme*, *Art Club* and *Do Good Feel Good*. A previous film about this work can be found at <https://www.youtube.com/watch?v=VnLm91qyF90>

# Practice makes research, makes better practice

## Participatory visual arts as a therapeutic inpatient rehabilitation intervention for stroke

**Chris Kelly**, Projects Coordinator, Tayside Healthcare Arts Trust (THAT),  
Art as Creative Engagement for Stroke (ACES) Study Research Manager

**Dr Jacqui Morris**, Principal Investigator ACES Study, Senior Lecturer, Nursing Midwifery  
& Allied Health Professions (NMAHP) Research Unit, Glasgow Caledonian University

### Background

Making art looks like a tricky business that most people consider beyond them. To the untrained, the idea of making pictures or objects or music can feel risky and scary! So for people who have had a major clinical trauma like a stroke, the idea of making art, or working with an artist can seem a strange and far-fetched proposition. People with varying levels of paralysis, perhaps using their non-dominant hand, with long-term cognitive, communication and/or visual impairment do not see themselves as prime candidates for making art. Yet the enjoyment and satisfaction that can be achieved gives a uniquely personal hit.

'I made that, that's mine!' <sup>1</sup>

Tayside Healthcare Arts Trust (THAT) is an Arts & Health charity established in 2002, based in Dundee, Scotland. The *ST/ART Project* (Stroke & Art) was introduced in 2004 and was designed to provide creative engagement opportunities for stroke survivors, using participatory visual arts as a contribution to inpatient rehabilitation, as a group

activity in community settings with peer support groups, and as a mainstream access route to further creative participation in partnership with arts and culture providers.

As the original Project Coordinator, I ensured from the outset that *ST/ART* was evaluated not just from the participants' view points but by all major stakeholders, NHS staff, carers, support staff and of course the professional artists engaged to lead the programmes. Strong evidence of improved mood, confidence and motivation alongside high attendance levels were in marked contrast to results for other participatory activities for stroke survivors and in 2009 THAT secured a recurring funding allocation from NHS Tayside to underpin the work and support its ongoing development. However, people outside the project remained cautious; new patients, consultants, nurses, physiotherapists, occupational therapists, social workers and carers all expressed varying doubts for different reasons.

Where is the scientific evidence?

What studies have there been?

How do you know it does anyone any good?

It's just a distraction not actual rehabilitation!

### **Academic support and research training**

So having secured recurring funding we sought interest from local academic colleagues to look at this work in more depth. Dundee is the 'City of Discovery' with two universities, including a School of Art & Design and a large Medical School, so we were looking for support from any number of areas to help explain why the work was proving to be so popular and valued. Whilst unable to secure interest from an academic arts perspective, there was support from elsewhere within the University of Dundee, particularly from a psychologist working with the Social Dimensions of Health Institute (SDHI) and from the research lead for Allied Health Professions (AHP) within NHS Tayside, both of whom were impressed by the evaluation evidence of apparent impact on participants' outlook.

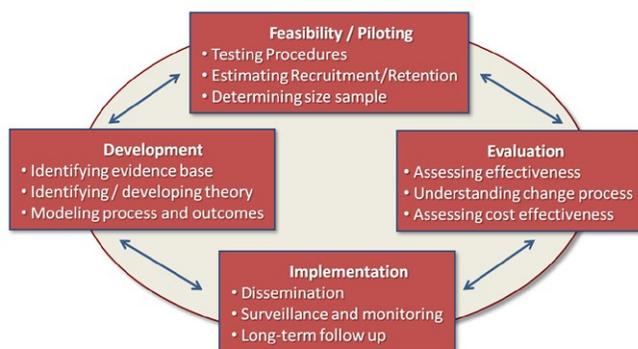
As a way to progress these enquiries, an agreement was reached between THAT, the NHS and the university that enabled me to complete a part-time six-month research apprenticeship scheme for nurses and AHPs with the understanding that *ST/ART* is an NHS supported therapeutic project. I became part of a small team of nursing and AHP colleagues led through a collaborative process of learning, examination and research modelling managed by SDHI. Dr Jacqui Morris was the AHP Research Lead and – along with other senior health and social

science researchers – was there to help each of the group develop a clearly focused academic research question relevant to their practice.

It quickly became evident that the *ST/ART* project structure encompassed too wide a range of settings and stages of recovery. We had to focus on one area where we could develop a methodology to scrutinise and define what was now acknowledged as a 'complex intervention'. In 2011 there was limited existing empirical evidence in the field of participatory arts and health, some addressing dementia<sup>2</sup> and mental health<sup>3,4</sup>, but very little relating to stroke.<sup>5</sup> The challenge, therefore, was how to examine the work in a research context that would be both feasible and rigorous? It was determined that a validated research model was needed to convincingly address this 'novel' intervention and provide a robust research structure. The model that was identified was the *Medical Research Council (MRC) Framework for Evaluating Complex Interventions*.<sup>6</sup>

Looking at the development stages of the MRC model (fig. 1), it was apparent that the *ST/ART Project* was already operating in the Feasibility/ Piloting stage. It was delivering a model of practice, testing procedures with key components, which clearly produced outcomes, and it was possible to estimate recruitment in the various settings where it was delivered. However, the project had not expressed its approach in formal theoretical terms or set it in the context of a researched evidence base. The project was also delivering

across a spectrum of settings with a range of participants, some who had literally just had a stroke and others who had been living with the outcomes for a number of years. For research purposes, and to be able to advance using the MRC Framework, it was essential to focus more closely on who to work with and when. This would enable a study to take the necessary step back into the Development stage of a preclinical theory that would underpin the work, refine the intervention model and formally identify measurable outcomes. It would then be possible to move forward again to an exploratory trial and the subsequent Evaluation stage.



For a number of reasons the obvious focus of the research became the inpatient rehabilitation setting and the question to be asked was:

*Can an arts-based creative engagement intervention following stroke improve psychosocial outcomes?  
A feasibility trial of a creative engagement intervention for inpatient rehabilitation.*

The inpatient setting had a natural study time frame from stroke occurrence / admission to discharge and it could provide regular access to new participants within a prescribed time frame of one year. It was a much more controllable environment than could be managed in the community and the artists would be able to deliver two complementary dimensions of the intervention; the conventional art group setting and personal one-to-one sessions with each participant.

The study had to be designed to firstly establish the underpinning theory and then the key components of the visual arts-based Creative Engagement Intervention (CEI). The CEI then had to be defined in terms of an artist's delivery protocol. That protocol would then be tested for feasibility under Randomised Control Trial (RCT) conditions. The feasibility RCT would therefore need to test the CEI against selected outcome measures to give an indication of its reliability and likely impact on psychosocial outcomes. The study also had to be affordable and fundable!

### **The ACES (Art as Creative Engagement for Stroke) Study.**

The ACES Study was designed using the MRC Guidelines and secured funding from the Chief Scientist Office which provides medical research funding on behalf of the Scottish Government, where stroke is a national priority. Using the *ST/ART Project* evidence as pilot data and supported by a wide range of academic partners the proposal was built around a three-phased design. It

acknowledged the importance of developing the theoretical underpinning for the Intervention first and recognised the need to refine the CEI model to ensure its feasibility for RCT conditions, but without making it prescriptive and removing the creative essence at its core.

It was designed so that the second phase feasibility RCT would operate at two sites with two different artists both of whom had to be able to deliver the intervention within the context of their own visual arts skill base. It also committed to test for change against a range of psychosocial outcome measures validated for stroke and to look for likely effects, even though the trial was only a feasibility study and not a full RCT. In its third phase the study also committed to follow up purposefully selected participants to re-evaluate the underpinning theory and, finally, revise the intervention model. We also had to make it acceptable for patients within the context of early post stroke recovery in two different stroke rehabilitation units, working in partnership with the multidisciplinary staff teams at all times.

And so in 2012 the ACES Study came into being with Dr Jacqui Morris as Principal Investigator, myself in the extended role as Research Manager, two field researchers and two delivering artists as well as a wide range of academic partners in support.

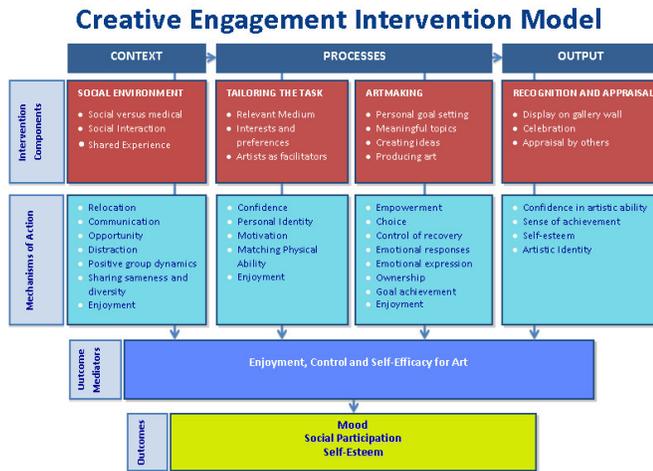
The protocol for the whole study has been published and is available at the trials website.<sup>7</sup> It describes in detail the study design for examining the feasibility and effectiveness of the Creative Engagement

Intervention through a randomised controlled trial delivered by artists within inpatient stroke rehabilitation.

The results of phase one of the study have also been published in the journal *Disability and Rehabilitation*.<sup>8</sup> This phase reviewed the original work of the *ST/ART Project*, conducting semi structured one-to-one interviews with eleven former *ST/ART Project* inpatient participants, three former artists, and with two stroke rehabilitation staff focus groups. In these interviews experiences, beliefs and attitudes about creative engagement were explored using Framework analysis with NVivo9 software, identifying common themes and developing the ACES study hypothesis.

The foundation of the understanding for the feasibility RCT and all of THAT's subsequent participatory art projects came from the establishment of the Creative Engagement Intervention Model (fig. 2) as the primary outcome of phase one of the ACES study. This provided the theoretical structure for creative engagement work, defined through the analysis of participants' experiences of working with an artist.

The model established three principle areas of influence, from the context of the intervention through the actual creative processes to the artworks as outputs. Within these areas it was possible to define the Intervention Components and characterise the Mechanisms of Action, which are key to understanding the resulting outcomes.



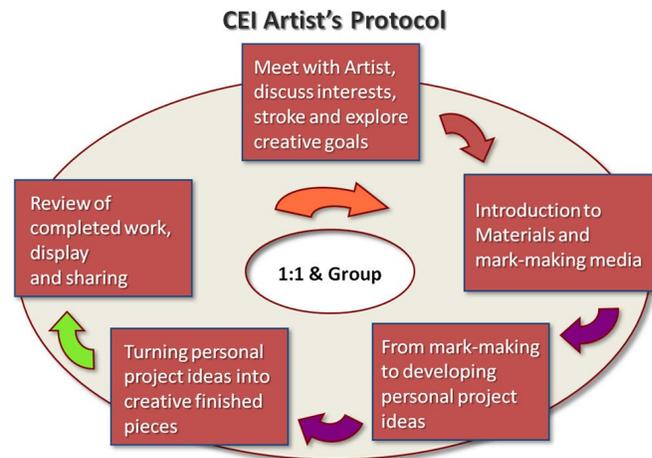
This model was also adjusted slightly as a result of the phase three post trial review, so there is now confidence in the role of the Outcome Mediators as the stepping-stones to the relevant and measurable psychosocial outcomes of Mood, Social Participation and Self Esteem.

### Artist's protocol

As has been indicated the Artist's Protocol was also defined through the first phase of the ACES Study and now underpins all of THAT artist's inpatient work. The evidence that informed the theoretical model also helped clarify the practical steps that the artist should follow to maximise the experience of the participant. The protocol can be modelled in five component stages (fig. 3) that indicate the pathway for the participant. It does not however prescribe either a fixed linear experience or a regimented series of exercises; rather it acknowledges the necessary steps in a creative learning experience

that will apply to a wide variety of media and art practices. It does this by recognising that different participants progress at different speeds and in different ways. Protocol stages may be repeated or returned to or may be addressed simultaneously. Participants may progress rapidly and so achieve stage five and then move again to stages two, three or four to progress new work or experience new materials or processes.

It is perhaps easiest to illustrate the protocol in practice through participants' creative output and the following examples come from both the ACES Study and subsequent inpatient programmes using the protocol.



Initially an inpatient has to meet certain criteria for referral, and normally the artist should be able to work with them for six or more sessions. Less than six sessions makes it very difficult for the artist to fully engage the participant.

At stage one, our evidence shows that just meeting with the artist to discuss interests, stroke outcomes, personal history and goals is a vital first step in building a therapeutic relationship and will be best achieved through an informal one-to-one session.

The activity of the Artist's Protocol is adaptable to a wide variety of media but in this first illustrated example (fig. 4) the artist and participant agreed to work in printmaking.

At stage two of the protocol, the artist will tailor appropriate materials and processes to begin a playful exploration of ability. This is essential to determine the impact of deficits, any reduction in functional ability and to judge the accuracy of participant's expectations.

It is also important to show that the handling of creative materials can be a sensory and satisfying experience and to get participants comfortable with them. This level of comfort and enjoyment can then be tested through the execution of an agreed practice work, like the simple traced drawing monoprint (fig. 4, stage 2), trying out the chosen technique and materials to interpret a selected image.

Having engaged them through the handling of the materials the artist will then aim to move them through to stage three and guide the participant on how to use the materials to consider content or subjects that are of personal interest to them. This stage may reveal greater personal details about the participant and, if appropriate to share, may strengthen the social aspect of group sessions.

Tailoring of the intervention to the individual may require some simple research on the part of the artist but equally may involve the participant or their family in providing particular reference material. This places the participant in the position of expert and director which can empower them to take greater control of their output.

In this case, through experimenting with lino cutting and as a former farmer, this participant chose to work on a stylised agricultural landscape (fig. 4, stage 3).

At stage four of the protocol the artist will guide and assist the participants to an appropriate creative conclusion for individual pieces of work. The participant will control and direct the expression of content and the artist will instruct and facilitate the creative interpretation to allow that to happen. It is a partnership and collaboration that empowers the participant by facilitating their development from student to creative director. This completed piece of work (fig. 4, stage 4) was a three-colour lino cut depiction of an iris, made specifically for the participant's wife, as that was her name.



Creative work generally leads to more creative ideas and so it is possible to sustain the interest and engagement of participants across many weeks

and sessions, moving back to stages two or three in the protocol to develop new images, work with other media and bring further ideas to fruition.

Another example involves a different medium; drawing and painting. The creative engagement activity was started with a very simple tonal drawing, moving to the expressive use of paint and culminating in a large landscape painting based on a specific location where the participant loved to go walking (fig. 5).



A third example uses the craft-based technique of felting and gradually took the participant from experimentation through to the achievement of a finished object that in this instance they could take home to use and value (fig. 6).



For all participants, stage five in the protocol marks the achievement of one or more completed artworks, providing a tangible creative output for the participant. The artist will discuss the completed work with the participant, reviewing the process and result and discussing further ideas that could be progressed. The artist will also ensure that all completed works are mounted appropriately and if agreed by the participant, displayed within a 'gallery wall' display area in the unit. This demonstrates respect and regard for the participant's work, which helps promote their confidence and self-esteem. This semi public sharing of the work has been shown to be a significant social and communication stimulus, altering participants' perceptions of capability and identity, and promoting self-efficacy.

Where possible a display and celebration event is also held, with invited guests, family and friends of participants and staff to celebrate and confirm individual achievements, and change others' perceptions of participants' capabilities. This also acknowledges the support and input that the unit provides by facilitating the programme delivery and is always a good excuse for a party!

The Artist's Protocol, informed and defined through the larger conceptual model work of the ACES Study, continues to be used to guide the process of THAT's Creative Engagement programmes. Actively used in the inpatient setting, it is now also used in a modified form for community group delivery and acts as the best practice guidelines for all our artists regardless of discipline.

---

**‘Creative work generally leads to more creative ideas and so it is possible to sustain the interest and engagement of participants across many weeks and sessions, moving back to stages two or three in the protocol to develop new images, work with other media and bring further ideas to fruition.’**

---

### **Participants Perspective**

The third phase of the ACES Study allowed for a qualitative review of the experience of the intervention from participants, artists and healthcare staff. As well as confirming the theoretical model we had constructed this allowed for the articulation of personal experiences and insights that clearly express the importance of the human dimension of the work.

