Arts, Health and Wellbeing

Arts, Health and Wellbeing:

A Theoretical Inquiry for Practice

Edited by

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In the time between contributing to the original seminar series and the publication of this book, sadly one of the authors has died. This book therefore is dedicated to the memory of Mike White, a much respected and deeply missed colleague and friend who was an inspiration to all that knew him.

CONTENTS

PREFACE

This is an academic book exploring theoretical and evidence-based aspects of Arts and Health practice. This relationship between the arts (and culture) and health/wellbeing may be a new concept for some readers. This interdisciplinary field of has emerged however over the last 20 - 30 years in various countries. Despite the challenges of economic cut-backs, the field of practice has thrived - perhaps largely because of a groundswell of grassroots artists that believe in the importance of the work. Research in the field of arts, health and wellbeing has also developed, evidenced by the existence of two international journals and international conferences. Furthermore, there are now dozens of other mainstream health and arts journals which publish research into the practice.

This book has materialised because of a Seminar Series on Arts, Health and Wellbeing, funded by the Economic and Social Research Council in the UK. Each of the contributors, were speakers during the series and their talks have been turned into written chapters. This may be the first book of its kind to bring together leading academics in the Arts and Health field to write about diverse aspects of theory and research related to this practice. Throughout the series (and now this book) we sought to explore and agree on the "big questions for arts, health and wellbeing research" and in doing so advance and deepen theoretical, conceptual and methodological research on the processes practices of arts, health and wellbeing, and also lay the foundations for a national network for arts, health and wellbeing researchers.

ACKNOWLEDGEMENTS

The Seminar Series upon which this book is based, was funded by the Economic and Social Research Council. Lankelly Chase Foundation have funded the research network now located as a Special Interest Group within the Royal Society for Public Health, London. Our grateful thanks to Sadie Hurley who helped to format all of the chapters and references.

INTRODUCTION

ARTS, HEALTH AND WELLBEING: THE ESRC SEMINAR SERIES AND CREATING A UK RESEARCH NETWORK

THEO STICKLEY AND STEPHEN CLIFT

Introduction

This book includes chapters from some the leading UK researchers in the field of arts and health, including creative arts therapies. They are based on presentations originally given at a UK seminar series on scholarship and research on connections between the creative arts, health and wellbeing, funded by the Economic and Social Research Council (ESRC).

The series comprised four seminars delivered in Nottingham, Bristol, Glasgow and London during the period March 2012-September 2013. It was planned by a steering group of academics in the field of arts, health and wellbeing with specialists in a range of disciplines including: nursing, human geography, art therapy, social policy, arts practice, psychology and sociology. A detailed account of the work undertaken and the outcomes can be found in Stickley et al. (2016). In this chapter we consider the key concerns of the seminar series and provide an overview of the present volume and introduce the contributions.

Research on arts, health and wellbeing is found across many academic disciplines and creative agencies, but remains fragmented and intellectually diffuse. The seminar programme brought into dialogue different academic and practitioner perspectives, involving established researchers and major organisations in the field. Through this dialogue, we sought to explore and agree on the 'big questions' for arts, health and wellbeing research; advance and deepen theoretical, conceptual and methodological research on the processes and practices of arts, health and wellbeing, and lay the foundations for a national research network.

There has been sustained growth of interest in the value of creative arts for health and wellbeing over the last 30 years. In all member countries of the UK, arts councils and government departments have supported this development, although this has fluctuated somewhat. For an account of the development of the field of arts and health in England see Clift et al. (2009). Despite the challenges of economic austerity since 2008 onwards, changes of government, structural reorganisations and growing pressures on health and social care services, practice in the field remains remarkably buoyant and innovative. Research in the field of arts, health and wellbeing has also developed considerably, supported by the launch of two international journals in 2009 and 2010: *Arts and Health* and *Applied Arts and Health* respectively. Within the research community in the UK, however, networking has happened on an informal basis, and there was a perceived need to establish a research network to promote communication and collaboration. This seminar series sought to bring together academics from a range of disciplines and perspectives in order to share research findings, review methodologies, develop underpinning theories and forge collaborations to support further developments in arts and health scholarship and research. A key output from the series in the current volume, and a major outcome was the establishment of a new network for arts, health and wellbeing supported by the Royal Society for Public Health.

