IS ART THERAPY?
ART FOR MENTAL HEALTH
AT THE MILLENNIUM

Langley Brown

PhD **2006**

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A thesis submitted in partial fulfilment of the requirements of the Manchester Metropolitan University for the degree of Doctor of Philosophy

Arts for Health
Faculty of Art and Design
Manchester Institute for Research and Innovation in Art and Design
(**MIRIAD**)
the Manchester Metropolitan University

How would a research body ... measure artistic quality?

Jo Verrent, i am (Inspired Arts Movement: the UK forum for the arts in mental health)

There's some sense of "art is good for you". Does it matter whether it is good art or not, as long as it makes you feel better?

Leslie Davidoff, Bradford College

both from *Determined to Dialogue: a survey of arts in health in the Northern and Yorkshire region, 2001-2002*, Mike White, Centre for Arts and Humanities in Health and Medicine, University of Durham (p14)

DEDICATION

To my late parents Jack and Joan

ACKNOWLEDGEMENTS

Warmest thanks to

my successive Directors of Studies Dr John Langrish and Professor John Hyatt
my wife, friend and colleague Adrienne for an immense fortitude
Ruth Brown for helpful suggestions from an anthropological perspective
Dr Sam Brown for the helpful suggestions of an evolutionary biologist
my friends Aidan Shingler and Tricia Durdey for inspiration
my old friends and colleagues Brian Chapman and Jack Sutton
my supervisor and old sparring partner Peter Senior MBE
my advisors Professor Francis Creed and Dr Tom Butler
my collaborator in the Pathways Evaluation, Dr Rae Story
David Haley for some good chats when getting started
my new friends and collaborators the Directors and Members of Bridgehead
Dave Sweet for helpful criticisms and suggestions
John Hewitt for encouragement when everything seemed quite unlikely
mental health service users, survivors and workers everywhere

Thanks, too, to the following who have contributed wittingly or unwittingly, and sincere apologies to anyone not included here

Chris Agnew, Doug Agnew, Tasnime Ali, Karen Allerton, Lonsdale Bonner, Dr Keith Bridges, Gilford Brown, Anna Butler, Larry Butler, Hetty Chapman, Merci Chekoti, Mary Collister, Bernadette Conlon, Dr Peter Copp, Ian Cropper, John Crossfield, Jackie Davidson, Barry Day, Elaine Dixon, Deborah Fairclough, Prof Tom Fitzgerald, Jim Fitzsimmon, Douglas Gill, Barry Hamlett, Jacqi Holmes, Sarah Hosegood, Kate Hughes, Fiona Johnson, Mark Johnson, Christine Keogh, Alison Kershaw, Steve Lyons, Claire Manson, Paddy McElroy, Ted McGuinness, Richard Meredith, Peter Milnes, Carl Morrison, Ken Moss, Dr Linda Moss, Bernadette Murphy, Rosemary Napper, Anne Paton, John Riley, Benny Rothman, Lilly Rothman, Margaret Sheldon, Mary Stubbs, Wendy Teal, Padraig Tolan, Helen Tyler, Jo Verrent, Alan Yates

IN MEMORIAM

Dr Keith Bridges
Imelda Riney and Liam
Ken Moss
Martin Brooke-Taylor

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ABSTRACT

IS ART THERAPY?

ART FOR MENTAL HEALTH AT THE MILLENNIUM

The turn of the millennium saw a growing number of artists working in mental health care. Some of these are Art Therapists, others are non-therapy oriented artists.

This study draws upon and extends the author's experience in the field to investigate an issue that has not adequately been explored: the relationship between Art Therapy and non-therapy art.

The thesis delineates two approaches to visual creativity in mental health care: Art Therapy, where the emphasis is placed on *healing*, with the client as patient-to-be-cured; and non-clinical arts activity, where the emphasis is placed on *art*, with the participant as artist-in-the-making. The study describes the history and modes of practice of each approach, identifies areas of contention, and lays foundations for collaborative development in pursuit of a continuum of creative opportunities for people experiencing mental health problems.

A background section begins by seeking definitions of *art* and of *mental health* before discussing the relationship between the artist and the mental health of the individual and community, and closes with a review of the history, practice and status of the visual arts in mental healthcare at the millennium. Dicussions on research methods appropriate to the field of study are then resolved in favour of a practice-based qualitative approach. Case studies begin with a personal ethnography to contextualise the author's experience, continue with evaluative snapshots of activity within two localities representing ad-hoc and planned arts provision, and end with cases illustrating conflict and convergence between Art Therapy and non-therapy arts. Conclusions are then drawn on the relative benefits of various modes of participation in the arts for people with mental health difficulties, and a case is made for a collaborative practice that embraces the inner, personal focus of Art Therapy and the outward focus that is often (not always) the approach of non-therapy artists. A final chapter suggests avenues for further research, and appendices include a directory of arts in mental health compiled in 1999.

The study makes an important contribution, firstly, in its heuristic documentation and analysis of the experience of the author as an influential player in the field; secondly, by laying foundations for a synthesis based upon mutual understanding and collaborative practice between the approaches found; and, thirdly, by furnishing future investigators with a wealth of data and starting points.

INTRODUCTION

Someone ... so, what do you do then?
Me I'm an artist.
(a slight pause)
I work in the health service...
Someone Oh. An art therapist...
Me ...er. No, ...
Someone ...what?

This typically inconclusive exchange illustrates the impetus behind and the need for this study.

The assumptions and dissonances implicit in this exchange led to the formulation of one of the overarching aims of this study:

> *to increase understanding of the different approaches in the visual arts in the mental health field in the hope of providing a rationale and tool for further development and collaborative practice* (p.102).

The primary aim, then, is to describe, investigate, contextualise and increase the understanding of different approaches in the visual arts as practiced within the field of mental health and mental health care.

The secondary aims are to identify and record arts activity in mental health care in the UK; to identify some of the benefits to mental health arising from the practice of the visual arts; and to determine the extent to which the benefits arising from non-therapy oriented visual arts practice differ from those provided by Art Therapy.

It is hoped that a successful fulfillment of these primary and secondary aims will, in the first instance, furnish a rationale and tool for further development and collaborative practice between artist, mental health service user, staff, medical practitioner and therapist, and, subsequently, stimulate the statutory, social, religious and cultural sectors to appreciate, address and meet the need, as identified within this study, to instigate creative antidotes to the burgeoning emotional distress that is, almost definitively, characteristic of our current stage of human evolution.

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The period from the mid 1970s into the first decade of the second millennium encompassed the author's career in the UK's National Health Service (NHS) as artist, arts project director, and arts in health consultant (see Ch.5). This period witnessed an increasing engagement of the arts as a component of health and social care and development, in the UK and elsewhere (see Ch.2).

As this study argues, it is no coincidence that this growth has occurred at the same time as the also-burgeoning practice in the mental health field of artists who see themselves as artists, not therapists; the former are defined in this study as *non-therapy oriented artists*. And yet, during the author's career, a common assumption made with regard to any artist working in the health field has been that she or he must, by definition, be an Art Therapist. The dialogue that begins this introduction is no invention; the author has been party to it on many occasions.

The author and his peers may be artists, but they are definitively not therapists.

And therein may lie the strength and the weakness of the mental health oriented work of these artists. As the study in part argues, their work may be strong and effective simply *because* it bypasses the *cocoon of caring* in favour of a focus on the world beyond the therapist's room; and yet this work is weak in that it remains under persistent pressure from a number of forces: from threats arising from the legal professionalisation of the clinical practice of Art Therapy; from the clinician's view (arguably correct and apposite) of the artist as maverick; from a movement towards a standardisation of codes of arts in health practice that may undermine that maverick impulse; and from socio-political and corporate agendas manifested in the forms of the Scylla and Charybdis of social inclusion and commercialism. For the artist to navigate these perils, without losing autonomy and integrity, is an increasingly difficult chart to course.