Participation was reported to be a creative learning experience that supported skill development, valued individual attention, promoted social interaction with the artist and with other participants, and could be a vehicle for communication.

*‘... I found out she (the artist) was able to impart knowledge to me; she had the ability to impress me, which she did. And of course, learning the reconstruction, and this is for the face, and I just realised how the composition of faces is achieved. The spacing of the eyes, the nose, the mouth.’<sup>9</sup>*

Creative engagement was also something to look forward to; that was both a distraction and a relocation, which affected their sense of time, enhanced their focus and concentration, and was a stimulating and creative opportunity that facilitated recovery.

*‘Art made me feel normal again... I felt in a different space... I wasn’t aware of what was really wrong with me.’<sup>10</sup>*

The experience of the Creative Engagement Intervention was seen as a bridge between pre and post-stroke selves; that helped fulfil and restore identity, promoted mastery and achievement through production, and self-worth through appraisal.

*‘Well, I took art at school, I wasn’t very good, but I’ve always been interested in art. It really stemmed from that period. I always fancied the idea of painting, watercolours particularly, so this has been great.’<sup>11</sup>*

Participants also reported a difference between obligation and enjoyment; where they could exercise choice and control, where they found calming absorption and a shift in focus towards normality.

*'100% different, because all of your therapies are directly connected to why you are in hospital in the first place and that's why art is, it's a totally different subject, it's something that can take you out of yourself, you know you are concentrating on something else and that includes going out of the world of hospital beds and therapies.'*<sup>12</sup>

### **Conclusion**

Through the development model of the MRC Framework, (fig 1) discussed earlier, we started by recognising our work at the Piloting stage of the cycle, which – I am sure – many other participatory arts and health projects could identify with. With the support of academic partners and using the framework we were then able to take a necessary step back to examine the evidence base and develop the theoretical underpinning of the work. This resulted in the CEI Model, which in turn allowed us to define and formalise the Artist's Protocol. We were then able to move forward again, testing the Artist's Protocol under Randomised Control Trial conditions to evidence its feasibility and further inform the procedures for recruitment, delivery and retention.

We now have a thorough and reliable empirical analysis that clearly shows the feasibility of modelling participatory arts interventions in medical settings, provides evidence of its effectiveness, and an understanding of the psychosocial transformation that participants can experience.

It has confirmed that many of our instincts about the intrinsic value of participatory arts and health are valid, can be understood in terms of academic theory, and justified in terms of medical and therapeutic practice. It is essential for the development of the field of Participatory Arts and Health that other organisations and projects pick up the research mantle. Any such projects looking to conduct research should seriously consider using the MRC Framework as this mixed methods model combines qualitative and quantitative approaches within a structure that is validated and recognised, whilst still retaining the scope for the interpretation of creative activity.

It is also a fascinating journey to take.

### **Notes**

---

1. Quote from *ST/ART Project Stroke Inpatient Participant*, PRI, 2008
2. B. Miller and C. Hou (2004), 'Portraits of artists: emergence of visual creativity in dementia' in *Arch Neurol* 2004;61(6) pp.842-4
3. J. Secker, H. Spandler, S. Hacking, L. Kent, and J. Shenton (2007), 'Art for mental health's sake' in *Mental health today* 2007, pp.34-6
4. S. Hacking, J. Secker, H. Spandler, L. Kent and J. Shenton (2008) 'Evaluating the impact of participatory art projects for people with mental health needs' in *Health social care in the community* 2008;16(6), p.638

5. J. Symons, H. Clark, K. Williams, E. Hansen and P. Orpin (2011), 'Visual Art in physical rehabilitation: experiences of people with neurological conditions' in *British Journal of Occupational Therapy* 2011; 74, pp.44-52

6. P. Craig, P. Dieppe, S. Macintyre, S. Michie, I. Nazereth and M. Petticrew (2008) 'Developing and evaluating complex interventions: the new Medical Research Council guidance' in *British Medical Journal* 2008; 337:a1655, pp.979-983

7. J.H. Morris, C. Kelly, T. Kroll et al. (2014) *Art as a creative intervention after stroke: a single blind feasibility randomised controlled trial to examine effects on psychosocial outcomes of art participation during stroke rehabilitation compared to usual care*. *Trials*. 2014. <http://www.trialsjournal.com/content/15/1/380>

8. J. Morris, M. Toma, C. Kelly et al (2015) 'Social context, art making processes and creative output: a qualitative study exploring how psychosocial benefits of art participation during stroke rehabilitation occur' in *Disability and Rehabilitation* 2016 Vol. 38, Issue 7, pp.161-172 9. Quote from ACES Study Inpatient Participant, 2014

10. Quote from ACES Study Inpatient Participant, 2014

11. Quote from ACES Study Inpatient Participant, 2014

12. Quote from ACES Study Inpatient Participant, 2014

## Images

---

All images courtesy of Tayside Healthcare Arts Trust.

# Health as narrative

## Using visual language to move beyond binaries of health and ill health

**Josie Vallely**

Artist and freelance educator

I am employed in community and clinical health settings, one of many artists who 'work preventively, some enhance recovery, others improve the quality of life for people with long-term or terminal conditions'.<sup>1</sup> The benefits of artists working in health settings are well-documented<sup>2</sup> and have in turn begun to impact on policy.<sup>3</sup> However, I am interested in how the visual language employed by artists contributes to our understanding of what it means to have health or ill health more fundamentally than these interventions, even before the body is designated sick or well.

'Sick persons and those who care for them become obligatory story-tellers and story-listeners.'<sup>4</sup>

As Quinn, Knifton and Donald assert in *The role of personal narratives in addressing stigma in mental health* (2011), understanding of illness and health are underpinned by narrative,<sup>5</sup> and narratives of illness are commonplace in popular culture. We come across them in conversation, on billboards, embedded in the plot lines of soaps, and in the tag lines of national charities. Dominated by rhetoric such as 'battles won with cancer' and the

'incredible-against-the-odds' stories, such narratives fuel 'the almost total erasure of the powerfully pervasive (yet 'mundane') experience of chronic illness'. Wagner, in his exploration of *Illness in Popular Media* suggests that this pattern of exclusion implies an effort to disregard people who 'embody both the physical failure of medical practice' and serves to marginalise those that cannot return to their original 'non sick' state.<sup>6</sup>

We all create narratives when we 'translate knowing into telling',<sup>7</sup> and the form in which we express narrative is varied. By exploring the potential of visual narratives, artists can give expression to personal experiences that are otherwise overlooked.

### **Visual narratives**

The visual image has 'long been employed as a powerful tool with which to comment on a wide range of social issues and influence the thinking of the day'.<sup>8</sup> Images 'say' nothing – they make no propositions about the world – and for that reason have been valued as a mode of meaning or apprehension that does not use discursive reason.<sup>9</sup>



However, as signs, they have cultural and socially constructed meaning. A viewer may not be able to ascertain the desired meaning of an image by signs alone. Rather 'an image relies on context to bring out subtle meanings, and an understanding of the viewer's context will enable the image's creator to better code meaning into his work'.<sup>10</sup> Part of the job of the artist is to find the balance between nuance, suggestion and cliché in order align the viewer's reading of the image with that of its creator.

It is this combination of characteristics, which allow the visual artist to imbue an image with the key ingredient in challenging binaries of health – empathy. This 'vicarious, spontaneous sharing of affect' provokes the viewer to mirror what a person might be expected to feel in a particular situation.<sup>11</sup> It is this capacity of visual works which contributes to their ability to challenge the 'odd diminishment of the status of storytelling in medicine' which has emerged, as Charon describes in his study of

*Narrative Medicine*, (2005) since 'we decided we knew enough about the body by virtue of reducing it to its parts that we did not need to hear out its inhabitant'.<sup>12</sup>

The following case studies are rooted in my own practice exploring the potential of visual language to contribute to the establishment of a richer and more 'authentic' illness narrative and investigate some of the ways visual language is being employed to expand people's understanding of what it means to be chronically ill.

### **Landscape as illness narrative**

My interest in this area of work began when I began working with Derek Cummings, who has Chronic Obstructive Pulmonary Disease, or COPD. My awareness of this condition stemmed from time spent studying at medical school. COPD is a progressive lung condition characterised by shortness of breath, fatigue and a persistent, chesty cough. I was interested in how visual communication could contribute to raising awareness of this very common and often fatal condition. I began learning more about people's personal experiences by using ethnographic style research techniques with online communities of people who have COPD. Derek Cummings came forward as someone who would like to share his narrative with me, and together we explored his relationship with landscape, particularly mountains, and parallels to his diagnosis. The resulting body of work, titled *Derek's Story*, aims to use abstracted landscapes to express a narrative of COPD.

I chose to work in this way in a response to my reading on the ability of landscape to communicate certain emotional responses. In his work on the semiotics of landscape, Abrahamsson suggests that our relationship to the landscape as a sign means that 'even when we are not actively viewing, hearing, or smelling an environment, a landscape, we can still experience it mentally'.<sup>13</sup> In these works I wanted to embrace this quality of the landscape in order to communicate the psychological impact of a condition, in a way that might distance it from the stigma that it faces – rooted in class and inequality.

For someone who has not experienced breathlessness, it is hard to comprehend or empathise with a condition that renders even rising from a chair impossible. The drive behind my work was to create an experience that would prime viewers to be open to the experiences of others. The image might not allow the viewer to recall their own breathlessness – but it may make them feel trapped or anxious or lost. These are similar emotions that people will go through when they're dealing with a diagnosis, especially with chronic, long-term conditions with no cure.

While regarded by some as 'an outmoded, redundant genre',<sup>15</sup> I understand landscape as a genre of image that has the power to communicate a depth and complexity of emotional reaction without relying on figure or caricature. This is particularly helpful in the case of illness narrative, where such caricature can result in damaging stereotypes. Thus landscapes provided me with a



rich palette with which to express stories of illness that move beyond binary concepts of health and ill health.

### **Artist books as illness narrative**

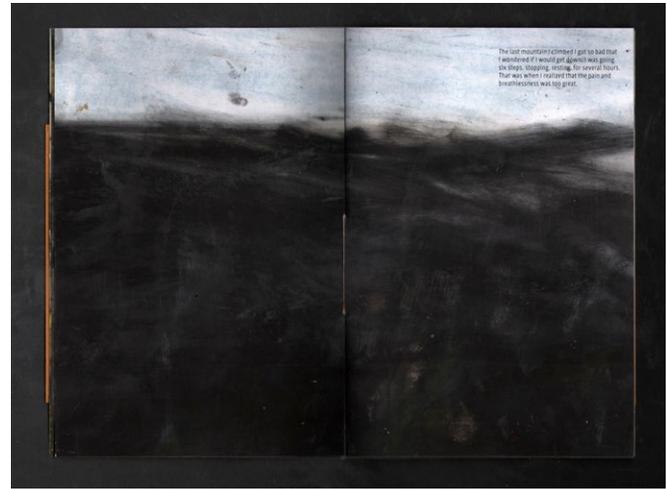
Recently, my exploration of visual art and COPD was included in *Prescriptions*, an exhibition presented in The Beane Museum in Canterbury in 2016, which showcased a large collection of artists' books that explored illness narratives and interactions with the medical community. Before this exhibition I had been unaware of the scale and strength of the community creating artists books rooted in illness narratives. This led me to consider the potential for artists' books to offer a platform for excluded voices.

In their study *The political nature of the book: on artists' books and radical open access* (2013), Adema and Hall propose that the establishment of artists' books was initially 'to provide a forum for artists excluded from the traditional institutions of



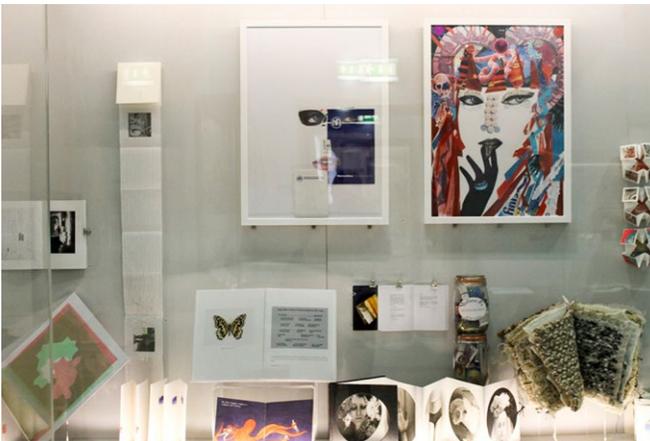
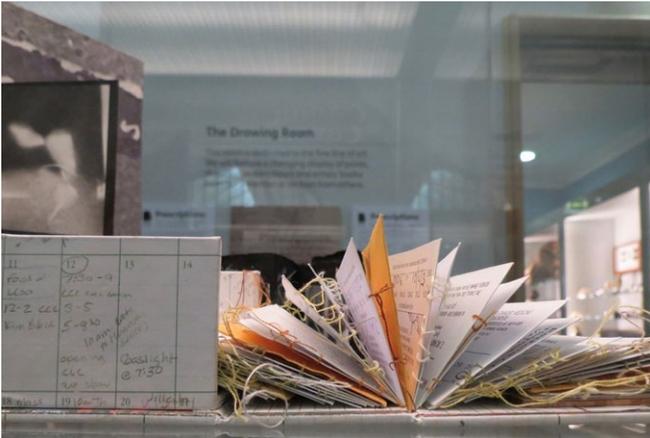
the gallery and the museum'.<sup>16</sup> They suggest that it is only quite recently that artists' books have been embraced as an art form in and of themselves.<sup>17</sup> They go on to argue that this marginalisation has meant that work in book form can be used to question, intervene in and disturb existing practices and institutions, and even offer radical, counter-institutional alternatives to other art forms.<sup>18</sup> More recently, and as modes of reproduction of self-published books become cheaper and more widely available, the role of artist books as a useful way of representing illness and changing perceptions has become increasingly apparent. This was reflected in the works exhibited in *Prescriptions*, which explored a wide range of visual illness narratives, many of which focused on chronic, terminal or uncertain illness experience.

The style and success of the works in *Prescriptions* varied. Some works offer little insight into artist



experiences beyond pastiche. Others, such as Lizzie Brewer's aptly named *Prescriptions* book (2015/16) and Carol Cleuer's *Unknown* (2012) seem clinical in their representation of cancer narratives - yet their ordered lines of dots and symbols are a far cry from the rallying battle cry of the restitutorial narrative's 'fight against cancer'. While somewhat limited in their ability to evoke an emotive reaction by their representational, almost diagrammatical, form, they do communicate successfully the exhausting, mundane and repetitive experience of living with a chronic illness.

Egidija Ciricaite, book artist and co-organiser of *Prescriptions* with Dr Stella Bolaki, believes that 'Book as an object encourages intimate interaction between the maker and the object, the object and the reader' and she considers 'artist's books as a tool to aid healing and facilitate communication between doctors and patients.' She suggests that the books



'are non-verbal diaries. Their authors reach beyond language to say the unsayable. The (almost) lack of language evokes universal readability of the artwork, which in turn, resonates with universal concerns of understanding illness, and understanding healing as a process'.<sup>19</sup>

### Conclusion

'You must find an image in which the feeling itself is embedded.'<sup>20</sup>

My exploration of visual narratives of health has led to me discover a rich assortment of artists who utilise visual narratives to 'produce a form of empathy that is more complex and considered than purely an emotional or sentimental reaction'.<sup>21</sup> This empathy has the potential to prepare the viewer to appreciate illness narratives that are more truthful and more autonomous than those presented in other media.

My assertion is that these visual expressions add new dimensions to our ability to empathise with others' experiences of health and ill health. Used appropriately, they have the potential to equip professionals and the public with the skills to 'acknowledge that the illness narrative has many potential interpretations but that the patient is the ultimate author of his or her own text'.<sup>22</sup> By exploring their own experiences of health narratives, and being allies to marginalised voices, visual artists can contribute to a move away from binaries of health and embrace the multimodal experience of chronic illness.