The ESRC funded seminar series

Reviewing the field

The first task of the seminar series was to reflect the range of academic engagement within the field of arts, health and wellbeing. Probably the largest category of work has been to evaluate arts-based initiatives and programmes within primary and secondary care for their impact on health and wellbeing. Researchers have endeavoured to build the evidence base for arts, health and wellbeing in terms of the health sector's identified information needs by producing evaluation research, qualitative and quantitative studies, randomised controlled trials and systematic reviews (Daykin 2005; Daykin et al. 2006; Daykin et al. 2016; Daykin and Joss 2016). Examples include arts on prescription in primary care (Bungay and Clift 2010), arts in mental healthcare (Stickley et al. 2011), singing for hospital patients with COPD (Lord et al. 2012) and hospital-based arts and music programmes (Pretti and Welch 2004; Staricoff, et al. 2003; Staricoff 2006). Research has also examined the value of arts engagement for

wellbeing on an individual basis and in community settings. Examples include personal music listening for wellbeing (Batt-Rawden et al. 2005); community dance for health (Stickley et al. 2015); group singing for mental health and breathing difficulties (Clift and Morrison 2011; Clift et al. 2015; Morrison et al. 2013); visual arts or mental health recovery (Hacking et al. 2006; Parr 2006; Spandler et al. 2007; Stacey and Stickley 2010; Stickley and Duncan 2008), as well as the benefits of creative arts and music participation for people affected by dementia or Alzheimer's and their carers (Camic et al. 2013; Hara 2011; Parr 2006; Stacey and Stickley 2010; Unadkat et al. 2015). Engagement with visual arts and museum/gallery-based community research with young people, working age adults, older adults and those dementia have all demonstrated benefits for these populations (Roberts, et al. 2011; Solway et al. 2015; Young et al. 2015). Arts-based research with older women has also explored later-in-life wellbeing though arts engagement (Hogan 2015a, b; Hogan et al. 2015; Hogan & Warren 2012).

Research has also examined the links between arts and health in relation to wider social concerns such as issues of cultural citizenship (Parr 2006; Hogan & Warren 2013). Community arts specifically engage individuals and groups of individuals in arts activities not only for individual gains but more particularly to address both health inequalities and to strengthen social cohesion and community (White 2009).

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

Developing theory

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

arts may exert their benefits (Daykin et al. 2007; Cohen 2009). By contrast, the creative arts therapies have a long history of theoretical perspectives in psychotherapy to draw upon in underpinning their practice (Hogan 2015a).

Theoretical perspectives may be constructed from a complex menu of the inward looking disciplines of psychology, biology or neuroscience, more interactive disciplines of sociology and anthropology, the spatial and temporal disciplines of geography and history, or more contemplative elements in the humanities including philosophy and studies of the various art forms themselves such as literary studies, media studies and so forth (Crawford et al. 2015). Whilst within any one of these disciplines, theoretical and conceptual debates exist that may include reference to the arts and which certainly have relevance to arts engagement, there has been little drawing together of these diverse strands into a productive dialogue within the arts and health community. And there is a particular gap in research beyond the arts therapy traditions examining the nature of arts practice itself, as opposed to the person engaging or the benefits. Kilroy et al. (2007) offer a useful model of the relationships between the arts and wellbeing in which they propose that a holistic approach to the person interacts with a facilitative environment to generate an openness to change. The arts in this model act as a catalyst to change. Stickley and Hoare (2015) consider the value of Antonovsky's 'salutogenesis' concept in relation to arts and health. Livesey et al. (2013) draw on a range of theoretical perspectives in psychology, including Flow theory, and models of basic human needs, in interpreting the health benefits of singing. There are also promising developments in exploring the role of psycho-neuro-immunological mechanisms brought into play during musical engagement (Fancourt et al. 2014, 2016). The seminar series highlighted the need for further work looking at the underlying components and 'active ingredients' (Aesop/BOP 2016), of interventions, to build a more nuanced understanding of arts-based interventions and a stronger theoretical base.