One of the many contemporary dilemmas facing the artist is to reconcile social purpose with personal vision, whilst retaining artistic, moral and human integrity. This dilemma has been a concern of the author throughout his career in the health domain. This concern gave rise to his part in instituting a short-lived 'monthly sabbatical' for artists working full-time in a hospital; to his initiation of an (again short-lived) 'rusty artists' group bringing together practitioners across several arts and health projects; and his commitment to a recently formed company whose founding (but not unchallengable) aim has been, not merely to restore creative energy to artists working to social agendas, but to build upon their experience to facilitate a better understanding and application of their skills to our cultures during the time of transition that marks the second millennium.

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Who are the protagonists in this study?

In the one corner are the Art Therapists; visual artists who have received a specifically clinical training following their first arts degree. The status of Art Therapy as a *profession allied to medicine* (PAM) is jealously guarded these protagonists, as will be described in this study.

In the other corner is a growing cohort of non-therapy artists that is undertaking innovative work in the mental healthcare domain. These putatively maverick practitioners invariably have training neither in psychotherapy nor clinical practice. Their motivation is emphatically artistic, not therapeutic.

Indeed, as this thesis will demonstrate, the non-therapy oriented artist may be as sceptical with regard to therapy as the Art Therapist may be towards the competence of the former adequately and safely to engage with and support arts project participants experiencing mental health problems.

This study reveals and dissects these issues and, by means of an analysis of the underlying misunderstandings and the conflicts that characteristically continue to arise, seeks to instigate a route towards their resolution.

There are several contributory and subsidiary aims. The first is to identify and record arts activity in mental health care settings in the UK at the turn of the millennium; the second is to describe the experience of, and to identify some of the benefits arising from, the practice of the visual arts to those who experience emotional distress; and the third is to identify the extent to which participants and others believe that the benefits arising from non-therapy oriented visual arts practice differ from those provided by Art Therapy.

In order best to achieve its primary aims, this study ranges from the personal experience of the author, through a study of the literature which explores and relates the cultural and historical contexts, to an account of the variety of current practice in the UK.

The study explores four key propositions that were formulated from the author's experience in the field. These propositions are cumulative in that each flows from the next. The first of these is that participation in the visual arts makes a positive impact on the emotional well-being of people who experience mental distress. The second, that participatory visual arts practice in the mental health field operates in a historical context which is little known to practitioners, participants or commissioners, and that knowledge of these contexts will enhance awareness, discourse and practice. The third is that there are benefits that arise from non-therapy oriented visual arts practice that differ from those provided by Art Therapy. The fourth and final proposition is that increased understanding of different approaches in the visual arts in the mental health field will facilitate the adoption of a common language among a diverse stakeholdership, as well as a rationale and tool for further development and collaborative practice.

These four propositions determined seven questions and tasks. The first was to identify and summarise current activity in participatory visual arts practice in the mental health field in the UK; the second, to review the historical contexts of participatory visual arts practice in the field; the third, to relate participants' experiences of art; the fourth, to reveal what benefits participants identify as arising from their participation in the visual arts; the fifth, to tease out what benefits arise from non-therapy oriented visual arts practice that differ from those provided by Art Therapy; the sixth, to assess how understanding can be increased of the different approaches in the visual arts in the mental health field; and the seventh, to determine, on the basis of the evidence found, what rationales and tools can be provided for further development and collaborative practice.

In order to lay the ground for a series of case studies, methodologies are discussed at some length (in Part III) so as to reflect what has been for the author a process of discovery,

assessment and rejections, leading to the adoption of a patchwork of methods that were deemed best able to fulfil the aims of the research. The extent to which this has been achieved is discussed in the Conclusions (Part IV).

A questionnaire survey was conducted from which a directory (Appendix I) mapping the field was prepared and published. A literature search was made to explore themes and draw out historical contexts. Case studies describe informants experiences of art in the mental health field.

By eliciting the views of artists, staff and managers it was hoped to lay foundations for the desired common language to enable meaningful creative dialogue between service users and providers about the role, benefits and effective development of the arts in mental health care.

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The reader will notice a distinct contrast in style between Parts I and II (Background and Methods) on the one hand, and Part III (Case Studies) on the other. This contrast was carefully considered and adopted in order to present as much of an objective academic overview as is possible within which to place the subjective view of the author, whilst, conversely, enabling the reader to place and assess the 'objective' data within the personal context of an author who has been emotionally, professionally and pivotally involved and influential in the field of practice that is the subject of the study. It was hoped, then, that by adopting this triangulatory approach, an approximation to a more revealing and useful 'truth' might be caught in the cross-beams projected by these two sources of illumination. Difficulties arising from the attempts to fulfill this intention, and an assessment of the extent to which it has been realised, are discussed in Part IV (Ch 10: Conclusions).

The *'I'* of Part III is necessarily, then, both observer (eye) and actor.

The starting point for the case studies was essentially the author's own experience, as a *reflective practitioner* (Schön, 1995), and as recorded in diaries, notebooks, correspondence, minutes of meetings, papers, speeches, visual material and personal memory, corroborated wherever necessity demanded and possibility allowed.

The case studies describe a succession of projects that informed or were integral to the research. Most of these were 'action research' projects insofar as they added to the researcher's knowledge and their intention was to improve quality of life. In most of these the author was both practitioner and researcher.

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If a powerful motive for undertaking this research was to inform discussion, rapprochement and development in the field in question, then dissemination of the findings is essential. The task beyond this study, then, is to strive towards that end through papers, presentations, and an emerging approach to research and development that is becoming increasingly synonymous with the author's evolving practice as an artist.

During the research period two significant seeds were sewn which are, at the time of writing, in the process of a germination informed by the findings of this thesis. The first of these seeds responds to the need, identified in the study, for the artist to retain creative autonomy whilst finding social purpose. The second links the identified need to create sympathetic and responsive environments for people when in psychic stress with the imperative to create healthy environments at neighbourhood level - the latter of which would arguably diminish the need for the former.

These emerging shoots can be traced through the study. For the first, one can follow the author's attempts over the years to foster and sustain, and if necessary revitalise or even revive, the creative practice of artists working in an institution. Artists' Sabbaticals and Rusty Artists (Ch.5), reflecting on the origins, meaning and purpose of art (Chs.1, 5), the primacy of art in arts and health work (Ch.8), the pressures from external sociopolitical agendas (Ch.2), support or supervision for the artist (Chs.5,7,8,9), and the embracing of cross-artform, collaborative practice that is definitively oriented to artistic creativity with no overt health or social agenda (Chs.5,9), all form a continuing narrative. The second shoot can be traced through the quest, as in START (Ch. 5), to establish creative and conducive environments as an alternative to the disempowering ethos of the psychiatric institution, through the work of Lime in this respect (Moorside, Ch.6), and, finally, to the concept of Sanctuary (Ch.5). These processes are reviewed and contextualised more fully, and a prognosis attempted, in Chapter 9.

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The question of confidentiality requires brief discussion here, for it has involved complex decisions as to whether and where to anonymise the study's informants. Non-therapy artists, such as the author, working in the mental health circus, are more likely to view arts project participants as such, or as artists, or, as at START in the early years, as members and, as at START more recently, as students or trainees. Giving no credence to the titles 'patient' and 'client', and little more to the titles 'user' and 'survivor', the author has always encouraged project participants to see themselves as artists, or as aspiring artists, with the confidence to permit their artist persona to override the stigma of mental illness. However, as it has not been possible to contact all informants, it was decided to change the names of contributors wherever there could be the slightest lack of certainty with regard to their wish to be named or otherwise.