---

**‘By exploring their own experiences of health narratives, and being allies to marginalised voices, visual artists can contribute to a move away from binaries of health and embrace the multimodal experience of chronic illness.’**

---

**Notes**

---

1. Jackson, R. (2012), *The Charter developed by the National Alliance for Arts, Health and Wellbeing in the UK*. Available at: <http://www.artshealthandwellbeing.org.uk/sites/default/files/A%20Charter%20for%20Arts,%20Health%20and%20Wellbeing.pdf> Accessed 21/10/16

2. Ibid.

3. Sands, J. (2014), *Art and Environment An Integrated Therapeutic Design Approach*. Presentation: [http://www.scottishcivictrust.org.uk/media/187143/anne\\_lumb\\_\\_\\_jackie\\_sands\\_-\\_nhs\\_and\\_scottish\\_natural\\_heritage.pdf](http://www.scottishcivictrust.org.uk/media/187143/anne_lumb___jackie_sands_-_nhs_and_scottish_natural_heritage.pdf) Accessed on 21 October 2016

4. Charon, R. (2005), ‘Narrative Medicine: Attention, Representation, Affiliation’ in *Narrative* 13 (1), pp.261-270

5. N. Quinn, L. Knifton and J. Donald (2011), ‘The role of personal narratives in addressing stigma in mental health’ in R. Taylor, M. Hill and F. McNeill (eds), *Early Professional Development for Social Workers*. Birmingham: Venture Press

6. Wagner, A. (2000), ‘Re/Covered Bodies: The Sites and Stories of Illness in Popular Media’ in *Journal of Medical Humanities*. 21 (1), pp.15-27

7. Hudson, Judith A.; Shapiro, Lauren R McCabe, Allyssa (Ed); Peterson, Carole (Ed). (1991) *From knowing to telling: The development of children’s scripts, stories, and personal narratives. Developing narrative structure*, (pp. 89-136). Hillsdale, NJ, US: Lawrence Erlbaum Associates, Inc, xvii, pp. 367

8. Wigan, M. (2009), *Basics Illustration (Book 4) Global context, 1st edition*. Switzerland: Fairchild Books, p.34

9. Dillon, G. *Art and the Semiotics of Images: Three Questions About Visual Meaning*. Accessed on 21 October 2016 <http://faculty.washington.edu/dillon/rhethtml/signifiers/signsave.html>

10. Oliver, D. (2005) *Semiotics for beginners*. Accessed on 21 October 2016 <http://www.creativebloq.com/computer-arts/semiotics-beginners-3059924>

11. Keen, S. (2006), 'A Theory of Narrative Empathy' in *Narrative*, Vol. 14, No. 3 (October 2006), p.208
12. Charon, R. (2005), 'Narrative Medicine: Attention, Representation, Affiliation'. *Narrative*. 13 (1), pp.261-270
13. Abrahamsson, K. V. (1999), 'Landscapes Lost and Gained: On Changes in Semiotic Resources' in *Human Ecology Review*. 6 (2), pp.51-61
14. Walsh, K. M. (2016), Art That Makes People Think: "This Is How I Feel" in *FOLKS, A pillpack Magazine*. Accessed on 21 October 2016 <http://folks.pillpack.com/2119/making-art-people-feel/>
15. Newell, R. (2012), 'Landscape; Drawing and the morphological sublime' in *Journal of Visual Art Practice*. 11 (1)
16. J. Adema and G. Hall (2013), 'The political nature of the book: on artists' books and radical open access' in *New Formations, volume 78 (1)*, pp.138-156
17. Ibid.
18. Ibid.
19. Ciricaite, E. (2016) *Intimate and Cathartic is the constellation of cancer, Collective Investigation* blog. Accessed on 21 October 2016. <http://collective-investigations.blogspot.co.uk/2016/04/intimate-and-cathartic-is-constellation.html>
20. Shahn, B. (1985), *The Shape of Content*. United States of America: Library of Congress, pp.28-34
21. A. Coplan and P. Goldie (2011), *Empathy: Philosophical and Psychological Perspectives*. Oxford: Oxford University Press, p.82
22. Jones, A. (1999), 'Narrative in medical ethics' in *British Medical Journal*. 318 Accessed on 21 October 2016. <http://dx.doi.org/10.1136/bmj.318.7178.253>

## Images

---

Fig 1. The Restitutorial Narrative of Health

Fig 2. Josie Vallely, *Derek's Story*, 2014, digital print and oil drawing

Fig 3. Josie Vallely, *Derek's Story*, 2014, digital print and oil drawing

Fig 4. Josie Vallely, *Derek's Story*, 2014, digital print and oil drawing

Fig 5. Egidija Čiricaite, 2016, *Prescriptions* exhibition, Beaney Art Museum, Canterbury

Fig 6. Martha Hall, *The Rest of My Life II*, 2016, *Prescriptions* exhibition, Beaney Art Museum, Canterbury

Fig 7. Egidija Čiricaite, 2016, *Prescriptions* exhibition, Beaney Art Museum, Canterbury

# Stimulating the positive health of older adults

## Through the *Art Makes Man* outreach programme

**Marjolein Gysels (Ph.D.)**, Senior Researcher, Centre for Social Science and Global Health, University of Amsterdam, The Netherlands

**Hélène de Koekoek**, Programme Officer *Art Makes Man*, Amsterdam

**Marthe de Vet**, Head of Education & Interpretation, Van Gogh Museum, Amsterdam

### Introduction

Whereas museums traditionally fulfilled the purpose of preserving cultural artefacts and providing education, they have recently expanded their scope towards more socially oriented roles. Cultural heritage is increasingly acknowledged as a key resource for well-functioning communities.<sup>1</sup> While global awareness regarding the potential contribution of museums to health and wellbeing is emerging, this contribution still remains hugely underestimated,<sup>2,3</sup> and concrete burden of proof is scarce.<sup>4</sup>

As in so many western countries, the population of the Netherlands is ageing rapidly. An increasing number of older adults risk becoming socially isolated and lonely through physical ailments and the death of friends and family. This problem has been exacerbated since the transition in the Dutch health care system in 2015; older adults must now continue to live at home as long as possible. People are responsible for their own social activities, which means that they are very dependent on the availability of family and friends.

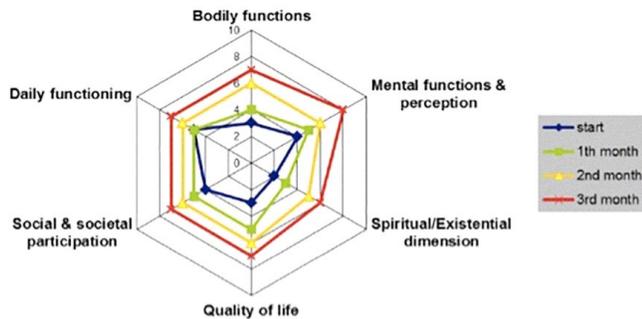
To contribute to the amelioration of this growing problem, in 2014 the Van Gogh Museum, together with partners from the cultural, wellbeing, and health care sectors, launched the *Art Makes Man* programme.

Our aims are to:

- Make Van Gogh accessible to vulnerable older adults
- Activate them by making art themselves
- Promote social interaction for our target audience who threaten to become lonely
- Offer them strategies for longer-term art participation

From the beginning of the programme, in their approach, the initiators of *Art Makes Man* relied strongly on the concept of positive health formulated by the physician-researcher Machteld Huber (Maastricht University). Huber has redefined the term 'health' as, 'The ability to adjust and exert agency in light of life's physical, emotional, and

social challenges'.<sup>5</sup> She distinguishes six main dimensions of health, differentiated in a number of aspects. This ensures that the concept of health is more broadly understood than that of the medical model. After all, ailments and frailty are a normal part of aging.



With the research on their programme, the *Art Makes Man* project aimed to answer the question of whether active art participation contributes to the positive health and wellbeing of older adults. The first research results are described in this paper.

## Methods

### The intervention

*Art Makes Man* was designed purposely as an outreach project. Trained museum artist-docents take a mobile studio full of Van Gogh related objects and materials to places where older adults gather – for instance community centres or nursing homes – to run a workshop.

The workshop comprises a mix of methods: conversing (both the instructor and the participants

share knowledge); touching (passing around objects like those Van Gogh used), doing (writing and making art); and sharing experiences (giving feedback about each other's works or art and suggestions for the future). At the end of the workshop every participant takes their work of art home with them.

The programme was launched in Amsterdam, in the Van Gogh Museum's back yard. In the second and third year it was rolled out in other places with a strong connection to Van Gogh, such as Nuenen, where he painted *The Potato Eaters*, and his birthplace Zundert.



## Research design

The research employed a mixed-method study, combining a quantitative questionnaire and an ethnographic approach.

## Data collection

The questionnaire was used with the participants immediately after the workshops. It was a slightly altered version of the Generic Wellbeing Questionnaire from University College London's (UCL) *UCL Museum Wellbeing Measures Toolkit*, which proved appropriate after a period of piloting. It contains questions about self-perceived emotions during the workshop on a scale of one to five, ranging from 'definitely not' to 'very', and includes questions regarding the older adult's perceptions.<sup>6</sup>

This was combined with participative observation during the workshop. In-depth, open interviews were conducted with participants at a place convenient to them, generally in their homes, one to three weeks after the workshop. We also organised focus groups with the various partners and the artist-docents to reflect on what we observed and what they experienced during the workshops.

## Analysis

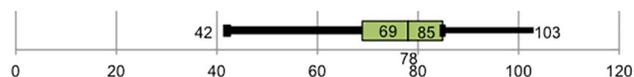
The quantitative analysis was carried out with simple statistics. The qualitative data was analysed following the principles of Grounded Theory.<sup>7</sup> Firstly, the transcribed interviews were read and coded, from which themes / categories could be inductively generated. These categories and their

properties were constantly compared against newly emerging categories, working towards relevance across all the data. These categories were then checked against the dimensions of Huber's definition of health.

## Results

### Quantitative data

The average age of participants was between sixty-nine and eighty-five years old



The age of 50% of the sample was over 78, and 25% between 85-103 years old.

Statement	n	Range	Min	Max	Mode	Median	Mean	Std.Dev.
<b>Rating mood</b>								
I felt happy	283	4	1	5	4	4	4,01	0,97
I felt engaged	238	3	2	5	5	4	4,14	0,936
I felt comfortable	234	4	1	5	5	5	4,41	0,803
I enjoyed the company of other people	237	2	3	5	5	5	4,36	0,848
<b>Rating workshop</b>								
Is this activity new to you?	227	4	1	5	5	4	3,69	1,382
Would you recommend this activity to others?	126	4	1	5	5	4	3,67	0,23

The table lists the questions in the survey. The 'wellbeing' questions most often received the highest score (five), which means 'all of the time'. The average scores are above a rating of four, which means 'very often'. That the mood of the older adults was significantly high does not necessarily indicate causality. Therefore, the last two questions afford additional insight, as do the qualitative interviews. These scores are slightly lower than those of the emotional experience.

**Qualitative data**

Qualitative interviews were held with a total of 32 participants, including 22 women and 12 men from diverse socio-economic backgrounds, both living at home independently and in health care institutions. We have summarised their responses against the six dimensions of positive health.

**Physical functions**

The interviews reveal that the intervention activates people physically. The workshops were generally offered by the partner organisation as an activity for which people could register. Individuals thus took the initiative themselves to participate in the workshop.

Researcher: 'Would you also have done this if you were still living at home?'

Participant: 'No, I would never get around to it. I did it simply because it is offered here...'. (Woman, 90, healthcare institution)

The intervention afforded the possibility for participants to join in, regardless of their limitations. And so people with physical, visual, or minor cognitive impairments were able to participate in the various parts of the workshop.

'Marloes came up to me, and said, just get on with it, I'll see to Hans. And Marloes got him to draw! This would never have happened otherwise.' (Woman, 86, healthcare institution)

**Mental functions and perception**

In the interviews participants noted that they found the workshops instructive. Although many already

knew quite a lot about Van Gogh, they appreciated the new information they acquired.

'On such an afternoon you have something structured, something meaningful, and you learn something as well.' (Man, 62, healthcare institution)

'...playing bingo, and such, we don't like it much, I mean so little is expected of you. Here you can also learn something.' (Woman, 86, health care institution)

Participants described daily life as a grind, with little mental stimulation, whereas the workshop represented a welcome and unexpected surprise. The motivation for people living at home independently, and often alone, to take part in the workshop was also to break out of their daily routine. As many participants asked for a follow-up, *Art Makes Man* is now developing a series of workshops culminating in a visit to one of the museums in the partnership.

**Quality of life**

32 of the 34 participants reacted positively to the workshop. There were two exceptions, who did not appreciate the workshop because art held no personal interest for them. One described himself as 'reserved and business-like', and the other (a woman) as a 'sporty' type.

Participants found that the intervention had contributed to the quality of their life. This is clear from the interviews and confirmed by the other methods employed for this study. From the participative observation during the workshops they

emerged as very successful gatherings in which moments of attentive listening alternated with fun and laughter. After the workshops, participants expressed their gratitude for a wonderful afternoon. The feedback from the healthcare and wellbeing partners, who often maintain long-standing contacts with the participants, also reported general satisfaction regarding the gatherings.

‘Wonderful! We seize the day and celebrate life’.  
(Two women, both 86, living at home)

I enjoyed it. . . I enjoyed everything that’s more than people reading me the paper (Woman, 92, living in a healthcare institution).

Researcher: What did you like most about the workshop?

Participant: Well, she gave me the feeling I could draw anything (Woman, eighty-two, living at home)

### **Social and societal participation**

A component of the pleasant experience of the workshop was the social gathering with others. The workshop was often described as *gezellig*, a typical Dutch word for which there is no exact equivalent in other languages, expressing a positive, relaxed, comfortable and cordial way of being in the company of others.

‘Even though everyone was individually occupied, you still had contact with the others, because we talked about what we were doing, what we felt, and what we saw, which I found to be very captivating’. (Woman, 86, living at home)



The participants responded very positively to the workshop methods, which are conducive to social interaction. In the first drawing assignment, participants are asked to scribble freely and pass this work on to the person nearest them, who then writes a word or sentence on it.

This is subsequently discussed in the group. This activity stirred up a lot of emotion and created a safe and open atmosphere for the participants. The final



activity encompasses another such occasion for exchange. After everyone has finished drawing, the works are displayed in passe-partouts for a group review, either put up on the wall or hung on a washing line with pegs. This moment too was highly appreciated by the participants.

## Daily functioning

### 1) I felt happy

None of the time	Not very often	Some of the time	Very often	All of the time
1	2	3	4	5

### 2) I felt engaged

None of the time	Not very often	Some of the time	Very often	All of the time
1	2	3	4	5

### 3) I felt comfortable

None of the time	Not very often	Some of the time	Very often	All of the time
1	2	3	4	5

### 4) I enjoyed the company of other people

None of the time	Not very often	Some of the time	Very often	All of the time
1	2	3	4	5

### 5) Is this activity new to you?

Not at all	Somewhat	Neutral	Reasonable	Very much
1	2	3	4	5

### 6) Would you recommend this activity to others?

Not at all	Somewhat	Neutral	Reasonable	Very much
1	2	3	4	5

### 7) In what activity are you interested?

Nothing	Coloring book	Creative drawing club	Another workshop with an art teacher	Museum visit
1	2	3	4	5

When participants were asked what they most appreciated about the workshop, they often responded: 'the doing'. For many, this was the first time they had drawn since their childhood.

The groups consisted of people with mixed skills and levels of art experience. And those who were initially hesitant because they were not used to drawing also reported that the group process soon helped them cross the threshold. Moreover, they were pleasantly surprised by the result.

'And then they give you this sheet of blank paper and you actually have to *do it, draw* on it. And because everyone has to do it, you think to yourself, all right, and before you know it you automatically participate, you simply do it.' (Woman, 69, living at home)

'That I could draw, yes I liked that. I thought how is it possible that I am able to do this?' (woman, 69, living at home)

### **Spiritual dimension**

The participants' reflections on their experience of the interventions reveal that the drawing assignments also play a meaningful role. In multiple cases this perception, and the actual making of art, led to reminiscing. In making art, people gave expression to major aspects of their life. For example, one woman rendered a scene of how she remembered the garden at her parents' home. She described it as follows:

'...the lawn, two poles, my mother hanging up laundry. The lilac tree. We had a fairly small terrace where I did my homework in the summer... It (drawing) has been a journey down memory lane.' (Woman, 86, healthcare institution)



The participation process helped people to position themselves in a context that was meaningful to them, and had made them who they are. A Surinamese man drew the landscape of his native country. The former principal of a comprehensive school made a still life. He recognised himself in the way he had drawn it, 'strict yet fair'.