Creating a network

The seminar series brought together researchers interested in arts, health and wellbeing from across the UK. Interest and attendance increased with each seminar, and the last in London was over-subscribed. As such, it succeeded in promoting greater exchange and networking and researchers were keen to maintain the momentum achieved by creating a sustainable network. During the programme funding was acquired from Lankelly Chase Foundation to establish such a network, and negotiations with the Royal Society for Public Health led to the establishment of a new Special

Interest Group for Arts, Health and Wellbeing within the Society. The principal aims of the Special Interest Group are: to share current research evidence and best practice; to organise conferences, seminars and workshops responding to members' interests, and to influence government policy on arts and health as a constituted professional body within the RSPH. An innovative feature of the work the Special Interest Group has been the organisation of webinars on current arts, health and wellbeing research. Four webinars ran during 2015-16 concerned with arts on prescription; music or stroke recovery and dementia; arts in hospital settings and recent developments in the use of biomarkers in the evaluation of music for health interventions, and dance for people with neurodegenerative conditions. A further programme of four webinars broadcast in 2016-17, will consider: research on population level cultural engagement and wellbeing in Norway and Australia; the role of theatre in the training of health professionals; arts and health projects in African contexts, and visual arts therapy and initiatives in gallery contexts. Further details on the work of the Special Interest Group, events and membership can be found at: https://www.rsph.org.uk/resources/special-interest-groups/arts-health-wellbeing.html

The present volume

This book therefore presents the content of most of the talks given at the seminars. It was important for us to invite speakers from a variety of disciplines and address a variety of topics. Each talk however had the aim to advance the development of the theory and research related to arts and health.

In chapter 1, Hester Parr offers a critical perspective on the associations between arts, health and well-being. What is meant by these terms is questioned and their associative possibilities and powers are explored. A number of thought-provoking questions are raised: what is the purpose of an endeavour that links arts and health? How does a field of knowledge and practice engage with the complex relationalities at stake? What critical resources can we bring to the interpretation of arts-health and how does arts practice mobilised ‘for’ health constitute an intervention that a critical social scientist/arts and humanities scholar more used to interpretation than artistic action might engage with? If we understand arts as a transformative medium which does work in the world – how best can we know and interpret this work?

Clive Parkinson and Mike White in the second chapter follow these questions by exploring the constantly shifting paradigms in the field of arts

and health taking in national and international developments in research and practice. They consider these developments as part of a 21st century cultural enlightenment and interrogate the motivations behind those involved in research and development and question the dominance of reductionist methodologies in our understanding of cultural value. In order for an evolving participatory arts and public health movement to flourish it must embrace cultural activity that sits outside its own community of interest and advocate for the arts within wider policy contexts.

In chapter 3, Norma Daykin draws together perspectives from a diverse group of social scientists, who are all actively engaged in researching arts and health, to examine current knowledge, address theoretical challenges, and identify critical debates including the social impacts as well as the politics and ethics of arts for health. Recent years have seen a growth in the use of arts to improve health and wellbeing, and there is a burgeoning research literature surrounding this emergent field. To date, research has been dominated by evaluation agendas, with methodologies drawn from medicine and social sciences used by those seeking to demonstrate evidence of outcomes and impacts of arts participation. Beyond this, social science perspectives have had relatively little impact on the field. Their potential in helping to understand the broader contexts of arts for health and wellbeing and the experiences of participants are under-used.