And yet a difficulty arises, insofar as one of the contributory aims of the study was to present a historical overview of the arts in mental health and to compile a Directory of practice and practitioners at the turn of the millennium (Appendix I). It is not known - because the question was

not asked, for it was seen as inappropriate - whether contributors to the Directory defined themselves as artists or as service users. The way in which informants did actually define themselves and their groups was open, elicited by the first heading on the Directory questionnaire: “*i am*....”, “*we are* ....” (*ibid*.).

Among the professional artists whose voices are heard in this study are several who experience states of mind that may include schizophrenia, depression and anxiety. As a group they represent to the clinician, no doubt, a panoply of intriguing pathologies. For a significant few of these artists a psychic journey, with heights and depths, has informed or in at least one case instigated their artistic practice. Wherever the author is unequivocally certain of the wishes of such informants, real names have been used.

Similarly, those professionals in the arts, health, social, academic and other domains who are well-known in their field appear under their own names, with exceptions made where there is even the slightest concern that the revealing of an informant’s identity would be problematic, either for that person or for those with whom they work.

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Finally it remains to thank Professor John Hyatt, without whose generous moral and intellectual support and companionability this project would have been abandoned on several occasions.

PART I

BACKGROUND

PART I reviews the literature concerning the interrelationships between art, mental health, mental illness and what is (not always uneuphemistically) known as mental health care. After discussing terms and giving a general overview of the arts in health care, it considers the potential of the arts in generating a synergy between the mental health of the individual and that of the community. Part One introduces the controversy between art therapy and non-therapy oriented arts practice in the mental health field, and ends with an analysis of accounts by mental health service users of their experiences as participants in arts projects.

CHAPTER 1

DEFINITIONS AND CONTEXTS

CONTENTS

DEFINING ART

> **Art**, *n*. This word has no definition.
> *Ambrose Bierce: The Enlarged Devil's Dictionary, first published 1906 (Hopkins 1967)*

Art: a word and a concept which (to Bierce's delight) has notoriously and consistently evaded definition. But if the aim of this study is to explore if, how, and the extent to which, the involvement in 'art' may be effective in the alleviation or prevention of emotional distress, then it must begin by reaching some decision - however provisional - of what is meant by the word.

In an attempt to arrive at such an understanding this section draws on a number of disciplines - in particular anthropology, archaeology, psychology and biology - finally to find a broad and workable understanding emerging from an evolutionary approach.

Most authorities agree on the difficulty of defining art. Some have questioned the necessity. Gombrich opens his *History of Art* (1950) by announcing

> *there is really no such thing as Art. There are only artists* (1995, p.15).

Duchamp[1], too, did not believe in art, only in artists (Gablik, 1984, p.84). So does art really exist? Three decades after Gombrich the art critic and philosopher Arthur Danto writes:

> *We have entered a period of art so absolute in its freedom that art seems but a name for an infinite play with its own concept* (1986, p.209, in Dissanayake, 1995, p.xiv).

Stephen Davies in *The Concise Routledge Encyclopedia of Philosophy* (2000) writes of the *attractive possibility* that art can be defined in terms of a relation between *the activities of artists, the products that result and the audiences that receive them* (p.55), and goes on to describe two types of definition that came to prominence since the 1970s: the *functional*, which relates to the purpose of art, regarding something as art *only if it serves the function for which we have art, usually said to be that of providing aesthetic experience*; and the *procedural*, which implies that something is art if someone says it is; that is

> *... if it has been baptized as such through an agent's application of the appropriate procedures. In the version where the agent takes their authority from their location within an informal institution, the 'artworld', proceduralism is known as the institutional theory.*

But he points out that

> *these definitional strategies are opposed in practice, if not in theory, because the relevant procedures are sometimes used apart from, or to oppose, the alleged function of art; obviously these theories disagree then about whether the outcome is art.*

He suggests that

> *to take account of art's historically changing character a definition might take a recursive form, holding that something is art if it stands in an appropriate relation to*

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[1] **Marcel Duchamp** (1887-1968): French-born painter and sculptor, and pioneer of Conceptual Art whose work challenged traditional perceptions and definitions of art.

> *previous art works: it is the location of an item within accepted artmaking traditions that makes it a work of art.*

Even an authority such as Davies is tentative: *possibility, usually said to be, alleged, theories disagree, might, if.* Why are most attempts to define art so ambiguous, evasive, convoluted, conditional, relative or circular? One may take Danto's cue and reply 'why not?', or follow Bierce, Duchamp and Gombrich and deny art's existence.

According to anthropologist Robert Layton, the reason art is so hard to define is

> *both because there is an imprecise boundary between art and non-art whose location seems often to shift according to fashion and ideology, and because there appear to be at least two viable definitions of what is the core of art* (1991, p.6).

The first of Layton's definitions of the 'core of art' concerns aesthetics; he cites Finley's (1966, p. 153) assertion that in ancient Greece number was deemed the key to harmony. His second definition considers art as *communication distinguished by a particularly apt use of images* (p.6). He cites Aristotle's emphasis on the poet's need to master the use of metaphor which implies an *intuitive perception of the similarity in dissimilars* (Aristotle, trans. House, 1956). Aristotle's implication applies equally to the visual arts; by this definition, art is about the ordering of ideas rather than forms (Layton, p.5).

Layton acknowledges that both definitions (those identifying *aesthetics* and *communication* as 'the core of art') are applicable in different circumstances:

> *we identify art works in a formal sense because we find them aesthetically pleasing and we find that they enhance our perception of the world around us through the apt use of images.*

But he mentions exceptions:

> *sometimes the first criterion seems applicable but not the second; sometimes the second but not the first. The fact that both symbolism and aesthetics have so frequently been thought of as crucial elements of art ... seems to suggest rather that they may constitute alternative realizations of a more general goal, and that this more general quality is the core of art.* (p.6)

Layton's attempts to define art shed some light but still fail to say what art actually *is*, nor do they accommodate the contradictory facets of art. He is aware that 'the core of art' eludes him; yet within his alternative definitions of art may be glimpsed both the origins and potential resolutions of some of the current debates surrounding art within the area of this study.

In *The Prehistory of the Mind* archaeologist Steven Mithen (1996) draws (with reservations: p.13; p.45) on evolutionary psychology's modular concept of the human brain (Tooby & Cosmides, 1992). He proposes an evolutionary framework that would embrace Aristotle's concept of the human potential to perceive 'similarity in dissimilars'. Mithen describes the use of analogy and metaphor as *the essence of human creativity* in which *experience gained in one behavioural domain can influence that in another* (p.71). Acknowledging Koestler (1975) and Boden (1990),

he writes that *when thoughts originating in different domains can engage together, the result is an almost limitless capacity for imagination*. Mithen defines this linking up of different mental domains as *cognitive fluidity* (p.71).
Mithen contends that there are three cognitive processes critical to making art: the mental conception of an image; intentional communication; and the attribution of meaning; and that these processes were all present in the early human mind, latent in what he describes as the three domains of *technical* intelligence, *social* intelligence and *natural-history* intelligence respectively. Quoting Gardner (1983) he acknowledges that *the creation and use of visual symbols requires that they function 'seamlessly' and smoothly together* (p.154); and that for this process to work would *require those links across* [Mithen's cognitive] *domains* (Karmiloff-Smith, 1992) referred to above.

Mithen traces these changes to an increase in human brain size that began some 500,000 years ago. The enlarged brain resulted in an extension of the period between birth and maturity, thus providing the time for connections between specialised intelligences to be formed within the mind (p.193). The outcome of these changes was the *cultural explosion* (p.162, citing Sperber, 1994) that occurred in the Upper Palaeolithic (between 60,000 and 30,000 years ago) when humans began making dwellings, adorning these with paintings and carved figures, and sewing clothes with needles made from bone (Mithen, p.22).