### Conclusion of the investigation

*Art Makes Man* is a collaborative undertaking among partners from the cultural, wellbeing, and healthcare sectors. Together they wish to contribute to the wellbeing of vulnerable older adults by means of cultural participation, inspired by Vincent van Gogh. Until now it has been difficult to measure the success of art participation initiatives aiming to contribute to health and wellbeing.

Huber's definition of positive health has made it possible to explore this issue further through the material yielded by the programme. The empirical data demonstrates an unmistakable impact the experiencing and making of art has on a person's health. Moreover, it reveals what this effect encompasses. Whereas according to the biomedical model no direct therapeutic link can be demonstrated, here the beneficial effect of experiencing and making art truly comes into its own. The ethnographic approach made it possible to explore this in depth with the participants.

However, the sample is insufficient to identify patterns, for example which effects are important for which kind of participants. The short period of



time in which the project took place is also insufficient for making any further assertions as to how the positive effects exactly correspond in the long term.

However, we can conclude that the *Art Makes Man* programme has been successful in activating a diverse group of older adults through the work and life of Van Gogh.

The programme transcends perceived limitations. Participants seem to underestimate their own abilities. They are capable of doing more than they think. The professional supporters from healthcare and wellbeing partners also had to adjust their perception of the capacities of older adults. Moreover, people want more, so it would be fruitful to expand the programme to continue achieving the desired benefits to participants.

### Acknowledgements

---

We wish to thank Jord Neuteboom (Viatore) who helped give shape to this programme from the very beginning. We are grateful to the founding partners (Vier het Leven, Cordaan, De Zonnebloem), who collaborated with the team at the Van Gogh Museum in Amsterdam, for all their support and the organisation of the workshops on their premises. We are also indebted to the team at the Van Gogh Museum, the artist Brigida Almeida, and last but not least coordinator Esther Den Breejen, who donated time and expertise to make this a high-quality art programme.

### Notes

---

1. A. Nicholls, M. Pereira, and M. Sani (2013), *Report 7 – New trends in museums of the 21st century: The learning museum network project*. Bologna: *Instituto per i Beni Artistici Culturali e Naturali*
2. Black, G. (2010), 'Embedding civil engagement in museums' in *Museum Management and Curatorship* 25, pp.129-146

3. Belfiore, E. (2010), 'Art as a means of alleviating social exclusion: Does it really work? A critique of instrumental cultural policies and social impact studies in the UK' in *International Journal of Cultural Policy* 8, pp. 91-106

4. P.M. Camic and H.J. Chatterjee (2013), 'Museums and art galleries as partners for public health interventions' in *Perspectives in Public Health* 133, pp. 66-71

5. Huber, M. (2011), 'How should we define health?' in *British Medical Journal*, issue 26 July 2011.

6. UCL Museums & Collections (2014), *UCL Museum Wellbeing Measures Toolkit*. <https://www.ucl.ac.uk/museums/research/touch/museumwellbeingmeasures/wellbeing-measures>.

7. A.L. Strauss and J. Corbin (1990), *Basics of qualitative research: grounded theory procedures and techniques*. Newbury Park, CA: Sage

### Charts

---

Chart 1: Koekkoek, de H. *Age of the participants*, 2016

Chart 2: Koekkoek, de H. *Descriptive statistics*, 2016

### Images

---

Fig 1. Huber, M. *Pillars for positive health*. From: <http://www.slideshare.net/ECPP2014/huber-is2>, 2014

Fig 2. *The six locations where the Art makes Man interventions were organised*. From: <https://drive>.

[google.com/open?id=1eV8erX7er0nUGugPooOw4rGzC04&usp=sharing](https://www.google.com/open?id=1eV8erX7er0nUGugPooOw4rGzC04&usp=sharing), 2016

Fig 3. Koekkoek, de H. *The scribbling assignment*, 2015

Fig 4. Koekkoek, de H. *Example of a scribbling assignment: 'It's good to quarrel'*, 2015

Fig. 5. Den Breejen, E. *Workshop session*, 2016

Fig. 6. Koekkoek, de H. *Participants at work and final results*, 2015

Fig 7. *Questionnaire, based on UCL Museums & Public Engagement, Generic Wellbeing Questionnaire Short 6-item version*, 2013

Fig. 8. Almeida, B. and Acker, van P. *The mobile studio*, 2014

Fig. 9. Den Breejen, E. *Workshop session*, 2014

Fig. 10. Koekkoek, de H. *Work in progress*, 2016

Fig. 11. Koekkoek, de H. *Artworks hanging on a clothesline*, 2016

# Something remains for us to do or dare

## Cultural entitlement in older age

Jayne. E Howard

Freelance Arts and Health Consultant

Older people are an increasingly important target for arts organisations to engage with. Whilst the overall population of the United Kingdom is set to increase by 3% over the next five years, the number of people aged 65 and over will rise by 12% and the number over 85 by 18%. By 2040 nearly one in four people in the UK will be over 60.<sup>1</sup> Participation in arts and cultural activity by older people has increased in recent years, but there is a drop in engagement (either as an active participant or audience member) as people grow older, with a sharp drop among people aged 75 or over. So whilst such engagement has increased among over 65s, older people are still significantly less likely than younger age groups to engage with arts and culture.<sup>2</sup> There will be different factors that cause this, and arts organisations will need to address these if they are to serve the needs of these audiences and maintain, or grow, their participation rates.

The contribution of arts and culture to addressing issues of health and wellbeing in older people is increasingly recognised – tackling loneliness,

improving quality of life for people in care settings, providing meaningful activity for people with dementia are all benefits that have been documented.<sup>3</sup> However, we need to recognise that everyone has an entitlement to enjoy the arts and to participate in cultural life, no matter what their age or circumstances, notwithstanding the instrumental benefits that participation in the arts can bring. For arts organisations then – especially those in receipt of public funding – this means finding ways of enabling people to exercise that entitlement as they grow older.

In many ways, the current context is a positive one for arts organisations to target and develop work with older people. There is a growing body of research into the specific impacts that engagement in the visual arts can have on health and wellbeing, with an increasing focus on the benefits for people with dementia in terms of improving cognitive functioning and communication.<sup>4</sup> As the number of people living with dementia increases there is a growing movement to create dementia-friendly communities in which people with dementia feel



understood, valued and able to contribute to and engage locally. As key cultural institutions in local communities, galleries and museums could play an important role in this – as some already do – and there are resources available to assist, such as the Age Friendly Museums Network (<https://agefriendlymuseums.wordpress.com/>) and a practical guide *Becoming a dementia-friendly arts venue*, published by the Alzheimer’s Society.<sup>5</sup>

Another issue that is gaining prominence when considering how to improve the quality of life for older people, is that of loneliness and isolation. *The Campaign to End Loneliness* has gathered research which demonstrates that having weak social connections carries health risks which are equivalent to those associated with smoking, excessive drinking, and obesity.<sup>6</sup> The campaign has also published information on the important role of the arts in tackling loneliness.<sup>7</sup>

Arts for Health Cornwall partnered with the Exchange, a contemporary art gallery in Penzance, on two projects aimed at older people. One focused

---

**‘...we need to recognise that everyone has an entitlement to enjoy the arts and to participate in cultural life, no matter what their age or circumstances, notwithstanding the instrumental benefits that participation in the arts can bring.’**

---

on people living in the community who may be experiencing loneliness and isolation, and one on people with dementia living in a care home. The first of these, *Celebrating Age and Ambition*, used the Exchange as a venue for showcasing the work made by older people during the project. The project aimed to highlight the skills and abilities of older people through the development of high quality artistic practice and to enhance social networks for participants. I recently met one of the participants who delighted in telling me that many of the people we had recruited for the project were still meeting regularly and engaging in creative practice, almost four years on.

There were a number of strands to the project, including the creation of a dance company for

mature dancers as well as visual arts and creative writing workshops. Over a period of 18 months a wide range of older people were recruited to these workshops which resulted in an impressive variety of work including printmaking, painting, 3D models and mobiles, textile design, poetry and stories. The culmination of the project was a two-day event at the Exchange, which included installations of the work created, projections and recordings, books of creative writing, three dance performances and a symposium for arts, health and social care professionals considering the issues arising from the project. Over 250 people attended the event, including many who would not otherwise have visited the gallery.

One of the challenges of this project was balancing the requirements of a contemporary art gallery – a need to ensure that the work to be shown was of a quality in which they could have confidence – with the need for the project to be co-designed and led by participants, facilitated by artists. Because of this, we were unable to be specific about what the final exhibition would look like until late in the day and I respect the gallery staff for keeping faith with the project over this time.

Following on from that work, the Exchange became involved in another project, *Home Service*, working with a number of other mainstream arts organisations to bring arts and culture into care homes for older people. They commissioned artist Jonty Lees to work in a specialist dementia care home, Crossroads House, near Redruth. Jonty



worked as artist-in-residence and spent his first few weeks going into the home, talking and eating with residents and staff and exploring how the role of an artist could impact on the care setting. He came up with a long list of ideas, some of which are being taken forward by care home staff, but the idea all agreed to implement as part of the project was to create a set of cups, saucers and plates, each printed with a different word. This responded to the need to engender conversations and the importance of meal times and tea breaks in the care home, a very significant part of the routine. The words were chosen to act as triggers for conversation and Jonty tested out words using flash cards, settling on the final hundred in discussion with care home staff. High quality ceramic tableware was produced by Reiko (see <http://www.reikokaneko.co.uk>). This has captured the imagination of all involved and many other care homes have asked if further sets can be produced. This is an example of where a conceptual artist in a care setting can bring a new perspective, seeing the daily routines with a new eye



and finding creative interventions that animate and engage. Jonty is now mentoring another artist and they have been commissioned by the Exchange to work in two more care homes in this immersive way.

In addition to Jonty's presence in the care home, a visit to the Exchange in Penzance was arranged. Despite the many challenges involved in this visit, it was seen as hugely rewarding for all involved, with the gallery's Learning and Participation Programmer describing it as 'one of the best days I have ever had at the gallery' and the Care Home Activities Coordinator vowing to repeat it. The exhibition they visited was of abstract, contemporary paintings and care home staff reported that they were able to engage the residents in conversations about the works in the days that followed. There is frequently an assumption that the type of visual art that older people will enjoy is traditional and familiar; I was speaking with a museum educator recently who commented that a proposed visit by a care home might be better when they had an exhibition of



local landscapes rather than the contemporary art that was currently being displayed. The experience at the Exchange shows otherwise. Older people, like anyone else, have a range of likes and dislikes, which are not affected by their age. There is also research that shows that aesthetic preferences are maintained in people with dementia so there is value in engaging them in art appreciation activities.<sup>8</sup>

A characteristic that might be displayed by some people with dementia is a lack of inhibition; this can be quite freeing in viewing previously unknown and sometimes challenging art. Some people looking at the large abstract works were asking quite clearly 'What is it? What is it supposed to be?' – questions which those of us more familiar with the conventions of the contemporary art gallery may not articulate out loud, even if we are thinking them. The sheer scale of the works, the depth and vividness of colour and the fact that the works were open to a range of understandings led to ongoing conversations following the visit, as though the



details of the visit had been lost to those experiencing short-term memory loss, the intensity of the experience was retained. The Exchange is committed to ongoing learning and development in this area as they not only see the benefits of being accessible to a wider audience, but, more importantly, the significant contribution of art and artists in understanding and exploring aspects of what it is to be human and to age.

It is often very difficult for care homes to organise visits for their residents. Staffing, transport and the

individual needs of residents can all mitigate against being able to do something as seemingly simple as taking a short trip to the local art gallery. Falmouth Art Gallery is working on a project aimed at enabling older people living in residential care to enjoy the works held by the gallery and have encouraged visits by first taking work to the home. Arts facilitator Laura Menzies and gallery educator Jo Lumber selected a number of works from the permanent collection, based around broad themes; 'Portraits and people', 'Nature and landscape' for example.



Works were chosen which represent a range of styles and periods. Copies of the works were mounted onto large boards and smaller versions were laminated to take into the home for residents to look at and discuss. Sensory stimulation was further prompted by objects inspired by the paintings; a block of carbolice soap, a starched white apron, a pair of ballet shoes. Laura and Jo talked about each picture with residents, allowing the conversations to flow where they would.

Following a series of visits to the home, the activities coordinator arranged for an afternoon visit to the gallery by three of the older women residents who had expressed an interest in going. Two of the women had lived in Falmouth all their lives but had never been in the gallery before. Whilst at the gallery they were introduced to the current temporary exhibition – a celebration of printmaking – and taken to the store to view the original paintings that they had been discussing in previous weeks. They also engaged in a simple printmaking activity.

The gallery intends to create a series of resource boxes containing prints of the gallery's works and related objects, and also information about the works and suggestions for creative activities that could be carried out in care homes. These resources will be loaned to care homes, which will be encouraged to bring residents in to visit the gallery. Many galleries and museums have reminiscence resources and these are very valuable, but there should also be emphasis on creating new memories for older people, on providing opportunities for them to connect to the present. Another important aspect of working with care homes is developing relationships with care staff, who may sometimes need encouragement themselves to enter the gallery space.

I return to the first point in this article – that of universal cultural entitlement and the ways in which arts organisations need to find approaches which enable that entitlement to be exercised as we grow older and may face more barriers to engagement. I don't know of a publicly funded gallery or museum that doesn't have a schools or young people's programme of some description. Given the drop in arts and cultural engagement for the over 65s, we should expect that they all also have a strategy and work programme for engaging older people.

## Notes

---

1. *National Population Projections for the UK, 2014-based* (2015), Office of National Statistics

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections>

2. Taking Part Survey, 2012/13 <https://www.gov.uk/government/collections/taking-part>

*An Evidence Review of the Impact of Participatory Arts on Older People*, Mental Health Foundation, 2011 <http://baringfoundation.org.uk/wp-content/uploads/2011/04/EvidenceReview.pdf>

3. P. Camic, V. Tischler and C.H. Pearman (2013), 'Viewing and Making Art Together: A multi-session art-gallery-based intervention for people with dementia and their carers' in *Aging and Mental Health* 18(2) July 2013. <https://www.researchgate.net/publication/250921415>

Also see <http://dementiaandimagination.org.uk/art-and-dementia/art-and-dementia/>

5. Alzheimer's Society (2015), *Becoming a dementia-friendly arts venue*. London: Alzheimer's Society

6. Bolton, M. (2012), *Loneliness – the state we're in*. Abingdon: Age UK Oxfordshire

7. Cutler, D. (2012), *Tackling Loneliness in Older Age – The Role of the Arts*. London: Campaign to End Loneliness

8. A. Halpern, J. Ly et al (2008), "'I Know What I Like": Stability of aesthetic preference in Alzheimer's patients' in *Brain and Cognition*, No. 66, 2008, pp.65 – 72. Available online: <https://www.researchgate.net/publication/6231958>

## Further information

---

Film about the *Home Service* project can be accessed here: <https://www.youtube.com/watch?v=b8Y6ITy12HU>

## Images

---

1. Ceramic tableware created by Jonty Lees with Crossroads House Care Home and the Exchange Gallery, 2015. Image by Jonty Lees.

2 – 6. Visit to Exchange Gallery by Crossroads House Care Home, 2014. Images courtesy of Arts for Cornwall.

# Movement and photography

## An artistic collaboration in sheltered housing

**Rachel Cherry**

Visual Artist and Freelance Photographer

This photo essay is a celebration of movement captured in still images. The untitled project involves collaboration between dance artist Louise Klarnett, photographer Rachel Cherry, and the residents in CHP1 sheltered housing, Essex.

*REgeneration* is a programme delivered by The Dance Network Association, which provides access to older people to participate in weekly run dance classes in sheltered housing across Chelmsford3. The programme in 2016 was supported by CHP older person's services, CHP Foundations, Chelmsford City Council and Essex County Council. Dance artist Louise Klarnett led the weekly sessions, and the photographic installation that forms the content of this photo essay was produced in collaboration between Louise, the residents and myself. This is the third time I have been invited as a visual artist to collaborate with the group.