Lynne Froggett, in the next chapter, traces the development of an arts-based method - 'the scenic composition' for reflexively using researcher aesthetic experience to synthesise, analyse and present complex wholes or 'scenes' within a health setting. The material is drawn in the first instance from a three-year rolling evaluation of an arts programme in a London teaching hospital before further applications in community settings are discussed. Arts and Health research has drawn on social science based methodologies to complement or critique bio-medical perspectives on therapeutic processes, user experiences and health professions and environments. Yet such methods can be ill-adapted to capturing the very aesthetic dimension that accounts for the power of the arts in health practice and policy.

In chapter 5, Tia De Nora presents a case study to illustrate how special moments in care through music draw upon the history and interests of the lady involved; but also require sensitivity and patience on the part of carers whether family or professional. Revisiting the seminal work of Szasz on 'the myth of mental illness', De Nora argues for a de-medicalised view of dementia as presenting 'problems in living' for the person affected and those who are in a caring role. The ways in which people with

dementia can come alive and regain a sense of personhood through music are not 'magical', but a product of human, sensitive engagement, in which time and care are taken to support and nurture such engagement.

Georgina Charlesworth and Jennifer Wenborn, in chapter 6, describe the qualitative and quantitative evaluations of group reminiscence therapy for people with dementia and consider why there is a discrepancy between qualitative and quantitative findings. Qualitative investigations of reminiscence therapy have identified the opportunities for learning and the value of sharing with others who are 'in the same boat'. Yet two large quantitative investigations of group reminiscence have failed to find any measurable benefit to people with dementia or their family carers. This they argue, points to the need for researchers to ensure that the measures selected are sufficiently sensitive to expected changes, but also that mixed methods approaches are required to capture subtle changes qualitatively, which may be difficult to measure.

Gary Ansdell, in chapter 7, outlines a perspective on valuing and validating the arts in health/therapy based on Goethe's scientific philosophy of 'delicate empiricism'. This is, as was first communicated by Rudolf Steiner, and recently further developed and contextualised into a contemporary framework by many scientists and philosophers such as Bortoft and Zajonc, seeking an alternative to an uncritical materialist reductionism. This alternative perspective argues that the very process of the arts is to get us to attend to the value of appearances and to learn to understand phenomena not only through looking 'behind/beneath' them as reductionism tends, but rather to take a more holistic view that presents meaning and value as being directly and inter-subjectively perceptible from immediate surface experience. This is how we routinely construct personal and social value from the arts, and Ansdell argues that a return to such common-sense evaluation is crucial in understanding and communicating the values of the arts in therapy. The chapter is illustrated by examples from the author's long-term practice as a music therapist and in relation to theorising and evaluation from the Nordoff-Robbins tradition of music therapy.

In chapter 8, Josie Billington and Andrew Jones report on the challenges and rewards of seeking to capture the impact of a ‘soft’ intervention - shared group reading – in relation to people who are suffering ‘hard’ and long-term physical symptoms – those of chronic pain. Based on the findings from a research study the chapter outlines the pathology of chronic pain. They consider some of the implications neuroscience research in this field and demonstrate the shortcomings of an exclusively objective account of what is a sensory, emotional, subjective

experience. They go on to explain the rationale for trialling a reading intervention for pain sufferers, given that the track record of research in this area had shown promise for reading as beneficial to mental health issues exclusively, and for depression in particular. Finally, they describe the difficulties encountered when trying to carry out a small-scale reading intervention with this population, and the compromises and methodological solutions which were arrived at. The findings are presented, and the authors discuss implications for future research in this area, and how findings from the pilot have informed further studies.

Gavin Clayton and Susan Potter, in chapter 9, introduce Arts and Minds, a charity in the East of England and an 'arts on prescription' programme that aims to provide a safe and therapeutic environment in which participants with mild to moderate mental health problems can explore their creativity. They also include quantitative results from an evaluation of the programme and qualitative feedback from semi-structured interviews. In addition, they consider the outcomes from economic analysis of the programme undertaken by health economists at LSE, comparing the cost-effectiveness of the arts on prescription initiative compared to Improving Access to Psychological Therapies (IAPT) interventions.