According to some authors, the increase in brain size described by Mithen may also be linked to the emergence of the state of consciousness known as schizophrenia. The views of Horrobin (2001), Jaynes (1976) and others on the relationship between the origin of the enlarged brain, human creativity, art and madness are outside the scope of this study; so too is the equally controversial theory of Sass (1994) that schizophrenia is a modern - if not a modernist - phenomenon.

Mithen (*op cit*) summarises that *consciousness adopted the role of an integrating mechanism for knowledge that had previously been 'trapped' in separate specialized intelligences* (*ibid*: p.794), concluding that 'cognitive fluidity' is *the defining property of the modem mind* (p.210), in that it enables the deployment of analogy and metaphor, which pervade every aspect of human thought and which, he suggests, lie at the heart of art, religion and science (p.215).

Mithen describes how this ability enabled technologies which could solve problems, store information and communicate messages. Observing that the elaborate designs adorning many tools of the Upper Palaeolithic make it difficult to determine what is 'art' and what is a 'tool', he reasons that these artifacts are evidence of the eroding boundaries between cognitive domains; they are exemplars of cognitive fluidity. He suggests that many of the art objects of this era can be thought of as a new type of tool: one for storing information and for helping to retrieve information stored in the mind (p.170); they were indeed *tools with which to think about the natural world* (p.173).

Frances Kaplan (2000), an art therapist, relates anthropologist Alexander Alland's view (1977) that art making is a byproduct of other developments which have selective value, chief among

which Alland lists play and exploratory behaviour, verbal communication and the capacity for perceptual discrimination - and to which evolutionary biologist Sam Brown (2001) adds creativity (which he calls *cleverness*) and social and sexual selection. Kaplan describes how play and exploration prepare the young for adulthood by providing opportunities for developing skills and abilities; how communication is essential for the forming and sustaining of social groups; and how perceptual discrimination

> *not only facilitates navigation of the natural environment but also, by means of pattern recognition such as recognition of faces and facial expressions, eases the way through the social milieu* (p.56).

It has been seen how the academic domains of anthropology, archaeology and evolutionary psychology have sought to describe *how* art evolved - but what about *why*? It is becoming clear that no definition of any usefulness to the purposes of this study will be possible until it is asked *why* such a bewildering and sometimes contrary suite of activities should have evolved in one particular mammal. Only by satisfactorily answering this question may one begin to consider what advantages and benefits the activity might bestow; *if* it's so good for us, *why* are we not *all* at it? And if we *were* all at it, would that diminish our cultural capital or evolutionary advantage, or augment it? Might a more universal engagement in the arts not provide a level playing field, a new platform from which to evolve to a higher cultural plane from which further creative flights might be made? And might not a widespread attainment of enhanced cultural capital foster greater excellence, in the long run - rather than (as is feared by commentators such as Loppert, 1997) diminish humanity's artistic wealth? And, finally, to what extent will universal engagement in the suite of activities known as 'the arts' foster a more general and widespread emotional well-being? And, conversely, to what extent may the denial, suppression or unawareness of the creative impulse impact negatively on the mental health of the human animal?

But perhaps Gombrich was right; there may be no such thing as art. Yet, as Alland, Mithen and others suggest, might there be some wider identifiable activity that embraces what we have come to understand as 'art' and yet is described by a term less global than 'creativity'? Is there an overarching concept that allows for the apparent contradictions of art as well as revealing its 'core'? In order to see the wood for the trees it may help to examine a long-term evolutionary view that attempts to explain *why* art happened; this may be useful later when examining connections between art (whatever we mean by it) and well-being.

Layton (*op cit*) suggests that the problem of defining art revolves around the *imprecise boundary between art and non-art*. In adopting a Darwinian approach to the question of art, the ethnobiologist and art writer Ellen Dissanayake invokes evolutionary biology to generate a comprehensive theory that obviates Layton's boundaries, begins to explain the *why* and *what for* of art, and finally suggests a readable map for this study.

In *'Homo Aestheticus'* (1995) Dissanayake is clear in her analysis of the 'problem' of art:

> *Looking at the plural and radical nature of the arts in our time, aware of the economic ramifications where canvases may be "worth" millions of dollars and where critics, dealers, and museum directors rather than artists or publics largely*

> *decide this value, philosophers concerned with art have concluded that art no longer exists (if it ever did) in a vacuum or ideal realm for its own sake, with its sacred essence waiting to be discovered, but must be considered as it appears in and is dependent on a particular social context. In a postindustrial, postmodern society, an art world (or "artworld") determines what "Art" is and what is "Art." It exists, if at all only as a socially and historically conditioned label* (p.41).

She points out how in premodern and indeed in most modern societies the arts are associated with human ceremonial and ritual (p.46). She uses the term 'species-centred' *to suggest that our evolution as a species unifies us as much as or more than our cultural and individual variability divides us* (p.227, n1).

Dissanayake's view that art is a human trait which is primarily biological

> *reveals that the aesthetic is not something added to us — learned or acquired like speaking a second language or riding a horse — but in large measure is the way we are, Homo aestheticus, stained through and through* (p.xix).

Her biological approach sees art

> *not as an entity or quality but instead as a behavioral tendency, a way of doing things. This behavioral tendency is inherited and thus both indelible and universal. That is to say, it is not the exclusive possession of just a select few; rather, like swimming or lovemaking, art is a behavior potentially available to everyone because all humans have the predisposition to do it* (pp. 34/35).

In her earlier book *What Is Art For?* (1988) Dissanayake proposes that the arts are a way of making important things and activities 'special'. This concept of 'making special' places the emphasis on art as a *behaviour* that was selected for its evolutionary benefits, rather than on art as product.

'Making special'

> *explains how a concept of art can comprise such variety, even contradiction. Art may be rare and restricted, as modernists believed, or liberating and problematizing, as postmodernists argue. It may be well or poorly done; it may be an individual original creation or a manifestation of a codified historical or regional tradition. It may require talent and long specialized training or be something everyone does naturally much as they learn to swim or cook or hunt. It may be used for anything, and anything can become an occasion for art. It may or may not be beautiful; although making special often results in "making beautiful," specialness also may consist of strangeness, outrageousness, or extravagance. As making special is protean and illimitable, so is art* (1995, p.58).

Dissanayake believes that the separation of 'fine art' from 'making special' in western and western-influenced societies is a cause for concern. She explains how a process that began in the eighteenth century led to a situation in which the appreciation of art became

> *... an elite activity, requiring an apprenticeship and dedication not unlike that of the artist. Never in question was the "high art" assumption that works of art — no matter how strange they looked or how unskilled they seemed to be — were conduits of*

> *transcendent, supernal values, of truths from the unconscious, expressions or revelations of universal human concerns that the artist was uniquely endowed to apprehend and transmit* (p.98).

She illustrates this process by quoting Danto (1986, p.111) on how, by becoming more and more dependent upon theory for its existence, 'art' has

> *finally become vaporized in a dazzle of pure thought about itself, and* [remains] *as it were solely as the object of its own consciousness* (Dissanayake, 1998, p.208).

The relevance of Dissanayake's views to this study becomes clear as she pleads for a restoration of what she describes as the *faculty for making and expressing specialness*:

> *... if we step outside our blinkered Western modernist and postmodernist paradigms where art is either grand, rare, and intimidating, or socially constructed, slick, and provocative, it should be possible to accept the larger, more inclusive entity, making special (including art, ritual, and play) as a universal behavior. That is, by expanding our notion from "art" or even "art as making special" to "the faculty for making and expressing specialness," we can understand in a humanly grounded and relevant way how "the arts" (instances of making special) originally arose and why they not only enhance our individual lives as Homo Aestheticus, but have been essential for our evolution as a species ... it is not art (with all its burden of accreted connotations from the past two centuries) but making special that has been evolutionarily or socially and culturally important. That is to say, until recent times in the West, what has been of social, cultural, and individual evolutionary importance in any art or "work of art" has been its making something special that is important to the species, society, or culture* (Dissanayake, 1995, p.56).