Louise had explored using ribbon in her classes previously, which we used as our prop for the photo shoot. Familiarity and consistency are important for the group, especially when asking them to

undertake a new experience, sitting in- front of bright lights. This project differs from the previous two; usually I have documented the work created, and then made films out of still images. Here we set up a mini studio with a black back drop and tungsten (continuous) light. Each participant improvised in front of the camera. The participants have varying levels of mobility so it was decided that everyone should remain seated throughout the session.

The participants took great pride and ownership in the work they had collaborated in. The sessions are very important to the residents. They provide a routine and a sense of familiarity, but the residents have also noticed the physical benefits of participating in regular movement classes. The social aspect is also very important, the sessions are not only 'fun' but over the years, new friendships have been formed. However, for many reasons, the group has chosen not to perform their work. This is where *REgeneration* differs from other dance for older people projects. It is important that the residents get to celebrate and share their achievements over the

term, which is where visual art plays a crucial role. Having a physical manifestation of the time spent together brings with it a sense of achievement, as well as something more tangible. The final image in the essay sums up the experience, creating memories, capturing the participants and sharing the experience with their nearest and dearest.

The project involved nineteen participants across two residential sites. The photographs included in this essay are divided into two sections, demonstrating the process and my role as both visual artist and documentary photographer.

The first section contains a selection of images addressing my role as the artist, showing the participants improvising with their ribbons. The second section documents the installation. The resultant photographs were printed A3, double-sided, and installed in the sheltered housing for all residents - participants and non-participants in the project - and their visitors to enjoy.

### Web links

---

<http://www.rachelcherry.co.uk>

<http://www.louiseklarnett.co.uk>

<http://www.dancenetworkassociation.org.uk>

### Notes

---

CHP is a locally managed and governed charitable housing association based in Chelmsford, Essex.  
<https://www.chp.org.uk>

Regeneration page of Dance Network Association's website <http://www.dancenetworkassociation.org.uk/re-generation> has examples of other projects.

This feedback has been provided by the residents, both verbally and in writing.

### Images

---

Following pages: All images by Rachel Cherry









# No it's not me...that's not me...

**Helen O'Donoghue**

Senior Curator, Head of Engagement & Learning Programmes, Irish Museum of Modern Art

**Marie Brett**

Artist

'*E.gress*, by positioning the experience of dementia and the loss of memory in the way that it does, brings about a powerful and unsettling way of thinking about time, place and identity, where the notion of a stable reality and a single self, breaks apart'. Ann Davoren, Director of West Cork Arts Centre <http://mariebrett-egress-tour.com/sound-2/>

In this text, artist Marie Brett [www.mariebrett.ie](http://www.mariebrett.ie) and Curator/Educator Helen O'Donoghue reflect on this experience as artist and curator and discuss the partnership/s that enabled the creation of the artwork, *E.gress*, <http://mariebrett-egress-tour.com/e-egress-film-trailor/> its tour and the findings of its ongoing mediation. View the film here: <https://vimeo.com/196706154>

Mediating the work of artists is the core purpose of a gallery educator's work and for Helen O'Donoghue, Head of the Engagement and Learning Department at the Irish Museum of Modern Art (IMMA) the challenges of how 'best' to engage meaningfully with artworks and audience

or participant informs all of her work. Often however, 'in our day to day work the artist who has made the work is not present or steps to one side, leaving the education specialists to get on with it'. Every now and then a challenge arises to immerse oneself in the fault line between artwork and audience, the space of mediation, and to drill down into the experience and learn from it. Meeting the artist Marie Brett and exploring the possibilities of working as artist and curator/educator together in the mediation of her seminal artwork *E.gress* is at the heart of this co-written reflection.

We are all – on average – living longer, with the consequent need to develop understanding of ageing in society. In Ireland, a critical study *The Irish Longitudinal Study of Ageing, TILDA* <http://tilda.tcd.ie> is being led by Trinity College, a new centre for research and medical care which has been established in the Mercer's Institute of Successful Ageing at St James' Hospital, <http://www.stjames.ie/Departments/DepartmentsA-Z/M/MercersInstituteforResearchonAgeing/>



**Department Overview/** Dublin. IMMA is partnering with these organisations to explore the role of the arts within the context of ageing in Ireland. Strands of IMMA's work <http://www.imma.ie/en/index.htm> explore art and ageing and older people, and issues that affect ageing are central to its work through both gallery and studio-based programmes.

In 2013 Helen O'Donoghue came across the artwork *E.gress* when exhibited at the Crawford Art Gallery in Cork, [http://www.crawfordartgallery.ie/creening\\_room\\_Archive\\_E.gress.html](http://www.crawfordartgallery.ie/creening_room_Archive_E.gress.html) and an accompanying discussion event presented an opportunity to meet the artists, deconstruct and interrogate the work and set the ground for their future collaboration.

*E.gress*, is a filmic artwork produced by artist Marie Brett with musician Kevin O'Shanahan that maps individuals' life-edge experience of dementia. The work grew from an earlier short research project that Brett developed with O'Shanahan and the



Alzheimer Society of Ireland (ASI) <http://www.alzheimer.ie/Home.aspx> which resulted in a series of audio-visual portraits of people living with dementia.<sup>1</sup> The artists felt they had just scratched the surface and were keen to develop a more ambitious work, which in turn was supported by multiple advisors, partner organisations and funders.<sup>2</sup>

Pauline Boss's theories on *Ambiguous Loss* [http://www.ambiguousloss.com/personal\\_statement.php](http://www.ambiguousloss.com/personal_statement.php) were very significant when forming ideas for *E.gress*. Boss cites *Ambiguous Loss* as the most devastating of all loss experienced in personal relationships. When a loved one's mind or memory is taken away by a chronic mental or physical illness (such as Alzheimer's), this leaves the person physically present and psychologically absent; that is, physically with us but emotionally or cognitively missing. Brett was fascinated by this complexity, 'What does it mean to be in the presence of someone who both is and isn't with



you? What does it mean to occupy such a place in the world, for both them and for us?’

Collaboration is central to all levels of working relationship that Brett negotiates through her practice, embedded in experiential rather than theoretical perspectives of human relationships. *E.gress* was produced following an intensive collaboration with the ASI, families, carers and individuals diagnosed with dementia, leading to, as Brett says, ‘a pivot of risk and trust’ where the stakes were high on each side. Jo Calnan (ASI), a member of the advisory group, sought meaningful collaboration to move beyond a preoccupation with the symptoms of dementia, ‘Reaching into the subjective reality of the person who remains behind the disease.’

O’Donoghue’s first encounter with the artwork was at a public discussion, <http://www.mariebrett.ie/egress%20video%202.html> an environment that enabled her to express her unease about it. Her initial response was of a sense of the need to protect



the people featured in the artwork, their vulnerability was painfully evident to her as someone who had had personal experiences of living with people with the condition. A flood of questions surfaced regarding the ethics of representing people who are so vulnerable. There was a robust discussion about the process and structures that surrounded the creation of the work and an opportunity to speak with the healthcare professionals and family members who had collaborated with the artists.

The following day O’Donoghue had a second encounter with *E.gress*, this time seeing it in a beautifully curated darkened gallery space. The impact of the work was traumatic and further impacted by feeling a total sense of disorientation, finding herself on leaving to be walking into a brightly lit corridor and thrust into the public space with nowhere to ‘hide’ her reactions, her very raw responses – grasping for safety in the void outside of the gallery space. What had happened? There was

no obvious mediation of the work – everything was in place for the artwork but not for the viewer.

This experience informed O’Donoghue’s ensuing discussion with Brett and O’Shanahan about the potential for touring the work and the opportunity to creatively explore this void. The proposal was to show it at IMMA first, then tour the work around Ireland to distinctly varied venue types, testing and tracking ways to mediate the work and invite or gain responses in each setting.

Brett subsequently secured funding for a national tour<sup>3</sup> in 2015/16 with an associated public event and response programme and website <http://mariebrett-egress-tour.com> Echoing Brett’s collaborative practice, the tour, like *E.gress*, had many levels. As in making the work, where Brett involved herself and O’Shanahan, the families, individuals with dementia and care agencies, this mode of working was extended in the collaboration with O’Donoghue as curator and educator. Subsequently the tour was conceived as a further collaboration, with many varied contributors who each responded to the work and added to the layers of understanding through each showing and event. This myriad of reactions was captured in conversation, written texts, recordings, and visuals. Public discursive events programmed alongside each screening included curated responses <http://mariebrett-egress-tour.com/category/creative-response/> in poetry, dance and music, evolving into a web-based archive over the course of the tour.

The work was launched at IMMA [http://www.imma.ie/en/page\\_237053.htm](http://www.imma.ie/en/page_237053.htm) in its *Project Space* in November 2015, alongside the artist Daphne Wright’s *Plura*. The exhibition included conversation with curator and writer Clíodhna Shaffrey (Director of Templebar Gallery and Studios) and reflections by Professor Rose Ann Kenny <http://tilda.tcd.ie>. An Engagement & Learning programme included an artist/poet conversation, <https://soundcloud.com/search?q=mary%20dorcey%20and%20marie%20brett> student seminars, engagement of the IMMA Visitor Engagement team, an artists blog <https://immablog.org/2016/03/02/artists-voice-marie-brett-reflects-on-her-filmwork-e-gress/> and public events. A reading and reflection room <http://mariebrett-egress-tour.com/reading-reflection-room/> was incorporated into the exhibition space, where visitors could take time to sit, relax, read and respond to the artwork. For Brett and O’Donoghue, creating a ‘safe space’, a decompression area, was a priority, and the ambience was as carefully considered as the content. This space, as well as serving as an opportunity to linger and to reflect, also offered a means for a visitor to *respond*, and elicited many varied comments and reactions, <http://mariebrett-egress-tour.com/visitors-response/> both written and drawn. Comments visitors wrote include:

*‘Really powerful work, experienced Alzheimer’s within my family. I think the film really captured the essence of what we experienced and also*

*the confusion, isolation and vulnerability of the sufferer themselves.'*

*'Sensitive and beautifully sequenced images. Loved the sounds and fragments of conversations. Difficult having experienced our Mother in this "no place".'*

*'Poignant memories of dad and how he was lost to himself and us. This was full of pathos and respect. Thank you for sharing it with us.'*

*'I found it made me re-think the way a person may be experiencing the world when viewed through eyes that are distorted with dementia. Very insightful.'*

The binary of life and loss is reflected here. At IMMA's launch, Professor Kenny touched on some of these complexities, locating the film within the greater context of Ireland's ageing population, acknowledging it as very thought-provoking and dealing with some of the more challenging aspects of growing older.

The public discussion <https://soundcloud.com/imma-ireland/egress-launch-discussion> examined the ethical questions that arose in making an artwork such as *E.gress*, exploring how the subject was approached from an aesthetic consideration, issues of consent, and choices made for the film's construction as an artwork. These questions have recurred throughout the film's tour during discussion events. Clíodhna Shaffrey discussed this with Jon Hinchliffe (ASI), who



described the work as risky and edgy while defending the piece saying, 'The artwork's disquieting to watch ... in a positive way, it's scary and about a collective but it is also in my professional and personal opinion extremely worthwhile. It honours the human condition in a different space and place. We're looking at the resonance of a person, what's deep inside at the core.'

Integral to the process was the briefing and debriefing with the IMMA staff who work both as the gallery's visitor engagement team and at front of house reception to respond to visitors and to note their feedback, which has also been posted in the archive.

The artwork toured to seven venues, with a closing event at IMMA in July 2016. This event, *The Blanks and Trap-Doors* <http://mariebrett-egress-tour.com/blanks-trap-doors-event/> marked the final stage of the national tour. It was attended by many of the contributors to events throughout the tour and offered an opportunity to map reflections and



learning gathered along the way. It included presentations of new artworks made in response to the film plus a new Decompression Space. <http://mariebrett-egress-tour.com/decompression-room/> The event was facilitated by, Sarah Bowman <https://www.tcd.ie/research/profiles/?profile=bowmans> Trinity College's Director of Public Engagement from the Centre for Research in Ageing. One of the central elements for the event was to commission artist and writer Ciaran Smith of Vagabond Reviews to consider the archive of response material that the tour has amassed and to write a reflective paper. <http://mariebrett-egress-tour.com/response-to-e-egress-essay-by-ciaran-smyth-vagabond-reviews/>

Following the tour, ASI requested that *E.gress* be shown at their annual *Dementia Showcase* conference at Dublin City University where Dr Kate Irving <http://dementiaelevatoir.ie/blog/2015/06/09/dr-kate-irving-dispells-the-four-myths-of-dementia/> commented that the



film 'Bypasses all the rhetoric and politically correct nonsense we've all learnt to talk about, but isn't really what we feel'. She said she would like to see *E.gress* 'have a longer public stay', commenting that there was 'very strong emotion evoked and really passionate debate afterwards that bounced round the room'. This echoes Sean O'Sullivan's catalogue essay where he comments, 'The work makes concrete some things that really we have extraordinarily difficult times navigating'.

Having completed the tour, Brett and O'Donoghue continue to be interested in the idea that an artwork is continually in the process of being created through the response of the viewer<sup>4</sup>. The importance of mining the deep layers of meaning through continuous conversation has been tested, and much has been learnt about dementia, living and loss, and the power of an artwork as a catalyst. The repository of experiences, reflections and responses that contributors have created through the framework developed and mapped during the



tour of the artwork, provides a rich vein to draw upon. In turn, the reciprocity between *E.gress* the artwork and its amassed response offers us new navigational pathways amid such complex issues of health, illness, ageing and loss.

### **E.gress Resources**

---

Website: <http://mariebrett-egress-tour.com>

Film trailer: <https://vimeo.com/128933739>

Video featuring *E.gress* discussion at IMMA:  
<https://vimeo.com/147715319>

Video featuring interviews with artist Marie Brett Jon Hinchliffe (ASI): <https://vimeo.com/144874000>

Irish Times article: Film brings 'twilight world' of dementia into focus

<http://mariebrett-egress-tour.com/article-by-sylvia-thompson-in-the-irish-times/>

Dublin Le Cool review: <http://dublin.lecool.com/event/e-gress/>



Catalogue with four contextual essays is available for sale in the IMMA bookshop for 5 euros.

### **Notes**

---

1. Dementia is a term describing a range of conditions which cause damage to our brain. This damage affects memory, thinking, language and our ability to perform everyday tasks. Alzheimer's disease is the most common cause of dementia.
2. The production of *E.gress* was supported by multiple advisors, partner organisations and funders. The work was principally funded by The Arts Council / An Chomhairle Ealaíon and supported by The Alzheimer Society of Ireland, the Health Service Executive (South), Cork City Council Arts Office, Cork County Council Arts Office and West Cork Arts Centre.
3. The *E.gress* national tour, presented by artist Marie Brett, was principally funded by The Arts Council / An Chomhairle Ealaíon through a Touring and Dissemination of Work Award. Presenting

partners were the Irish Museum of Modern Art, The Alzheimer Society of Ireland, The Model, Limerick City Gallery of Art, Butler Gallery and Galway Arts Centre. With additional support from the Health Service Executive (South), Create, Limerick School of Art and Design, The Office of Public Works, Waterford Healing Arts Trust and Waterford City and County Council.

4. An artwork 'continually in the process of being created through the response of the viewer.' An extract from the essay *Dancing on the Edge of Risk* by Julie Murphy, in the *E.gress* catalogue.

### **Acknowledgements**

---

*E.gress* was produced with support from multiple advisors and partner organisations. The artwork was produced by artist Marie Brett and musician Kevin O'Shanahan following an intensive collaboration with the Alzheimer Society of Ireland.

The 2015/16 national tour, presented by artist Marie Brett, was principally funded by an Arts Council Touring and Dissemination of Work Award.