In chapter 10, Sue Holttum and Val Huet discuss the nature and causes of mental states that attract a diagnosis of ‘schizophrenia’ or psychotic disorders. It considers the importance of understanding how psychotic states come about and what therapists do in their work that is therapeutic. Art therapy practice is changing and some of the controversies and dilemmas are explored. Initial indications of the benefits of art therapy for people with diagnoses of psychotic disorders, and its inclusion in NICE guidelines is discussed. In terms of methodology, realist research and art therapy as a ‘complex intervention’ is proposed. The results of a large randomised trial, MATISSE, on art therapy for ‘schizophrenia’, whose findings emerged in 2012 is critiqued. The pros and cons of randomised trials for evaluating arts interventions, and the alternatives are discussed and questions that need to be answered are identified.

David McDaid A-La Park, in chapter 11, examine the rationale for taking an economic perspective on the case for investing in arts-based interventions to promote health and wellbeing. Policy makers are faced with difficult choices on how best to make use of scarce resources to promote and improve health. Not only do they want to know what works, and in what context, but also at what cost. They may also want to know the relative cost effectiveness of investing in an arts based intervention to promote mental wellbeing, for instance, with alternative ways of achieving

this goal or using resources, both within and beyond health systems for very different goals. The chapter begins by briefly outlining the case for taking an economic perspective to investment in the arts for health and wellbeing, and then sets out the key economic questions that need to be addressed. It then goes on to illustrate how economics has been used to strengthen the case for investment in the arts, and ends with consideration of how this evidence base may be further strengthened.

The final chapter by Susan Hogan examines research-guided practice in arts in health activity in the community. The discussion is situated within an exploration of health policy and its relationship to the arts in health with particular reference to notions of wellbeing. The chapter provides a brief summary of research relevant to wellbeing and mental-health rehabilitation and the arts; it describes how community-based arts in health activity provides the basis for a set of evidence-based actions to improve wellbeing. With regard to research-guided practice, the chapter demonstrates that community-based arts in health initiatives encompass all aspects of the 'Five Ways to Wellbeing', as described by the New Economics Foundation, and it gives examples with reference to recent research and policy on wellbeing

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CHAPTER ONE

HEALTH AND ARTS: CRITICAL PERSPECTIVES

HESTER PARR

Introduction

The emerging field of 'arts and health' is an interdisciplinary and diverse endeavour, as this collection of essays will testify. The following short intervention – more a provocative commentary than a review – proposes that the body of work comprising this research should aim to be resolutely 'critical', in that it must refuse to be shaped solely by monolithic logics and anti-theoretical pressures for 'application' and 'evidence'. To advance critical perspectives must mean the field needs to be open to the use of all forms of social theory and to self-interrogate its contribution to various forms of social and cultural injustice. Specifically, the field of arts and health must be wary of:

> ' … its tendency towards advocacy, its over-simplistic models of causality, its associations with instrumentality, its inadequate language for conveying the significance of the arts and aesthetics' (Rooke 2014: 4).

In order to counter this tendency, we need to account for and value arts practice in the context of health and well-being other ways than via (just) forms of evidence based (social) medicine, in which case a new *curiosity* about arts practice itself may need to be re-positioned. This is a suggestion that does not wish to herald a recycling of debates about 'what counts' and 'what doesn't count' as arts 'evidence'. This position instead argues for a revitalised engagement with the multiple dimensions of arts *practices* and for a recalibration of relevant theoretical or philosophical or artistic resources helpful to the dynamic fields of knowledge that seek to encounter them. In what follows, I suggest that some useful starting points might be captured under the headings of 'mappings', 'atmospheres',

'processes' and 'justice'. Through each of these terrains I will suggest some broad 'flavours' which might frame analysis of different arts forms, offering different possibilities for understanding human health, insisting the necessity of exploring then in a manner attentive to these differences, rather than coalescing them together, as though they are all productive of the same benefit in exactly the same way (Desmarais 2016).