Evolutionary biologist Sam Brown (2001) of the University of Texas in Austin finds Dissanayake's proposition *a bit flimsy,* wondering what advantage from an evolutionary biology perspective 'making special' actually confers on its practitioner*:*

> *what does 'making special' <u>do</u> in a biological context?. I find Ridley's [1993] (and others') model of intelligence / creativity more seductive, a model which would view 'making special' as an artifact (geddit?) / incidental effect / emergent property of individual selection for creativity ('making special' sounds like a collective or group trait, and as such less amenable to selection, even if beneficial to the group)*.

And yet so far Dissanayake's concept is becoming a useful one for this study in that it echoes the views of many arts practitioners who have agonised over the relationship between 'fine' art and participatory arts-for-all, and between 'quality' and 'participation':

> *I think our understanding of art as a human behavior would improve if we altogether banned the word art in its singular, conceptual form, just as we no longer find it useful to invoke a broad term, vapours, for diverse complaints that gain nothing by being clumped together* (p.57).

Hans Prinzhorn (1886-1933) was an art historian and psychiatrist who studied the art of mental patients. In *'The Artistry of the Mentally Ill'* (in German: *Bildnerei Der Geisteskranken*), Prinzhorn

anticipates Dissanayake when he writes:

> *The word 'art' includes a value judgement within its fixed emotional connotations. It sets up a distinction between one class of created objects and another very similar one which is dismissed as 'nonart.'* (1922, English translation 1972, p.v)

Prinzhorn's solution to this problem was to use the word 'Bildnerei'. Brockdorf, translator for the 1972 English edition of Prinzhorn's book, rendered 'Bildnerei' as 'artistry' - a word that today has as much (if not more) baggage than 'art', with its suggestion of a precious skill and refinement that was far from what Prinzhorn intended. In his footnote to the above quotation Prinzhorn suggests a definition of 'Bildnerei' that today might be translated into English as 'form-making' from the original meaning of the German word 'bilden': 'to form'.

The transliteration suggested here of Prinzhorn's 'Bildnerei' as 'form-making', with its dual connotations of '*making* form' (*out of* something) and '*giving* form' (*to* something) comes closer to Dissanayake's concept of 'making special'. Prinzhorn emphasized that *no artistic value judgments are implied when we call objects ... Bildnerei* (p.1, n1).

There is really no such thing as Art. There are only artists (Gombrich, *op cit*). But perhaps there is *making special* - which may be the elusive behaviour that will enable each of us to become the artist that Joseph Beuys proclaims us to be (see below, next section). Of course we may not all be 'good' artists in the current meaning of the term; the 'good' artists may be those who develop to a higher degree the cognitive fluidity that defines the modern mind (Mithen, p.210) and (according to Mithen) the key to art, religion and science (p.215).

Reference will be made throughout this study to the writings of Prinzhorn and Dissanayake. Prinzhorn has been little known to the public but he was, as John MacGregor (1989) relates in *The Discovery of the Art of the Insane*, an essential but generally unrecognised influence on 20th century artists from Klee and the expressionists to the Surrealists and Dubuffet, Art Brut and Outsider Art. Dissanayake's writings too are finding an increasing resonance with artists, art therapists (such as Kaplan, 2000, pp.57-61) and writers on art (such as Gablik, 1995, pp.37-55) who seek a societally-focused alternative to élitism, modernism, postmodernism and other 'isms'. Finally, it is Dissanayake's biological view of an essential and essentially human behaviour encompassing art and defined (effectively though perhaps clumsily) as 'making special' that informs this study.

While Sam Brown (2001) endorses Dissanayake's *art as behaviour* viewpoint, he concludes:

> *Of course Gombrich can still be right in the sense that art is a hopelessly laden, synthetic concept, defying any simple theory or set of theories with exceptions.*

Is **art**, then, an adverb, as John Hyatt proposes (conversation with author, 2001) and Gombrich implies? If so, perhaps Bierce's definition could be rewritten thus:

> **Art**, *v*. This word has multiple exceptions.

Or is art therapy?

MENTAL HEALTH & MENTAL ILLNESS

> *mental illness is a metaphorical disease*
> Thomas Szasz (1972, p.11)

Defining mental illness

One might paraphrase Gombrich and say there is no such thing as mental illness; there are only those who experience emotional distress. In western societies this distress has taken forms which have been labelled variously as possession, madness, insanity, dementia, hysteria, psychosis, mania, neurosis, schizophrenia, anxiety, depression and other terms more or less arcane or pejorative. This labelling is often applied to the individual experiencing distress: such a person may be labelled a madman, a schizophrenic, a manic depressive or a neurotic.

It has been difficult enough to arrive at an almost workable definition of the sphere of human activity known as 'art'. It is no easier to define 'mental health' and 'mental illness'. The former term is even sometimes used as a euphemism for the latter; and the latter is avoided by the growing number of mental health service users and workers who do not subscribe to the notion that emotional distress is indeed an 'illness'. A further and related reason for the falling into disuse of the term 'mental illness' is the stigmatising effect that such labelling is felt to engender.

Offering several possible definitions of 'mental health', Wootton (1960) concludes that

> *whichever way ... the problem may be approached, no solid foundation appears to be discoverable on which to establish the propositions* [as] *formulated* (*op cit*, p. 469).

Déja vu! The search for definitions to encompass mental health and mental illness is apparently as problematical as the quest for a definition of art:

> *Some authorities regard the concept of mental illness as a myth while others, by contrast, consider that the majority of seemingly normal people suffer, often unknowingly, from psychiatric abnormalities amenable to treatment. Furthermore, some believe that psychiatric disorders are simply mental equivalents of physical diseases, while others argue that there are as many sorts of psychological problems as there are individuals who suffer from them* (*op cit*, p.470).

In the meantime the World Health Organisation (WHO) estimates that as many as 1,500 million people worldwide may be suffering at any given time from some kind of *emotional distress*. Acknowledging that *mental health is a complex phenomenon which is determined by multiple social, environmental, biological and psychological factors* (WHO, 1996), the WHO estimates that mental disorders constitute five out of the ten leading causes of disability:

> *Mental illness accounts for a significant proportion of disability due to disease and imposes a heavy burden in terms of human suffering, stigmatization of the mentally ill and their families, and direct and indirect costs* (WHO, 2000).

About one-in-eight people in the UK consults a GP for emotional problems in any one year. About 10 per cent of these may be referred to a psychiatrist and, whilst most will be treated as out-patients, some will be admitted to hospital. So even though out of all the people who seek medical help for emotional problems only a small minority actually become inpatients in a psychiatric unit, it is all the more striking that psychiatric patients occupy nearly half of all the hospital beds in Britain and in most other industrialised nations (Wootton, 1960, p.470).

Defining mental health

But what is mental *health*? Acknowledging that definitions vary according to the values prevailing in any particular culture and time, Wootton expresses the view that in western societies today someone may be said to enjoy mental health if they have

> *the capacity to co-operate with others and sustain a close, loving relationship, and the ability to make a sensitive, critical appraisal of oneself and the world about one and to cope with the everyday problems of living* (*op cit*, p.468).

The extent to which participation in the arts may contribute to the fostering and sustenance of these capacities and abilities is the question central to this study.

The UK Health Development Agency (HDA) defines mental health as

> *the emotional and spiritual resilience which enables us to enjoy life and to survive pain, disappointment and sadness. It is a positive sense of well-being and an underlying belief in our own, and others' dignity and worth* (HDA, 2001).

whilst the WHO describes it as

> *not just the absence of mental disorder ... but ... a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community* (WHO, 1999).