### **Contact details for future touring enquiries**

---

Helen O'Donoghue, Head of Engagement & Learning, IMMA. helen.odonoghue@imma.ie

Marie Brett, Artist. info@mariebrett.ie

### **Images**

---

1. *E.gress* reading and response room, IMMA, 2015. Image by Nic Piper

2. *E.gress* discussion, IMMA, with Marie Brett (artist), Jon Hincliffe (Alzheimer Society of Ireland) and Cliodhna Shaffrey (Director, Temple Bar Gallery + Studios, Dublin), November 2015

3. *E.gress* artist and poet conversation, IMMA, Marie Brett & Mary Dorcey November 2015. Image by Nic Piper

4. *E.gress* closing event at IMMA, dancer Philip Connaughton & choir, Mellow Tonics. Image by Nic Piper

5. Marie Brett & Kevin O'Shanahan, *E.gress*, film still, 2013. Image by Marie Brett

6. Marie Brett & Kevin O'Shanahan, *E.gress*, film still, 2013. Image by Marie Brett

7. Marie Brett & Kevin O'Shanahan, *E.gress*, film still, 2013. Image by Marie Brett

8. *E.gress*, De-compression Room by MarieBrett, IMMA, *E.gress* closing event July 2016. Image by Nic Piper

9. *E.gress* reading and response room, IMMA, 2015. Image by Nic Piper

# How can we develop arts and health practice?

## An artist and curator in conversation

Niki Colclough and Elizabeth Wewiora, artist and curator.

In this conversation Niki Colclough and Liz Wewiora discuss artistic and curatorial practices in relation to art and wellbeing. Drawing on personal experiences of delivery and a wide understanding of how this work fits into institutional agendas, Niki and Liz explore issues such as the role of commissioner, the emotional labour of artists, and ownership of work.

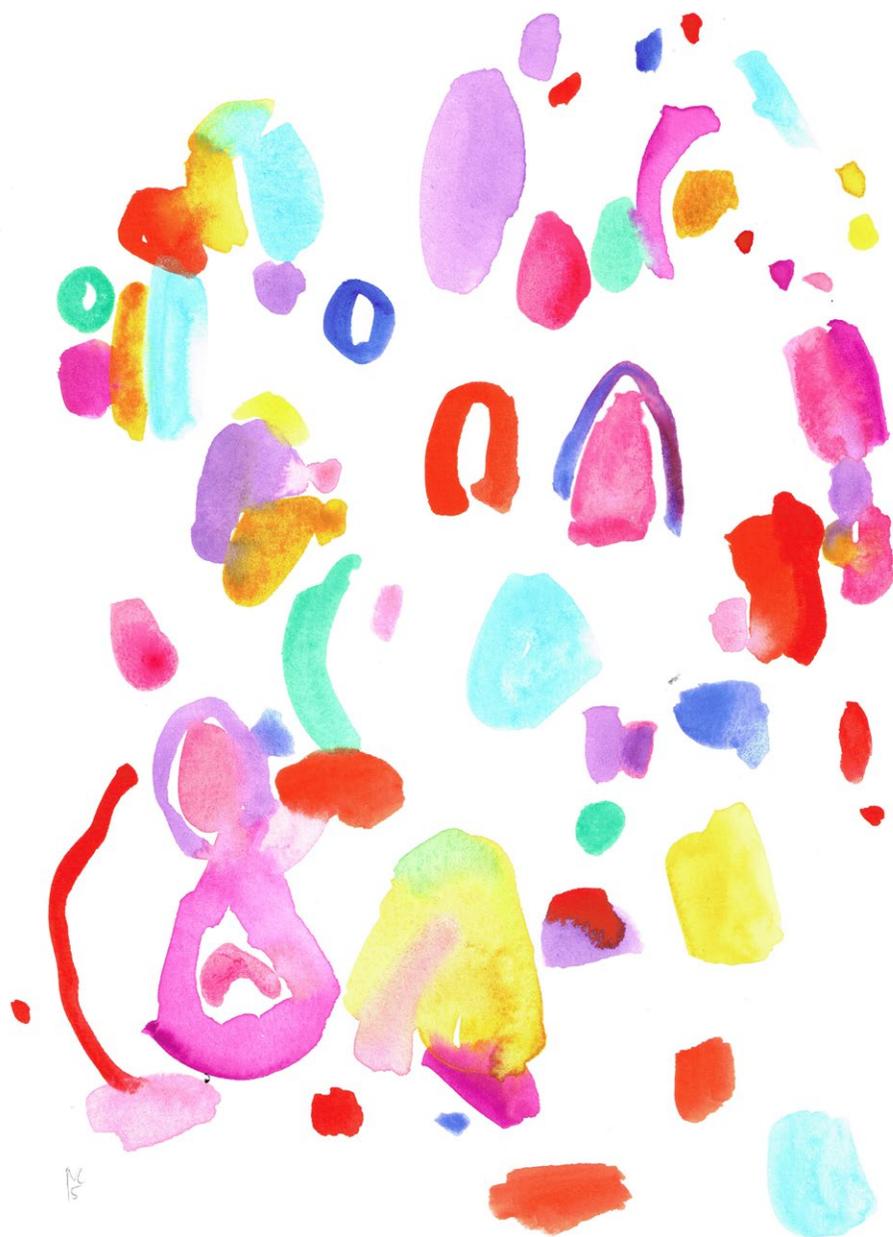
The discussion is illustrated with images by Niki, which were produced for the Health Records exhibition at the Centre for Chinese Contemporary Art (CFCCA) in Manchester in 2015/16 <http://www.cfcca.org.uk/archive/2015/health-records>

**NC:** I've been going through a reflective time with my practice recently, which began with the exhibition Health Records that was shown at the CFCCA earlier this year. The exhibition concluded a two-year project delivered in the Manchester Royal Infirmary (MRI) but instead of presenting patient outcomes, I was invited to present an exhibition of my own work, made in response to delivering this programme. So following each session I would make

in the studio, whilst considering the experience of being on a hospital ward. I was working with clay, so the process became a way of understanding the experience, with the work becoming a physical embodiment of the emotional labour I had put into the sessions. I think that this type of labour is not always considered, so I thought it was interesting to present this in a way that could be discussed and reflected upon more widely.

**LW:** When you were invited as an artist to make this exhibition, did you have a conversation with participants about that happening? That an exhibition would be made about the time you had spent with them? And what did they say to that?

**NC:** In Health Records, it was much more about my interpretation of the experience and the work presented was removed from the people who had inspired it, although it did represent them in some ways. So, there were also paintings in the exhibition and they have titles such as Salvation Army and Northern Soul, each relates to a person, and has a story behind it. I did speak to patients about the



---

**‘I think that the role of a curator in arts and health contexts is that of mediator. I have an interest in collaborative practice, where artists don’t just work in silos, which I think it is a much better representation of what society is about right now.’**

---

project and most found it interesting, they were happy for me to work with their stories as long as it was anonymous.

**LW:** As the ideas and inspiration for this work came from two-way conversations, would you class the labour behind those works as emotional investment for patients too? It’s their story that you are then listening to, so although you are making that visual outcome, it’s emotional labour both ways.

**NC:** I think that it’s different depending on the project, if the artist is collaborating directly with patients, or making work about their own experience. For this project, I was considering my practice in relation to the arts and health, so I was thinking more about the challenges of working in hospitals. I’ve been working in hospitals for nearly

ten years now, but it doesn’t get easier. You become more familiar with the environment, but it takes a lot of emotional energy to be the person who is inspiring and engaging. And afterwards I can sometimes feel buoyed by meeting somebody who in the face of adversity is really strong, and that can have a positive impact on how I feel. And sometimes you meet somebody who is in a really bad place and it’s hard not to take that on board. But I’m an artist and not a trained health professional, so I have to find a way of dealing with that. And that is what has inspired this research into emotional labour, and feminine forms of labour too.

**LW:** I’m interested in co-authorship, how we credit it, how we define it, how we validate the quality of work as a co-creator in that type of practice? For some artists, they have an engagement practice that sits aside from their individual practice. They see them as different things; they may inform each other but in the former, the work is the participants’ work and the artist is the facilitator. But there are other artists who define that kind of work as their practice, so they are the artist and author, but it is a co-authored process and is credited as such.

I think that in contemporary art practice, the way that artists consider their own work has to respond and adapt to what is going on in society. We live in an era of mass participation, if we think about social media and how we communicate visually now. Everyone is invited to interact, collaborate in some way.

**NC:** I think there is something around contemporary communication where, actually, we might crave deeper connections and I think that is something that underpins my work. Because I work across art forms, with different people...connecting through shared experiences.

**LW:** And in these exchanges I think there is often a concern for participants, but what about the artist? And the expectations put on an artist, particularly with all the partners involved, between the commissioner, funder, participants and artist. Do you want to talk about that relationship?

**NC:** The needs of the participants and the commissioner do usually come before that of the artist, although I have noticed commissioners with more experience are open to artist's working in a more experimental way so that it is possible to gain autonomy within projects. And this makes more sense, why commission an artist and then not allow them the freedom to really make a project special?

I'd be interested to hear your view as Curator.

**LW:** I think that the role of a curator in arts and health contexts is that of mediator. I have an interest in collaborative practice, where artists don't just work in silos, which I think it is a much better representation of what society is about right now. But within that, there are a set of agendas that have to be acknowledged, as free as you want the artist to be, you still have to set parameters because of real limitations that come from working in a health environment.



Process-led projects in arts and health environments can be a powerful and subtle way of working, but as a curator, presenting this to a commissioner is a challenge because you cannot give them tangible outcomes. You end up giving them examples, and then you worry that in doing so you are pre-determining what the outcome could be and maybe even limiting it. It is really important that there are open briefs that artists can respond to, but sometimes it helps with the commissioning process if the curator

has an idea of whose work is relevant, and to consider if the artist will get something out of the experience too. It's about having a real understanding of the artist's approach to practice, not just looking at previous examples of their artistic outcomes.

The way I would describe your work and why it works so well in this context is because the work is an invitation. And often the people that you work with don't feel in control of their situation and may feel excluded. That invitation to talk, respond and think creatively can be really beneficial.

**NC:** And this is something that I think about a lot. When you are in hospital it's such a sterile environment and it's so limiting. But I do think that the value of these projects within a health setting is becoming more appreciated, how do you think this work is viewed in the wider art world?

**LW:** I think that there is a lot more conversation about this kind of practice, but there is still a lack of critical discussion. Unfortunately, there is still a hierarchy of 'high art or gallery based fine art'. The validation of the work seems to be assessed on where the work is placed; it's not necessarily on the quality of the work or encounter between artist and audience.

**NC:** In that context it is interesting to discuss some of the barriers to developing this practice. Firstly, within briefs, there is a very limited amount of time for the artist to develop their ideas. It is expected that the artist already has a practice that they will bring to the project. But each commission is

different, new participants, objectives etc. Having studio research time built into commissions would really push this practice forward.

Another thing that I have experienced is that some people only think of you as a workshop artist and you get overlooked for opportunities because they view your practice in a particular way, when actually the workshops you are delivering are just a way of applying your practice. And there is a whole critical dialogue, research and studio practice that is behind this work.

**LW:** So you're seen more as a facilitator than an artist, and I think this is due to how we describe this practice, we need to have more confidence and a robust language. I also think it's about who we are talking to; if we want to validate the practice to the wider art sector then we need to be talking to those from the wider art sector, directors of major art institutions, gallery managers and curators and arts and health stakeholders. How are they defining this type of practice amongst the sector and to the general public?

Amanda Ravetz and Lucy Wright from Manchester School of Art investigated this issue through a research paper, *Validation beyond the Gallery*, in 2015, <http://www.art.mmu.ac.uk/staff/download/validation-beyond-the-gallery.pdf>, which highlighted how artists working outside of the gallery felt very much like they were left to promote their own practice without the support of the art sector around them.

I've had similar conversations where I've told people about exhibitions that I've curated in a social setting and people have asked when I will 'show' it. And we might show it in a gallery setting if that is appropriate, but sometimes it's not. And I find that I have to explain this work as an art form, so it's safer sometimes to talk about its benefits for community engagement and health than what it contributes to the arts. Because people have been told that art lives in the gallery, but that isn't the case.

**NC:** I think it is important that this practice comes into galleries too, where appropriate, because they are a space for conversation, where we can start discussions with people who aren't currently keyed into these agendas. So if you make and show within a community, that's great, but then it only stays in that community.

**LW:** So it's thinking about when it's appropriate to bring socially engaged practice into a gallery. As curator's we need to carefully consider why it would be there. And if there are genuine links between the gallery, its audience and the work in question, but if not, then why show it there? We run the risk, by taking the work out of its context, of forcing the work to lose it's meaning.

**NC:** What would you like to see in arts and health work going forward?

**LW:** I think we need more sharing of process-led work, not talking to the converted, that we expose this work more and we advocate outside of the sector. I think that curators could possibly play more

of a role in finding the areas of arts and health that are particularly current and topical and highlighting that in a contemporary art framework. Looking at how artists have responded and collaborated with their participants/ collaborators to recent issues in health at the moment, that would an interesting angle of interpretation.

### Images

---

1. Nicola Colclough, *Far Away*, 2015. Copyright Nicola Colclough

2. Nicola Colclough, *Tin Mountain*, 2015. Copyright Nicola Colclough

# ‘Now I use colours not pills to calm me down’

## An NHS community-based gallery that embraces the concept of mental health recovery

**Anna Croucher**

Freelancer (previously Senior Occupational Therapist, Service Development Lead and Evaluation, South London and Maudsley NHS Foundation Trust)

### Introduction

The Salome Gallery, a community-based gallery in the heart of Brixton, London, provides a platform for artists who use mental health services to exhibit their work. However, the gallery also doubles as an active therapy space, used by the Social Inclusion, Hope and Recovery Project (SHARP) for people with mental illness, part of South London and Maudsley NHS Foundation trust (SLaM). This article provides an overview of the development of the gallery and presents the findings of a recent evaluation, exploring the impact of the space on the artists, service users and staff at SHARP. The Salome Gallery shows how a creative project can flourish despite limited resources, offering a model of good practice that can be replicated elsewhere.

### Arts and mental health

A growing body of research and anecdotal evidence highlights the potential for art to be a catalyst to good health, healing, and recovery from mental illness.<sup>1,2</sup> Despite this, mental health care within the UK is still driven by what is known as the ‘medical

model’ that prioritises symptom reduction, crisis and medication management. This prevailing approach, in conjunction with cuts to resources and funding, has meant a reduction in access to arts based activities for those using mental health services.

Alongside this, the last two decades have also seen a paradigm shift, driven by the mental health ‘survivor’ movement, to celebrating the potential for recovery from mental illness. Recovery is defined as a journey of changing attitudes, values and roles, creating ‘*new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness*’.<sup>3</sup> It means moving away from prioritising medication and symptom reduction to providing opportunities for people to grow, learn skills, develop interests and establish a fulfilling life regardless of their mental health symptoms.

Creative activities hold potential for this recovery journey, helping individuals to understand and cope with illness, as well as finding a form of expression and sense of self beyond illness.<sup>4</sup> Engaging in the arts can play a key role in supporting people to

rebuild the multifaceted nature of identity that can be consumed by mental illness.<sup>5, 6</sup> It can have a significant impact on the effects of ill health, particularly in reducing the symptoms of depression, stress and anxiety, as well as increasing wellbeing.<sup>7</sup>

Producing and showing artwork has also been found to boost self-esteem, support self-expression, and help individuals have the confidence to set and achieve goals and develop wider aspirations.<sup>8</sup> The process of exhibiting enables a sense of achievement and allows people to be part of a communal celebration; Where the art provides a bridge to being an artist in mainstream settings.<sup>9</sup>

### **About the Gallery**

SHARP is a community-based service, providing interventions for people with a psychosis related diagnosis, mainly schizophrenia. It offers group and one-to-one therapies to support attendees to develop coping skills, resilience, and a positive and meaningful life beyond illness.

The Salome Gallery is housed in one of the meeting rooms at SHARP. It was set up by Mary Salome, local artist, carer and curator, who saw the potential in the drab room and transformed it into an innovative gallery and art space. Mary speaks of the impetus for the gallery:

'I became aware of many artists in mental health when I came to SHARP in 2010. As I was talking to them it became very apparent that the artists were not showing their work to the public for many reasons including not having the confidence to

approach galleries, not knowing where to go, not thinking work was good enough and not knowing if their work was art therapy or could be shown. When I asked one artist if they would show their work they said, "if you show your work then I would show after you". This is how the concept for the gallery started.