In what follows, I will refer to the research field between arts, health and well-being as 'arts-health', in short-hand, although there are clear risks in doing so, such that the important specificity of particular art forms and their benefits are lost or obscured in translation. In doing so, though, this may raise some problematics pertinent to the field. As Broderick has recently cautioned:

> 'The specific subject domains of "arts" and "health" do not exist as concrete entities, but are shifting, amorphous and contested, subject to competing knowledge claims...' (Broderick 2011: 95)

If I might indulge myself briefly with reference to my own discipline – human geography – I think it is fair to say that this is an academic field healthily sceptical about essentialisms, claims to power, and the pursuit of power, especially as it is articulated through the realms of language and which on one level is precisely what the semantic association of 'arts-health' might suggest. In human geography there would be an inherent suspicion about any uncritical instrumentalist association here – that in being artistic, or engaging arts practice, we can simply become and produce healthy bodies and minds automatically, without question, difficulty or complication. Nobody in this collection is suggesting any simple associations – in one sense, this is exactly the ambition of this emergent field of knowledge – for understanding how to access, demonstrate, interpret and engender the relations between a state of health/states of health and artistic practices. On the one hand, of course, we might be happy to accept the potentiality and promise of relating arts-health, but, on the other, we should *also* be asking what is the purpose of an academic endeavour that links arts and health? How does a field of knowledge and practice engage with the complex relationalities at stake? What critical resources can we bring to the interpretation of arts-health? How does arts practice mobilised 'for' health constitute something with which a critical social scientist or arts and humanities scholar more used to *interpretation* than *artistic action* would be ready to engage? If we understand arts as a transformative medium which does work in the world, then how best can we know and interpret this work? These are tricky questions, but ones a critical field of enquiry might set itself as broad-

brush dilemmas. Broderick's words are relevant here again when she argues about being less 'concerned with establishing whether there is a causal relationship between arts practices and health outcomes; [but] rather… on how these practices can be understood' (Broderick 2011: 95). There is thus a challenge for the field of arts-health, to demonstrate how arts practices can be understood, not just 'as' or 'for' policy-related evidence, but as the substance of scholarship, both the subject of theoretical reflection and as the very stuff that creates theory. It needs to matter to the world of policy-makers and participants and communities, to be sure, and yet, as an academic endeavour, it needs to resist simplistic associations and outcomes. It is the latter purpose to which this intervention is geared, but with the implications for real worldly arts work. Arts-health should now look to establish itself as a field of knowledge with rigorous work using and creating different perspectives, understandings, and interpretative resources and languages that are relevant to its purpose. There are many ways of framing this purpose, but some selections of contemporary trends in the social sciences/arts and humanities might be a helpful point of connection.

We might firstly deconstruct the language of 'arts-health': adopting a critical stance on the language employed by researchers as we go about debating it – what exactly do we mean by health and arts? What kind of health is imagined and embodied by arts participation, and how might we talk about this, write about it, interpret it? We are familiar with words like 'participation', 'evidence', 'impact', 'value', 'policy implications', a nomenclature associated with 'policy-based evidence making' (Belfiore and Bennet 2010: 136). Any knowledge-network emergent from work on and with arts-health might consciously seek *other registers of language encounters* with the compositional elements at stake discursively constituting the field differently, so as to shift the constant call for *more* robust evidencing and its *measurability*:

> 'Without some redirection of scholarly effort away from evidence gathering and towards analysing and theorising the practice in question, the basis for the understanding and accepting the findings of impact studies will remain insubstantial' (Raw et al. 2012: 98)

Any approach that reinvigorates *scholarly* effort might be thus prompted to exercise a deconstructive reflectivity in thought *and* language in ways that might prompt new kinds of questions and understandings for the field. How best can we *think, talk* and *write* about what might be conceived of as an *interventionist* encounter that has creativity at its core? 'Arts and health and well-being', 'arts for', 'arts in', 'arts-health' – these terms all mean

slightly different things – but there is a latent assumption that something powerful is at work or *should* be at work. Such semantics maybe invite certain kinds of appraisal and lines of enquiry, and perhaps instead of a language of intervention it is better to think here about a *field of potentiality,* one framed by the difficult ambition of being *at work* for healthy minds and bodies. This does not necessary dilute the power of the association between arts and health, but instead opens up questioning of its existing assumptions.