Buckley (1997, p.8) cites further attempts at a definition, beginning with Jahoda's (1958) identification of *growth*, *development*, *self actualisation*, *integration*, *autonomy*, *perception of reality*, and *environmental mastery*; Tudor's (1966) reference to *harmony*, *personal growth*, *development*, *maturity*, a *sense of coherence*, the *capacity to live life to the full*, *to love*, *to creat*e; and the inclusion by Buckley (1993), Money (1992,1996) and Bailey (1997) of the spiritual dimension in terms of *harmony*, *happiness* or *peace*.

However, it has been argued, by Gablik (1995) among others, that westernised societies militate against the actualisation of 'mental health' according to any definition of the term outside of material 'success' for the few. The 'freedom to choose' lifestyle that the above authors seem to

see as a prerequisite for mental health simply doesn't exist for huge sectors of society. As Buckley (*op cit*) says:

> *For those living in poverty choices are extremely limited, and in the daily struggle to make ends meet there may be little time, energy or willpower to consider nourishing the spirit, feeding the soul or living life to the full* (p.8).

Buckley is critical of what he sees as an over-emphasis in western societies on individualism and freedom, considering its inherent de-emphasis upon the social to be a serious impediment to the mental health of society and its members in that it reinforces a selfish focus on materialism and personal well-being (p.9).

Buckley is one of a growing number of authors (see also Hinman,1994, and Etzioni, 1993) to support a return to Aristotelian ethics of personal and communal responsibility as the only way to achieve general mental health (p.9). She cites Wilkinson's assertion (1996) that egalitarian societies are more socially cohesive and suffer fewer of the corrosive effects of inequality, whilst (perhaps reassuringly) enlisting Seidler (1994) and Arblaster (1984) to warn against the dangers of losing freedoms and reanimating totalitarianism (p.10).

It seems appropriate for the purposes of this study, with its focus on participatory arts in the spirit of Dissanayake's (1988) 'making special', to accept the WHO definition of mental health as that state of well-being in which a person *realises his or her own abilities, ... can work productively and fruitfully, and is able to make a contribution to his or her community* (WHO, 1999); for with its emphasis on a balance between self-awareness and altruistic action, this definition implies that it is by making a creative contribution to human society and by interacting with the world around us - taking perhaps a step beyond Jahoda's (1958) *environmental mastery* towards a more dynamic ecological inter-relationship - that the human animal may enjoy real mental health.

Although this study adopts the WHO's term *emotional distress* in preference to the medically oriented term *mental illness*, it might not be appropriate to abandon yet all attempts to define *mental illness* before a number of diverse and significant cultural factors have been discussed that argue against the adoption of any universal definition based on that peculiarly western concept of 'mental illness'. This philosophical and semantic dissonance is a theme which runs throughout this study.

Responses to emotional distress

Crown (1987) observes that the provision of proper care for the mentally ill has been a problem for centuries:

> *There is no right solution for the size and nature of the problem changes according to society's definition of mental illness and its tolerance of unusual behaviour among its members* (p.475).

It has been observed above that there is no generally accepted definition of ‘mental illness’. A significant reason for this may be that there is no consensus as to whether such a condition actually exists. Crown (*op cit*) describes how the medical model of ‘mental illness’ - dominant in the UK and in most western and westernising societies - sees emotional distress in terms of symptoms and signs arising from *a pathological process for which medical diagnosis and treatment are thought to be appropriate* (p.475). The medical model has come under increasing attack from those who consider that much distress is related to social or environmental factors; and whilst

> *... doctors have not rejected this view,* [they] *have tended to extend their areas of interest to incorporate such fields as marital disharmony for which a purely medical model is inappropriate. This extension of medical activity into fields which would previously have been the province of other groups such as priests, with its implied extension of the range of 'mental illness', has to be taken into account when planning medical services* (p.475).

The psychiatrist Thomas Szasz (1972) famously said that mental illness is a ‘myth’. R.D.Laing (1960, 1978) argues that insanity is a logical response to social pressures. Smail (1998), among others, proposes that it is by challenging and seeking to change the social environment which is the cause of so much emotional distress - rather than by submitting passively to the therapist - that one can attain mental health.

Neander (2000) writes of the shifts in attitude to the ‘mentally ill’:

> *The mad were once thought to be wicked or possessed, whereas now they are generally thought to be sick, or mentally ill. Usually, this is regarded as a benign decision by a more enlightened age, but some see it as a double edged sword - one that simultaneously relieved and robbed the mad of responsibility for their actions, eventually delivering more compassionate treatment, but also disguising value-laden judgments as objective science. The issue is made more difficult by the diversity of conditions classified as psychiatric disorders, and by the extent to which their causes are still ill understood. But the difficulty is also conceptual: what, after all, is physical illness? People usually agree that it involves abnormal body functioning, but how do we decide what is normal functioning? And even supposing that we know what we mean by a sick body, is there a parallel notion of a sick mind that is more than metaphor?* (p.564-65).

In non-western societies many forms of emotional distress may be experienced in terms of spiritual crisis, in which psychic or spiritual imbalance may be restored by ritual and community involvement. Indeed this concept of spiritual crisis, in which disturbing feelings can become gateways to enlightenment (eg: Shingler, 1999), is finding a place in western societies wherever people feel that the medical model is woefully inadequate to people’s needs and persistently ignores the inherently powerful opportunities for personal growth (Gof & Gof, undated, in author’s possession; Snow, 1997). The concept of a person’s spiritual crisis as being the concern of their community begins to suggest an opportunity for striking a balance between, on the one hand, the focus on the individual that concerns

Buckley and others (see previous section); and, on the other, the engagement of the community in validating the individual's experience and, in the process, potentially in effecting cultural change.

In a study of a recently evolved phenomenon among Sri Lankan Hindu-Buddhist ecstatic priests and priestesses of the growing of long locks of matted hair, the anthropologist Gananath Obeyesekere (1981) demonstrates an inter-relationship between the disturbing life experiences of eight urban dwelling individuals; the resolution of their experiences in the devising, enactment and refinement of innovative ecstatic practices; and the process of acceptance and absorption of the meanings of such practices into the wider culture. Comparing this Sri Lankan personal manifestation of (and cultural response to) emotional distress with the western response - and offering, by the way, a corrective to Szasz's western-centric exposition of his otherwise arguable case - Obeyesekere writes:

> *Take the case of a patient in middle-class American society who says he is possessed by a demon. The society has secularized demons and banished them from its behavioral universe, and therefore the patient cannot establish any meaningful communication with his doctor or his fellows. The patient is expressing a fantasy, and this fantasy in turn is treated as a sign of deep malaise. The patient must therefore remain in isolation from his fellows, generally in a hospital, unlike the former case, where an interpretation of illness in a demonic idiom helps the individual relate his illness to his culture and his group. Thus, contrary to Szasz, it is in non-Western cultures that mental illness is a myth, in its profound anthropological sense (Szasz 1961). This mythic or symbolic dimension of illness helps the person afflicted with mental illness, tension, or turmoil to cope with his estrangement that is, the breakdown of his relationship with significant others* (pp.103-4).

The western response to emotional distress has been to call it 'mental illness' and thus render it pathological and apparently purposeless. Citizens of western societies collude helplessly in this scenario, possessing as they do neither a vehicle nor a shared cultural framework within which to address their psychic perturbation. This study explores how the arts are being recommissioned in the service of our psychic wellbeing and in the making sense and the alleviation of our distress.

Sam Brown (2002) suggests an avenue for further study when he wonders whether the discipline of evolutionary psychology has come up with an 'adaptive' (purposeful) account of the symptoms of mental illness, *as say a self-healing adaptation, an immunology of the mind.*

Delivering mental health care

The author's experience in the field (see below, Ch.5) leads to a contention that 'mental health care' is a modern euphemism for 'mental illness care'; a mental health service is quite obviously a

mental illness service. Such services are staffed predominantly by experts trained in a bewildering kaleidoscope of ‘therapies’ in which professional expertise is deployed towards an often confused or bemused ‘patient’, ‘client’ or ‘user’. This professional expertise ranges from the prescribing of drugs to talking treatments, from activity-based therapies to behavioural modification.