The space is wonderful and big. The atmosphere of the gallery is excellent, safe, inclusive, clean and welcoming. Many artists had lots of work but sometimes lacked the courage to approach mainstream galleries. I am happy that the artists feel good showing here. Our group shows also have many artists and at private views and artists' talks, they make new friends and talk about their work / experiences. Showing with professional artists, and talking and mixing with people who had no mental health issues was good. As one of the artists said "too much mental health is not good, being included in conversations with wider public is good".'

Since being established the gallery has exhibited the work of over 130 artists, hosting 16 solo and 10 group shows, with work including installations, sculptures, paintings, drawings, mixed media and photography. Many of the artists use mental health services and are exhibiting for the first time, others are staff and professional artists; all exhibit alongside each other. The curator works closely with them, offering support at all stages from selecting work, producing the artist statement, designing flyers, pricing and hanging works, as well as providing emotional support throughout the process. The

Salome Gallery also hosts events including workshops, private views and artist talks that are open to all.

The aim of the gallery is to provide a platform for local artists – particularly those who use mental health services – to exhibit and sell their work. It is acknowledged that mental health service users are the most socially excluded population,<sup>10</sup> therefore it is all the more important to provide a space where people are positively included. At the gallery there is no selection panel, no distinction between 'professional' and 'service user artists', and anyone can exhibit, free and without commission for work sold. The gallery continues to operate as a therapy space and consequently reaches and is visited by a broad variety of people.

The values of the gallery – as agreed by artists and staff – are: to keep art as the focus, to be brave, to provide a safe space, to connect and bring people together, and to create a new model of working. Publicity is via word of mouth, through SLaM communications and through the mailing list. All decisions about the gallery are made through a steering group, which comprises the gallery curator, Mary Salome (artist and carer); gallery administrator, Ana-Maria Amato (artist and service user); senior Occupational Therapist, Anna Croucher; the Head of SLaM Arts Strategy, Helen Shearn; and the SHARP Team Leader, Marieke Wrigley.

The gallery runs on a small budget, through successful local bids and some mainstream funding

from SLaM. Over the years it has established partnerships with the wider community and art world, including collaboration with the GV Art Gallery, London for World Mental Health Day in 2014, hosting a consortium of events for artists, service users, clinicians and researchers. In addition the Salome Gallery has been invited to contribute with SLaM Arts as an Associate of the forthcoming Tate Exchange (TEX) at Tate Modern in March 2017.

The unique nature of the gallery-cum-therapy space warranted evaluation, carried out by psychotherapy student Rebecca Shamash as part of a voluntary placement. She worked under the supervision of the author and with ethical approval through the SLaM Audit and Service Evaluation Department. Her report has been published as part of an e-book, available at [https://issuu.com/isobelwilliams8/docs/sharp\\_gallerybooklet\\_a\\_w\\_1605333\\_di\\_ce7696f169bc16/1](https://issuu.com/isobelwilliams8/docs/sharp_gallerybooklet_a_w_1605333_di_ce7696f169bc16/1)

### **Evaluation of the gallery**

The qualitative evaluation gathered information from artists through electronic questionnaires and a focus group that incorporated an art therapy approach, and feedback from visitors to the gallery.

Three broad themes emerged from the experiences of artists. Firstly, the value of exhibiting, participants acknowledged how exposing and anxiety-provoking it was:

'The funny thing is for me my problem is I get paranoid about being seen... So I really put myself in the worst position I could and it is really stressful.

I can get freaked out by walking down the street and here you are exhibiting yourself’.

Despite this it was important for artists to show their work. It supported participants to feel validated, to deal with rejection and build resilience, important skills in their journey as artists as well as recovery from mental illness.

Exhibiting also provided an opportunity for people to prove their worth and gave a sense of purpose: ‘it’s an actual job... Now I am privileged in being given the chance to do this, because if I had to work proper work, I wouldn’t be able to do it at all. So it’s why I want to do such a good job, because I am thinking if people give me time to get better then I will show them a good thing can come of it’.

Secondly, the ethos of the Salome Gallery was important to participants. It supported them to challenge stigma around mental illness by displaying their skills, boosted inclusivity by taking part in community events and helped them in self-acceptance:

‘I was thinking about connecting different parts of your life, because I don’t tell other people in my life about my mental health, sometimes I think that I am lying. Well I have never actually lied I just don’t tell them, it does feel like a double life so when I come to a place like SHARP it’s the other side’.

It was acknowledged that the level of support offered by the Salome Gallery was fundamental throughout the process in providing the confidence

to exhibit. One participant commented: ‘I think that one of the good things about this space here is that although it is at SHARP it is promoted as an exhibition space in its own right... It just so happens that people who have had mental health problems in the past exhibit here’. This reflected the gallery’s focus on the art, not illness, where participants could develop skills, strengths and interests beyond their diagnosis, where people could be primarily artists and connect with each other in this role. The only mention of mental illness was when it was referenced as an enabler to art, rather than as a disability. It was important also that the practical and emotional support and encouragement throughout the process of exhibiting was from an artist, rather than a therapist, confirming participants were artists themselves.

The third theme was the importance of the gallery to help participants understand and engage in art more. It validated their work through the pricing and selling, and supported them to build relationships with others interested in the arts, as well as justifying their time use; ‘[it is] showing what you have been doing with your time, if you have been working really hard and no one has seen it, it is like what have you been doing?’

Some participants described how the gallery encouraged them to visit other museums and galleries in London of their own volition. Visiting museums is seen as key to social inclusion; for individuals to have opportunities to engage with a culturally diverse and collective heritage as represented in museums.

Participants reflected how making art helped them reframe their experiences; 'We had an artist's talk and I just talked about my work for ages, that was really nice... to think it's created from a world which inside is quite stressful'. Despite being created out of distress it was an important, cathartic process for artists to be given the space to talk and explain their artwork.

The evaluation also consolidated feedback from staff and visitors to the gallery. All reflected the positive influence the gallery had on the physical environment and the experience for those using the service. Having art exhibited at SHARP has been influential in creating a culture of *hope*, a key factor in enabling mental health recovery.<sup>11</sup> Service users attending SHARP for therapy commented on how the gallery had helped them reframe their own experiences through seeing what others have achieved despite their mental illness. The art has also provided a context for staff and service users to talk what illness and recovery means to them. A staff member commented 'the gallery serves as a reminder that everyone has strengths, creativity and a voice - and in my work I can help people find theirs'.

### **Future of the gallery**

The evaluation of the gallery has demonstrated that it is an innovative model that challenges stigma and discrimination, instilling hope for staff, service users and artists in this area of London. Importantly it is a model that could be replicated elsewhere.

The interface between its use as an art and therapeutic space is working smoothly and the focus now is on how the gallery can grow and be sustained long term. This includes finding external funding, collaborations with other galleries and the establishment of a consortium of artists who are interested in becoming ambassadors for the Salome Gallery at external events. There is also research planned, as part of the Tate Exchange programme, to explore how community engagement with artists using mental health services can challenge the longstanding stigma around illnesses.

However, those involved in the gallery are committed to ensuring the ethos is retained and that it continues to be a rare and treasured space, free from stigma and discrimination towards mental illness that provides a platform for people to be and become artists.

Tumblr site: <http://salomeartgallery.tumblr.com/>

SLaM site: [www.slam.nhs.uk/about-us/art-and-history/salome-gallery](http://www.slam.nhs.uk/about-us/art-and-history/salome-gallery)

### **References**

---

1. Froggett, L., Farrier, A., Poursanidou, K., Hacking, S., and Sagan, O. (2011), *Who Cares? Museums, Health and Wellbeing Research Project; A Study of the Renaissance North West Programme*. Available at: [www.gmcvo.org.uk/system/files/Who%20Cares%20Report%20FINAL.pdf](http://www.gmcvo.org.uk/system/files/Who%20Cares%20Report%20FINAL.pdf). Accessed on 1 October 2016.

2. Sagan, O. (2014), *Narratives of Art Practice and Mental Wellbeing: Reparation and Connection; Advances in Mental Health Research*. London: Routledge.
3. Anthony, W.A. (1993), 'Recovery from Mental Illness: The Guiding Vision of the Mental Health Service System in the 1990s' in *Psychosocial Rehabilitation Journal*, 16(4), pp.11–23.
4. Stacey, G. and Stickley, T. (2010), 'The meaning of art to people who use mental health services' in *Perspectives in Public Health*. March vol. 130 no. 2, pp.70-77.
5. Spandler, H., Secker, J., Kent, L., Hacking, S. and Shenton, J. (2007) 'Catching life: the contribution of arts initiatives to recovery approaches in mental health' in *Journal of Psychiatric Mental Health Nursing*, Dec 14 (8) pp.791-9.
6. Gwinner, K., Knox, M. and Hacking, S. (2010), 'The place for a contemporary artists with a mental illness' in *Journal of Public Mental health*, 8 (4), pp.29-37
7. Kilroy, A. and Parkinson, C. (2006), *Towards a shared vision for Arts and Health: A review of the field to inform creative evaluation methodology*. Manchester Metropolitan University, Departmental Publication.
8. Spandler, H., Secker, J., Hacking, S., Shenton, J. (2006), 'Mapping arts and mental health projects' in *A Life in the Day*, Vol. 10 (3), pp.8 - 12
9. SLaM Trust-wide Involvement Group: D. Rosier, V. Bray, L. Dalton, B. Pearce, D. Bollingbroke, C. De Rosa and H. Shearn (2011), *SLaM Arts strategy consultation service user focus groups content analysis report*. Not published.
10. ODPM (2004) *Mental Health and Social Exclusion*. Available at: [http://www.nfao.org/Useful\\_Websites/MH\\_Social\\_Exclusion\\_report\\_summary.pdf](http://www.nfao.org/Useful_Websites/MH_Social_Exclusion_report_summary.pdf). Accessed on 28 September 2016
11. Slade, M. (2009), *Personal Recovery and Mental Illness: A Guide for Mental Health Professionals (Values-Based Practice) 1st Edition*. London: Cambridge press

# Blue Room

## Inclusive arts at Bluecoat

**Becky Waite**

Blue Room Facilitator, Bluecoat, Liverpool

Blue Room <http://www.thebluecoat.org.uk/content/blue-room> is an inclusive arts programme for adults with learning disabilities based at Bluecoat in Liverpool. Since 2008, three groups of Blue Room artists have met weekly at the gallery to explore the exhibitions and collaborate with artists to create their own work. The sessions are based in a workshop space in the 300-year-old building, which has long acted as a cultural hub for the city. Bluecoat's participation team support Blue Room to integrate within the creative community of the building, which, in addition to the gallery, provides studio spaces for local artists.

Whilst supporting creative expression and artistic development are key objectives of the project, improving and maintaining the health and wellbeing of Blue Room members is also of equal importance. The 2020 Decade of Health & Wellbeing <http://www.2020healthandwellbeing.org.uk/index.php> in Merseyside is a key framework within the methodology of Blue Room. The New Economic Foundation's Five Ways to Wellbeing; Connect, Be

Active, Take Notice, Keep Learning and Give, [https://issuu.com/neweconomicsfoundation/docs/five\\_ways\\_to\\_well-being?viewMode=presentation&e=1759881/2246404](https://issuu.com/neweconomicsfoundation/docs/five_ways_to_well-being?viewMode=presentation&e=1759881/2246404) are familiar concepts for Blue Room members, who use reflective journals to consider how far their own arts practice has explored these five actions. For engage 39: Visual Art and Wellbeing, Blue Room members collaborated with Bluecoat's team of facilitators and volunteers to make a short film exploring each of the recommended actions and how engagement with arts can contribute to wellbeing.

### Connect

One of the most powerful of the 'Five Ways' in improving wellbeing for Blue Room members has proven to be Connect.

'I feel good because I've made friends in Blue Room.'  
Anna Patterson, Blue Room member

Many people with learning disabilities experience social isolation. Limited opportunities for social interaction often act as a catalyst for exacerbating



*Five Ways: a short film about feeling good,*  
by Blue Room – Inclusive arts at Bluecoat  
<https://vimeo.com/206404355/04fcd619a4>

underlying physical and mental health problems and allow safeguarding concerns to go unnoticed. Each week Blue Room members are connected to a supportive network of friends and artists for creative collaboration. The transformative nature of ‘connection’ can be seen in the improved confidence of Veronica, whose role as a volunteer for children’s workshops has led to her feeling less nervous of young people in her local community.

‘I feel confident working with the children. I have more experience working with them now. When they come in during the holidays I’m more confident with them.’ Veronica Watson

### **Be Active**

Participants who have mobility difficulties are supported to Be Active in sessions. This may involve a stroll around Bluecoat or a trip out to visit some of Liverpool’s world-class museums and galleries.




---

**‘The concept of Be Active is not just limited to being physically active. Participants expect to be active agents in each session rather than passive ‘service users’.’**

---

A recent development for the project has been the introduction of a group focusing on performance, dance and movement.

‘Dancing makes me feel happy. I felt proud after doing my show.’ Tony Carroll

The concept of Be Active is not just limited to being physically active. Participants expect to be active agents in each session rather than passive ‘service users’. A key focus for Blue Room is to use art as a tool for greater independence of thought and



action. Blue Room artists share their ideas and opinions, collaborating with facilitators to develop the creative content of their own programme.

### **Take Notice**

Exploration of contemporary art encourages members to become aware of external stimuli, whilst self-expression through art allows us to Take Notice of our emotions. The creative journey always begins with the gallery. Members explore the art works with sketchbooks and photography, before returning to their workshop space to discuss and share ideas.

‘We talk about all different artists. I want to meet them. It feels good because I’m sharing my ideas with my friends.’ Anna Patterson

Contemporary artists often tackle challenging themes and introduce audiences to new and sometimes uncomfortable experiences. A culture of infantilisation exists within care, and many learning disabled people are restricted from engaging with radical ideas or even basic current affairs. Blue Room members are supported to make informed choices as adults about their engagement with the gallery. Previous exhibitions at Bluecoat have nurtured



discussions ranging from climate change and disability rights to science fiction and democracy.

### **Keep Learning**

Blue Room sessions explore a wide range of media and creative expression including drawing, painting, textiles, photography, animation and performance. Engagement in arts activities fosters an urge to Keep Learning new skills.

‘You learn new art things from the exhibition. It makes me feel happy and great to be learning new things.’ Lewis Scott

Blue Room is uniquely placed as a learning disability arts programme based within a mainstream contemporary art venue. This allows participants to access high quality engagement experiences in the gallery, collaborate with a wide range of contemporary artists and share the work they create in a prominent venue. A recent exhibition involved collaborating with Liverpool-based artist Dave Evans to transform



the gallery space into a giant interactive board game, reflecting the playful and unpredictable nature of the groups’ creative enquiry.

### **Give**

Blue Room members are supported to develop and deliver activities for Bluecoat’s children and families programme. Some members volunteer as workshop assistants for Out of the Blue, <https://www.youtube.com/watch?v=X4mNo6DOSXY&t=1s>

an after-school programme for children, which provides arts activities in community settings across the city.

‘I go to Sedgemoor every Thursday and help the kids. My little friend I like is Daniel, the one I make laugh all the time.’ Donald Birchall

Members feel empowered to actively Give and share their skills and ideas leading to increased confidence and greater independence.





The Five Ways to Wellbeing have provided a useful framework for designing an arts engagement programme for adults with learning disabilities. The five steps are an accessible concept for Blue Room members and allow greater ownership over their own personal development. This is an important aspect in ensuring that the programme is as person-centred and user-led as possible.