Mapping arts-health

Where is arts-health? What are the sites and spaces in which arts-health is practised and how do those matter? What are the scales at which arts-health is being practised and researched? What is the significance of national developments of arts-health networks? How will the national overlay and define local and regional arts-health work? Moreover, what kinds of institutional frames, circulations and networks are important, and how are they produced through what kinds of materialities? It seems to me that having a critical map of arts-health might be helpful in visualising the field and knowing its geographies. Any critical mapping is not just about points of location, of course, and we might ask what else a critical mapping of the field of arts-health might *do*, and, perhaps informed by some current leanings in human geography, we might begin to ask particular questions about the place and work of arts-health and how it is 'worlded'. In other words, we might query how arts-health *shapes* and is *shaped by* the world in particular ways. In this latter endeavour, particular theoretical perspectives might be drawn upon. So, we might not only map arts-health straightforwardly, but seek to navigate its geographical dimensions by striving to:

- Examine and explore its circulations (its social, political and affective relations),
- Evoke its meanings (sensibilities) in place,
- Describe its affect/emotion (resonances) across spaces,
- Engage its sited emergence (performatively, materially, and institutionally), and
- Demand more of its work (networks of social justice)

There is scholarship already on these kinds of concerns which creatively engages with what makes arts participation feel healthy, often through sensitive ethnographic observation, some of which appears in the pages of

the journal *Arts and Health* and elsewhere in other disciplinary outlets (and see Desmarais 2016 for a recent review). If we use this list above to begin to talk afresh about arts-health – as a combination of uncertain and contingent things to be explored – we might re-orientate around different kinds of approaches which are less amenable to the charge of creating (just) 'policy-based evidence', and instead interrogate the complexities of elements, practices, materials, feelings and politics which infuse arts work.

Atmospheres and affects

> 'In socially-engaged art practice specifically concerned with mental health work, these inter-subjective encounters, moments of exchange and interaction can be particularly fragile, ephemeral and fleeting. These are experiences, which are easily lost in translation when they are translated through unsophisticated or inappropriate impact measures' (Rooke 2014: 5)

Why and how might we encounter the resonances and materialities of arts-health? Currently, there are interesting interdisciplinary research directions which are suggestive in this respect; for example, in the work of Stewart (2011: 445) which discusses 'writing and thinking experiments aligned with forms of nonrepresentational theory', wherein notions of 'affect' rather than 'meaningful and conscious emotion' become the locus of concern. My simplistic rendering of this term might see it used in arts-health studies to direct renewed attention to assemblages of elements and practices lending particular character and quality to situated human and non-human materials (and see Desmarais 2016, for an example). McCormack (2013: 101) says affect is something that can be understood as 'a kind of turbulent background field of relational intensity, irreducible to and not containable by any single body and subject. Affect is never just personal, even if it can be registered or sensed in bodies'. So, an atmospheric orientation might look at arts-health as a fluid, contingent, uncertain *potentiality* – witnessed in various experimental methods that show its momentary articulation of states that we might call 'joy' or more sedimented as 'health'.

To advance this kind of approach to arts-health is to understand it in *non-essential* ways, refusing its capture as a partnering that straightforwardly 'produces health'. Here is our first problem, that this analysis might not be understood in usual value systems as a 'robust evidence base'. However, what it does, conceptually and otherwise, is to allow the realm of debate to shift, to an uncertain terrain of 'atmospheres', 'moods', collective 'senses of', 'shared ambiance', and more; these descriptor terms are the ones often engendered by arts practices and their audiences, and

this thus not only offers a writing language for arts-health intangibility but makes a virtue of that, in effect, anti-essentialist predication.