Whilst pharmaceutical advances have led to a significant reduction in the need for hospital based services, there has been a corresponding increase in consultations with GPs on account of the availability and comparative safety of mood-enhancing drugs such as Prozac. At the same time a growing awareness of the side effects of many drugs has increased the demand for ‘talking’ treatments (Crown, p.475).

The factors affecting the planning of services are disconcertingly complex and variable. As Crown states, with a delectable unconscious irony, decisions *cannot be reached entirely rationally: in many cases, there is little evidence to support one view or another* (p.475).

The move towards care in the community has meant that it is difficult to provide people living in small groups with the range of support and activities which can be offered in an institution.

> *When it is practical to offer such facilities in the community, the dispersal of the patients means that the cost of the services is much higher than the cost of an equivalent level of care in a hospital. The policy of transfer from hospital to community care is based on clinical and humanitarian arguments, but much support for it derives from the assumed financial savings. It is now clear that mentally ill people based in the community, receiving services funded at a lower level than hospital services, are at grave risk of 'community neglect' rather than 'community care'* (p.475).

Rehabilitation has been neglected in the past. With a hint of recognition that western psychiatry may for too long have been putting the medical horse before the social cart, Crown recognises that

> [if]*, in general, the objective of treatment is to maximize the patient's independence, it is clear that exclusively medical services are inadequate, and must be complemented by help with social and employment problems* (p.475).

The ways in which artists have been increasingly involved in (at least) ameliorating and (at best) challenging what the manager of Central Manchester’s mental health services described as *some of the impasses of community care* (Butler 1995) alluded to by Crown; and some of the implications for the subject of this thesis of the ways in which recent government policy has begun to recognise the potential role of the arts in the fostering social inclusion, are discussed later.

ART IN HEALTHCARE

Baron (1999, p.4-23) gives a concise history of the ways in which prestigious works of art have been incorporated into British hospitals from the 14th century onwards, whilst Senior and Croall's more general history (1993) focuses on those *participatory* arts projects that have arisen since the mid 1970s and in which artists work directly with health care staff and patients. Senior and Baron occupy sometimes apparently opposed segments of a spectrum that ranges in emphasis from participation to quality. This spectrum is introduced below and is one of the threads that will be examined progressively throughout this study.

The wide range of arts activities in the UK health services is delivered through partnerships between health, arts and development agencies in both state and voluntary sectors, and practically between artists, patients, staff and communities. These activities include performance, artists' residencies, arts programmes integrated into healthcare, environmental and decorative arts schemes, participatory arts projects, the arts therapies, issue-based and campaigning work, and opportunities for people with mental health problems to participate in all these approaches as well as engage in personal development and self expression (Brown, 1998).

The National Health Service (NHS) was launched during what Baron (1999) describes as a period of *fifty years of dismissal* of architectural adornment (pp.10-11). Amidst this material environment of austerity in the late 1940s art 'therapy' studios were set up in a small number of hospitals (Waller 1991, ch.1). In 1959 'Paintings in Hospitals' introduced the loan of work by contemporary artists to hospitals (Eban, 1997, pp.36-37). In the 1970s Peter Senior founded the seminal Hospital Arts Team at St. Mary's Hospital (Coles, 1981, pp.23-31), and Gina Levete founded the Shape network to link artists with people in institutions such as prisons and hospitals (Senior & Croall, 1993, p.13).

By the 1980s a vigorous community arts movement (Morgan, 1995, pp.16-26) had become the catalyst for a divergence in the arts in healthcare; between the prestigious, more formal and self-proclaimed élitist strand on the one hand, as represented by Baron (1999) and Loppert (1997); and the participatory and activist approach on the other, as epitomised by Lime (Brown, 2000, p. 35) and the Northern Disability Arts forum (NorDAF) (*ibid*, p.51) respectively. In 1982 art therapy gained recognition from the NHS as a professional discipline (Waller, 1991, p.215) and was finally accepted onto the register of the Council for Professions Supplementary to Medicine (CPSM) in 1997.

Artists are at work in all domains that relate to health in its widest sense. Some groups (such as Celebratory Arts) work on health promotion and community development issues (Blee, 1997, pp. 116-121); others (such as the members of NorDAF) align with the increasing activism of the disability movement (Brown, 2000, p.51) or, in the case of *i am*[2] , with the problems faced by people who use mental health services (Verrent, 1999, p.8); others again are involved at the design stage of new hospitals (Burton, 1997, pp.74-78). Some are engaged in economic,

[2] **Inspired Arts Movement**: the uk national forum for the arts in mental health

environmental and ecological concerns that call for radical cultural shifts to sustain humanity and the world (Gablik, 1995; Safe, 2001); whilst others focus on the aspirations of elders (Brown, 2001). And, finally, there are those individual artists whose work communicates their own (Shingler, 1999) or others' (Farrer-Brown, 1999, pp.129-138) experience of psychic difference or health care respectively.

The arts in healthcare in the UK are funded from a variety of sources: NHS purchasing and provider authorities; local and national government in the form of the national and regional Arts Councils, and local government authorities; development and advocacy agencies; grant making trusts; corporate sponsorship; the National Lottery; and local fund raising campaigns all make contributions (Brown, 1998).

Early in its tenure the 1997-2001 Labour government recognised the value of the arts to a healthy society, with the then Arts Minister Mark Fisher affirming that the *work of artists is central to all the key projects of the government. ...* [the arts] *are at the centre of development, employment, and regeneration* (Fisher, 1998).

The government recognises the role of the arts in helping to foster social inclusion and health (DCMS, 2000). The Department for Culture, Media and Sport's (DCMS) White Paper *the People's Lottery* identifies arts and health projects as potential recipients of New Opportunities Funds as components of Healthy Living Centres. The paper cites the West End Health Resource Centre in Newcastle upon Tyne as an excellent example of a Healthy Living Centre, and lists among its services *projects linking arts and health* (DCMS, 1997, pp.14-15). The Green Paper *Our Healthier Nation: A Contract for Health* cites the Bromley by Bow Centre in Tower Hamlets as *an integrated community project on four key areas of health, education, arts and the environment* (Department of Health 1998 p.47). The role of artists in advising the government on the ways in which the arts can help foster inclusion is evident from the Policy Action Team (PAT) process. Indeed, PAT 10's report to the Social Exclusion Unit on *Arts and Sport* (DCMS, 1999) recommends

> *that the Department of Health should encourage health authorities, NHS trusts, primary care groups/trusts and Health Action Zones to use artistic and sporting approaches to preventing illness and improving mental and physical health. A potential way, of taking this forward could be through the Healthy Living Centres funded by the New Opportunities Fund. (p.54)*

In 1983 a Department of Health and Social Services (DHSS) report had found over 50 NHS hospitals in England that made use of the arts (Coles, 1983). Less than ten of these were mental hospitals. By November 1997 - eighteen months into the period of this research and six month's into the new Labour government - a thumbnail survey found over 150 arts and health projects operating on a monthly basis throughout the UK, with over 64 arts coordinators, and with £2.5 million raised annually to support this work. Arts for Health (see below) estimated that over the period 1987-1997 in excess of £15.5 million had been raised to support arts in health care schemes (Arts for Health, 1997). By 2000 the *i amDirectory* (Brown, 2000) described the work of over 120 individuals, groups and organisations active in the field of the arts and mental health in the UK.