### Images

1, 2 & 3. Blue Room, *Five Ways*, 2016, Digital video, Bluecoat, Liverpool

<https://vimeo.com/206404355/04fcd619a4>

4. Laura Aquilina, *One Magnificent City*, 2015, Digital Video, Bluecoat, Liverpool

5. John Steele, *Living Sculptures* installation by Laurence Payot, 2015, Bluecoat, Liverpool

6. Jane Walsh, 2015, Bluecoat, Liverpool

7. Jane 2 – Jane Walsh, 2013, Bluecoat, Liverpool

8. Veronica Watson, 2013, *A Universal Archive* exhibition by William Kentridge, Bluecoat, Liverpool



# Contributors' details

## **Prue Barnes Kemp**

Prue Barnes-Kemp is an Executive Head Teacher responsible for Opossum Federation of Primary Schools & Educational Consultancy. She is also the Director of Essex County Council's Virtual Leadership Academy. Prue speaks internationally and consults worldwide on the challenges facing leaders working in urban settings. Most recently she was a presenter at the 2016 International Conference in Australia entitled *Building Practice Excellence: Creating a High Performance Learning Culture*. Prue and Opossum have worked for the last four years in Chile after presenting at the International Congress for School Effectiveness and Improvement discussing *Leadership of Place* and the importance of context in diverse communities. Prue is currently working on supporting and training aspiring and established school leaders across the UK and abroad. [www.oopossumed.org](http://www.oopossumed.org)

## **Shiraz Bayjoo**

Shiraz Bayjoo is an artist whose work is shown internationally. He has undertaken a number of

Iniva/A Space commissions delivering projects in schools alongside an A Space therapist. Shiraz is interested in ideas of nationhood and the exploration of identity and histories through using photographs, texts and artefacts stored in public and personal archives. His work explores complex colonial histories and relationships, enquiring into the challenge of 'authoring' nationhood or collective identity in the post-colonial world. [www.shirazbayjoo.com](http://www.shirazbayjoo.com)

## **Marie Brett**

Marie Brett is an award-winning visual artist based in Ireland. Her practice spans practical, theoretical and more recently curatorial research focused within an art/life relation to aesthetics, ethics and meaning within dialogues of crisis, loss and human suffering. A graduate of Goldsmiths, London University, she holds an MA (distinction) and BA (first class) arts degrees and produces photographic, sculptural and filmic work, with artwork held in public collections nationally and internationally. During 2014-16, Marie received two national Arts Council touring awards,

partnering with diverse agencies to deliver extensive exhibition and engagement events. She was the 2016 artist-in-residence at University College Dublin, College of Social Sciences and Law and has been invited by The School of Politics and International Relations to contribute to GLOBUS 2017/20, an international research project that critically examines the European Union's contribution to global justice.

### **Rachel Cherry**

Rachel Cherry is an experienced photographer and visual artist, working with leading UK arts organisations. Clients have included Southbank Centre, Time Out, Big Dance, DanceEast and People Dancing. Rachel has extensive experience of working in health and wellbeing and has produced images for disability led projects, dance for Parkinson's, and dance for older people. As a visual artist, Rachel creates photographic installations and has secured Arts Council funding for two projects, *Fractured* (2011) and *Performing Small Spaces* (2014). Between 2012-2014, Rachel was Catalyst Artist with dancedigital. Rachel has also taught at undergraduate and postgraduate level.

### **Niki Colclough**

Niki Colclough is a visual artist and creative practitioner who works nationally and internationally delivering arts and wellbeing programmes. Partners include the Whitworth Art Gallery, Manchester Art Gallery and the Centre for Chinese Contemporary Art. Niki has spent time in Japan, Australia and China considering her artistic practice in an arts and health context. She is also an active member

of Islington Mill Art Academy, an independent peer-led alternative art school in Salford.

### **Anna Croucher**

Anna Croucher has over 12 years experience working as an Occupational Therapist in mental health services, with a special interest in the arts and their therapeutic and healing potential. She has led on bid writing, programme management, and evaluation of innovative projects that work in collaboration with mental health service users to support recovery. This has led to several academic and profession journal publications and conference presentations. She has recently left the NHS to work freelance in occupational therapy and service development, as well as pursuing her own interest in art.

### **Lyn French**

Lyn French is the Director of A Space. She first trained in art (MA Goldsmiths) with a focus on conceptual art practice before completing an art therapy training and a psychoanalytic psychotherapy training. She is a staff member on the Birkbeck MSc in Counselling & Psychotherapy with Children and Adolescents and has co-edited two books in the field as well as contributing to the production of Iniva's Emotional Learning Cards. Follow her blog on [www.inivacreativelearning.org](http://www.inivacreativelearning.org)

### **Marjolein Gysels**

Marjolein Gysels is an anthropologist affiliated with Amsterdam University. She has expertise in the field of palliative and long-term care for older adults and

those with dementia. Her main research line is on participative art for older adults (with and without dementia).

### **Jayne Howard**

Jayne E Howard was Director of Arts for Health Cornwall and Isles of Scilly (AFHC) from 2004 – 2015. AFHC won the Guardian Public Services Award for its Older People's Programme; the GSK King's Fund IMPACT Award for Excellence in Improving Health and the Arts and Health South West Award for its *Celebrating Age and Ambition* project. Jayne won the Arts and Health South West Individual Award (2016) for her significant contribution to arts and health work across the South West region. She now works as a writer and freelance arts and health consultant.

[www.jayneehoward.com](http://www.jayneehoward.com)

### **Jason Impey**

Jason Impey studied media at Bedford College at the age of sixteen in which he gained a GNVQ, A/S and BTEC National Diploma. He is a freelance filmmaker, favouring a raw DIY approach to filmmaking. He has directed for TV shows and music videos as well as producing his own films, and has collaborated and been a director of photography and editor for other projects. Jason also works as a facilitator, camera operator and editor for film workshops across the UK. [www.jasonimpey.co.uk](http://www.jasonimpey.co.uk)

### **Heather Kay**

Heather Kay is School and Community Projects Manager at the South London Gallery, where she

has worked since 2011. She managed the *Creative Families* programme, co-developing the project with artists and mental health practitioners. She has developed the gallery's work with vulnerable groups, particularly through the *Supersmashers* programme for looked after children, and work with special educational needs schools. Previous employers include Pump House Gallery, ArtsAdmin, Wandsworth Arts Festival and October Gallery. She holds a *Diplôme National Supérieur d'Expression Plastique* (MA) from Grenoble School of Art, BA (Hons) Fine Art from the University of Leeds and an Art Therapy Foundation Diploma from Roehampton University.

### **Chris Kelly**

Chris Kelly is a Fine Arts graduate with a Masters degree in Public Art & Design. Having worked extensively in public space and community settings he became involved in healthcare in the mid 1990s and helped establish Tayside Healthcare Arts Trust (THAT) in 2002. Chris has been Projects Coordinator for THAT since 2004, responsible for the *ST/ART Project* (Stroke & Art) and a wide range of other activities including environment and research-based work. Chris is also active in the Arts & Health Network Scotland and the Scottish Artists Union.

### **Hélène de Koekkoek**

Hélène de Koekkoek is the programme officer for *Art Makes Man*. She studied cultural heritage and psychology, and graduated from the Amsterdam University of the Arts with a thesis about museums, health and wellbeing.

### **Lucy Medhurst**

Lucy Medhurst is Artswork's Strategic Manager for the Kent area. Lucy was previously Head of Education for Stour Valley Arts (SVA) for eight years, where she developed the education programme in response to site-specific commissions, including *Marks, Measures, Maps and Mind* with South East Dance and Turner Contemporary and Matthew King's *King's Wood Symphony* with Wigmore Hall and Trinity Guildhall. Prior to this, Lucy worked for South Kent Education Business Partnership, as a freelance artist educator in schools and housing associations, was Chair of Governors in a school for eight years and has recently returned to governorship. She is a fellow of the RSA and a co-Director of Outdoor Studios <http://outdoorstudiosarts.com/>, a community interest company. <http://www.artswork.org.uk/about-us/profiles/staff/lucy-medhurst/>

### **Asha Munn**

Asha Munn is an Art Psychotherapist at Waitematā District Health Board, New Zealand, and a freelance socially engaged artist working with organisations like Toi Ora.

### **Helen O'Donoghue**

Helen O' Donoghue has been Senior Curator, Head of Engagement & Learning Programmes at the Irish Museum of Modern Art since 1991. She has presented papers and published widely for museum conferences, including *Art, Artists and the Public: in Art Education and Contemporary Culture*, editor Gary Granville; *Intellect 2012*; *Education in the*

*Visual Arts and Participatory Arts*; and *Art and Architecture of Ireland/Volume V*, RIA/Yale, 2014.

### **Sharon Paulger**

Sharon Paulger has been Programmes Manager at Arts for Health (Milton Keynes) since 2012. In this role she manages an Art on Prescription programme for people who experience a wide range of mental and physical health issues. The programme also supports participants to volunteer to deliver arts activities for adults with complex needs. Previous to this Sharon was Director at community arts charity Inter-Action MK (2006-2012), Learning and Inclusion Coordinator at Liverpool Biennial (2001-2006) and Arts Worker at Prescap (1992 – 2001).

### **Louise Thompson**

Louise Thompson is the Health and Wellbeing Manager at Manchester Art Gallery. Working with artists and health professionals, the gallery's health and wellbeing programme consists of targeted community projects as well as weekly public workshops that use art and creativity to improve wellbeing. With a particular emphasis on mindfulness and the *5 Ways to Wellbeing*, the programme engages with the gallery's rich exhibitions and collections and supports people to learn lifelong wellbeing skills through creativity and enhance their appreciation and experience of art.

### **Josie Vallely**

Josie Vallely is a Scottish artist, designer and researcher based in Glasgow. Her key area of interest is collaborative projects that explore health,

narrative and participation. Combining a Diploma of Medical Science with a Masters of Visual Communication from Glasgow School of Art, she has a particular interest in visual narratives of chronic illness. Her work encompasses visual arts, illustration, graphic design and working with specific communities. [www.josievallely.com](http://www.josievallely.com)

### **Marthe de Vet**

Marthe de Vet is Head of Education and Interpretation at the Van Gogh Museum and initiator of *Art Makes Man*. She holds a Master's degree in art history from Leiden University. Her primary professional goal is to increase the accessibility of cultural heritage.

### **Becky Waite**

Becky Waite has been working with the Blue Room inclusive arts project for adults with learning disabilities since 2010. She supports participants to gain confidence in exploring contemporary art and culture through a varied programme of creative workshops inspired by the exhibitions at Bluecoat. Her practice involves collaborative processes, which encourage Blue Room members to use art as a tool for expression, building self-esteem and improving wellbeing.

### **Camilla Waldburg**

Camilla Waldburg is an A Space family therapist. She has worked on a number of Iniva/ A Space projects and contributed to our most recent set of Emotional Learning Cards, *What do relationships mean to you?* She is also a guest lecturer at the University of Roehampton.

### **Amber Walls**

Amber Walls has spent the last few years developing *Express Yourself*, a creative youth wellbeing programme for young people experiencing life challenges ([www.expressyourself.org.nz](http://www.expressyourself.org.nz)) for a charity called Toi Ora (toi meaning art and ora meaning wellbeing in Māori). She is currently working towards a PhD at the University of Auckland, researching and co-designing an 'evidence-informed, culturally-attuned creative youth wellbeing programme and evaluation framework'.

### **Elizabeth Wewiora**

Liz Wewiora is a photographer and curator, working extensively across arts and health in programme engagement roles at CCA (Glasgow), The Centre for Chinese Contemporary Art, Glasgow Sculpture Studios and recently Communities Curator at FACT in Liverpool. She has just taken up the position of Creative Producer at Open Eye Gallery, Liverpool, and is studying a Masters of Research in Socially Engaged Photography, with a focus on health and wellbeing with older communities.

# engage Journals

This journal can be read online by engage members and subscribers at [www.engage.org/journal](http://www.engage.org/journal)

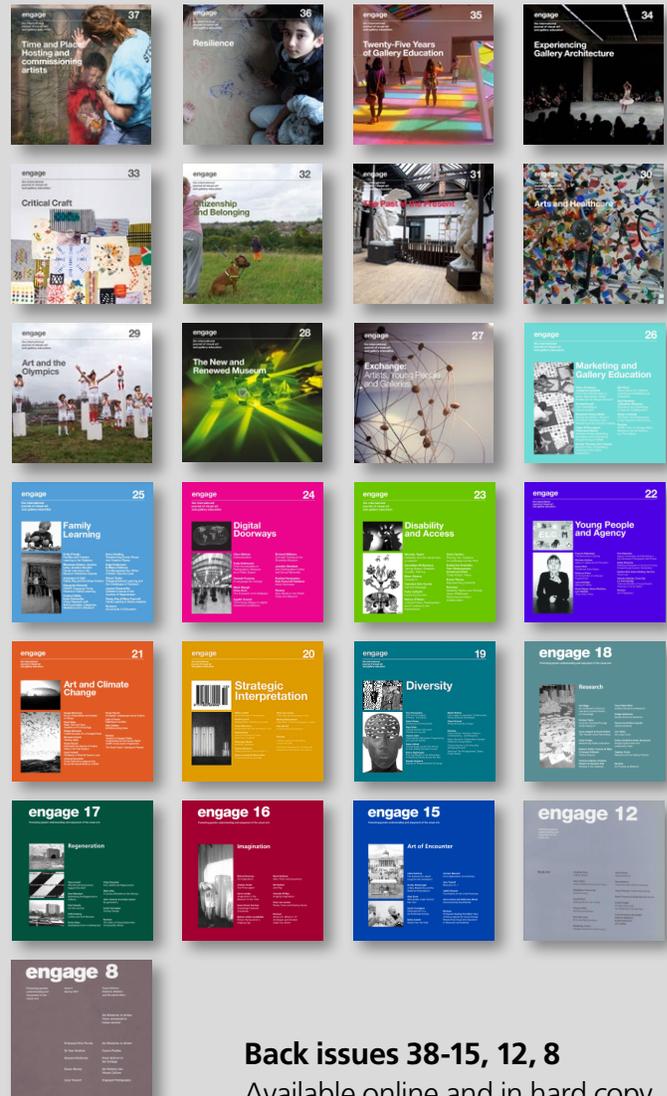


## engage 38: Visual Literacy

Editor: Barbara Dougan

This edition of the engage Journal explores the purposes and value of viewing, critically engaging and creating in the visual arts, and the broader world of imagery and objects.

Currently – at least in the United Kingdom – reductions to public funding are threatening galleries and museums, and in England particularly the status of the arts is being undermined in schools and further education. The opportunities to engage critically with historical and contemporary objects and images, and learn how to do so, are arguably eroding. This is occurring during a vast increase in the employment of imagery in the arts and the expanding, sophisticated fields of marketing, the internet, print, digital and social media and digital entertainment. A critical engagement with, and understanding of images and objects is vital to understanding the world.



## Back issues 38-15, 12, 8

Available online and in hard copy.

Visit [www.engage.org/journal](http://www.engage.org/journal) for details

engage is the lead professional association promoting understanding and enjoyment of the visual arts through gallery education. As well as the engage journal, engage's programme includes innovative projects, conferences and seminars, training and networking programmes, and advocacy to governments and funding bodies. engage has a membership of around 900, including galleries, museums and arts centres across the UK and in more than 20 countries worldwide.

For details about membership please visit [www.engage.org/join](http://www.engage.org/join)

engage is supported by Arts Council England, Creative Scotland and the Arts Council of Wales, and by charitable foundations.

Donating to engage enables us to continue bringing the visual arts to new audiences. For more information or to make a donation visit [www.engage.org/support-us](http://www.engage.org/support-us)

The Editor and engage are grateful for the kind support of the contributors and of the Editorial Advisory Board. The views expressed in engage journal are not necessarily endorsed by the Editorial Advisory Board or by engage.

All contents © engage unless stated otherwise.

engage journal is published twice yearly by engage, the National Association for Gallery Education (charity registration number 1087471, OSCR no. SC039719).

**engage**  
**Rich Mix, 35–47 Bethnal Green Road,**  
**London E1 6LA**  
**T: +44 (0) 20 7729 5858**  
**F: +44 (0) 20 7739 3688**  
**E: [editor@engage.org](mailto:editor@engage.org)**  
**W: [www.engage.org/journal](http://www.engage.org/journal)**

**Design**  
Unlimited  
[www.weareunlimited.co.uk](http://www.weareunlimited.co.uk)

engage is committed to maximising access throughout its programmes. This journal is available in a range of formats. For more information, contact [info@engage.org](mailto:info@engage.org)

THE MAX KLEINER  
CHARITABLE TRUST



Supported using public funding by  
**ARTS COUNCIL  
ENGLAND**



Supported by  
**The National Lottery**  
through Creative Scotland



Cyngor Celfyddydau Cymru  
Arts Council of Wales



Supported by  
**The National Lottery**  
through the Arts Council of Wales

Cofnwyd gan  
**Y Loteri Genedlaethol**  
trwy Gyngor Celfyddydau Cymru

**engage**  
in the  
visual arts



9 771365 938000

25

ISSN 1365-9383