Stewart (2011: 452) argues 'for attention to the affective dimensions of everyday life and the potential that animates the ordinary' through a poetical rendering of language that brings our attention to this very agenda. *Ordinary affect*, she insists, is registered in its particularities, and how it connects people and creates common experiences that shape public feeling:

> 'Attending to atmospheric attunements and trying to figure their significance incites forms of writing and critique that detour into descriptive eddies and attach to trajectories. This is writing and theorizing that tries to stick with something becoming atmospheric, to itself resonate or tweak the force of material-sensory somethings forming up. The effort requires clearing a space in which to clear the opposition between representation and reality, or the mind-numbing summary evaluations of objects as essentially good or bad, or the effort to pin something to a social construction as if this were an end in itself' (ibid)

What Highmore (2011: 2) has argued of Stewart's writing might also be said of other work in this vein:

> 'It is deep and performative. As you read the work you become more and more alert to your surroundings. Your skin begins to prickle with the apprehensions of the lives of others, of resonances of care and indifference, of anxiety and ease'.

It seems to me that such an approach would not be out of place in a theoretically informed approach to arts-health. This orientation to the *ordinary affects* of arts practices and how we might momentarily engage, or sustainably produce, something we call 'health' serves to attune us towards the unquantifiable atmospheres of practice, the ones that can move people (as individuals and collectives) towards 'other states' that are often beneficial and life enhancing. This is merely one pathway for a new accounting of arts-health relations, and there are many possibilities and associated methods, as De Nora (2013, my emphasis) argues, a move away from often standardised policy based evidence reflects: 'the importance of "idiographic" methods of assessment … [as] … they are the only methods capable of registering the often-vital qualitative differences … *the differences that make a difference* to people'.

Process

Extending an orientation in arts-health research to 'vital' atmospheres and affects might involve new attention to *process.* A processual understanding of arts-health would incorporate a focus on human-material relations, material agency, durations of engagements, and longitudinal ethnographies of art-making. In recent work by Desmarais (2016: 55), she argues that arts-health research lacks due attention to process, with the result being that research into arts-health is limited and tends to favour data about 'outcomes' and 'end states'. Her own work – a long ethnography of crafting *for* health – seeks to circumnavigate such problems in order to understand more about the phenomenology of practice as a 'fine grained' informational milieu that attends to all elements co-mingling in arts processes. As Desmarais argues, the problem is how to use language 'to write of haptic or emotional experience … while maintaining academic rigour' (ibid: 72). For Atkinson and Robson (2012: 1348), 'theorisation of the therapeutic processes of participation in the creative arts is largely grounded in the traditions of psychoanalysis or developmental psychology', which, for them, problematically ignores spatialities of practice. They argue, like Desmarais, that well-being and the arts may be emergent 'through situated and relational effects that are dependent on the mobilisation of resources within different social and spatial contexts' (ibid: 1349). The broader implications of their argument, though, are that the transitional potential of arts-health – the 'breakthrough' qualities of the process of arts work – is, always unavoidably contingent upon the spaces in which it takes place. This spatialised, relational and processural sensitivity is, at least for Desmarais (2016: 89 and 106), only really possible with the 'distinctive potential of participant observation', enabling the researcher to 'extend normative accounts of affective dimensions of making'. Processual methods are critical, then, to a nuanced accounting of arts-health. In other words, the 'longitudinal method' is thus somewhere to go in response to short-termist policy-based evidence-making (Gordon-Nesbitt 2015).

Justice

This introduction resulted as a response to a conference call in the University of Glasgow to think 'beyond evidence', as it might usually be collated or assessed, in order to question whether arts-health is something which can *or should* be *measured* by a bio-political state interested in art *efficacies* and where 'the arts' might become a remedial social gel, filling