THERAPY

The Concise Oxford Dictionary (1995) defines *therapy* as

> ***1*** *the treatment of physical or mental disorders, other than by surgery.*
>
> ***2*** *a particular type of such treatment.*

It defines *therapeutic* as

> ***1*** *of, for, or contributing to the cure of disease.*
>
> ***2*** *contributing to general, esp. mental, well-being.*

Synonyms listed by the Oxford Thesaurus (1991) for *therapy* are

> ***1*** *remedy, treatment, remedial programme, cure; ...*
>
> ***2*** *psychotherapy, psychoanalysis, analysis, group therapy;*

and for *therapeutic*:

> *therapeutical, healing, curative, remedial, restorative, salutary, health-giving, healthy, beneficial, corrective, salubrious, medical, medicinal.*

It will be seen that *therapy* is not defined in terms of healing, but of treatment and cure; a definition that implies a relationship between the *active* therapist and the (by definition) *passive* patient.

Non-therapy artists and arts workers in the health field have never claimed that their work is *therapy*, but are happy if it is found to be *therapeutic* (see, for example, the entry for *Lime* in the Directory in the Appendix); professing no intention to *treat* or to *cure*, they nevertheless believe that art is *healing*, and that it contributes to *general, esp. mental, well-being*.

The principal types of therapy

Art Therapy is examined in detail in Chapter 2.

Occupational Therapy (OT) uses self-help, work, recreational activities, and 'meaningful occupation', usually as part of rehabilitation programmes. OT may incorporate arts and crafts activities as well as living skills (Encyclopedia Britannica, 1997).

Diversional Therapy, which sometimes operates within OT although many OTs are disparaging of the term, works on the basis that the mind cannot think two thoughts at once. It involves activity to keep a patient interested over a long period of time, thus diverting his or her attention from problems. This often involves recreational and crafts activities (see Friedland, 1988; case study, below, Ch.6).

Industrial Therapy (IT) creates 'realistic' (Hogan, 1993) and structured working environments for patients and often involves some financial reward. A typical IT unit may make laminated signs for hospitals and provide in-house printing services to the NHS.

The **Psychodynamic therapies** derive from psychoanalysis, where the therapeutic process occurs within the relationship between patient and therapist; the so-called 'therapeutic alliance' (Encyclopedia Britannica, 1997). Psychotherapy is one of the psychodynamic therapies.

Therapy under fire?

There are a lot of therapies. A desultory scan of a few indexes and the author's experience bring to light the following by no means exhaustive list:

aromatherapy
art therapy
aversion therapy
behaviour therapy
canine therapy
carbon dioxide therapy
client-centred therapy
co-therapy
cognitive therapy
complimentary therapy
confrontation therapy
crystal therapy
dance therapy
directive therapy
diversional therapy
drama therapy
dream therapy
drug therapy
dynamic psychotherapy
eclectic therapy
electro-convulsive therapy
Ericksonian hypnotherapy
family therapy
feminist therapy
gestalt therapy
group psychotherapy
group therapy
growth therapy
hypnotherapy
implosion therapy
incest-perpetrator therapy
incest-survivor therapy
industrial therapy
logotherapy
marital therapy
moral therapy
music therapy
non-directive therapy
occupational therapy
organic therapy
person-centred therapy
pet therapy
psychotherapy
punishment therapy
radical therapy
rage reduction therapy
rational emotive therapy
regression therapy
retail therapy
sex therapy
sleep therapy
social therapy
talking therapy
trauma therapy
Z-therapy

The concept and practice of therapy itself, and particularly psychotherapy, has been criticised on the grounds that it inevitably gives rise to a hierarchical relationship between the 'superior' therapist and the 'inferior' patient (Rowe, 1990, p.13).

Therapy is arguably a devalued word that serves often to give a respectable pseudo-clinical gloss to any number of treatments of disputable benefit (see Smail, 1998; and below, Ch.2, for the views of the founding fathers of art therapy concerning the word *therapy*). Masson (1990) delivers a sustained polemic on the foundations of modern psychotherapy, arguing that the discipline aims to change people and is therefore open to abuse because it is based on the idea that the therapist, as a result his or her beliefs and training, knows best. Masson's conclusion that therapy *displays a lack of interest in social justice ... an implicit acceptance of the status quo* (p.285) is picked up by Smail (*op cit*), who argues that it is often not through the inward looking process of psychotherapy that we break out of emotional distress, but rather by working to change the world rather than the self (p.208).

Anais Nin describes the intrusiveness of her therapist and her sense of being oppressed (Meares & Hobson, 1977). In *The persecutory therapist*, Meares & Hobson (*op cit*) identify several aspects of therapy that may give rise to a client's feelings of persecution: *intrusion*, *derogation*, *invalidation of experience*, *opaqueness of the therapist*, *the untenable situation*, and *the persecutory spiral*.

James Hillman, himself a psychotherapist, is deeply critical of his own profession. Gablik (1995) describes his view that *psychotherapy is working only on the 'inside' soul, but meanwhile, outside, the buildings are sick, the schools, the streets - the sickness is out there* (p.177; and cf below, pp.45/46 on Joseph Beuys). Hillman calls for a truly *aesthetic* response to the world - by which he does not mean a rarified and distancing appreciation of beauty, but rather an active dialogue with existence; the Greek *aesthesis*, as he points out, means 'noticing the world' (Gablik, 1995, p.188).

No treatment, no discipline, no practice is perfect. The purpose of this section has not been to discredit the concept of therapy, but simply to clarify that the act of providing 'treatment', or 'therapy', may give rise to a hierarchical, unequal relationship between the 'expert' therapist and the *ipso facto* 'confused' client; and to suggest that such a relationship, wherever it is unequal, may potentially be inconducive to the desired goal of liberation from emotional distress. Indeed, it can arguably become a relationship that betokens a disempowerment that is ultimately untherapeutic. This dissonance is a further theme that runs through this study.

SUMMARY AND CONCLUSIONS

This chapter began by recognising the need to find a way of defining *art*, and a way of understanding its origins and function, that would embrace such diverse and often seemingly contradictory aspects as, for example, the world canon, the western 'art world', tribal art, community arts, amateur arts, romantic and classical art, and modernism and postmodernism. Dissanayake's concept of art as an evolved biological behaviour was discussed, in which she defines art as the 'making special' of our experiences. It was proposed that her term (however clumsy in itself) encompasses the different and often contradictory approaches that would be found in this study.

Mithen's concept of *cognitive fluidity* - which explained the evolution of an ability to link domains of consciousness that had previously been confined in separate, specialised mental compartments - was found to be useful in describing the processes of artistic creation.

Mental health and *mental illness* were found to be as difficult as *art* to define. The chapter concurred with the WHO's acknowledgement of the complexity of a phenomenon that could be determined only by a combination of social, environmental and biological factors, and, having more or less accepted that there is no one definition of mental *illness*, it was argued that to the WHO's definition of mental *health* be adopted, insofar as it recognised that engagement in community was central to the fostering and maintenance of mental health and in combating isolation and emotional distress.

The idea of emotional distress as *spiritual crisis*, as a gateway to personal growth, was discussed, and an example was given from a traditional society of a cultural response to circumstances that in the west would, in all likelihood, be treated as pathological.

The 'delivery' of mental health services was then considered in the light of the changes made possible by advances in pharmacology, and the gradual reduction in the side-effects of drugs was incidentally noted. The problems surrounding the discharge of people from the old asylums into a drastically under-resourced system of 'community care' were touched upon. It was noted how artists had been increasingly active in this arena, and that there was a growing recognition of the role of the arts in challenging some of the impasses of community care.

The history of the arts in hospitals and health-care generally was reviewed, with philosophies and practices described that ranged from participatory to prestige art, and it was noted that all of these approaches could be accommodated by Dissanayake's term 'making special'.

Finally, the different meanings of *therapy* and *therapeutic* were considered in terms, respectively, of *treatment* and *healing*. The range of therapies was summarised, and the chapter ended with a short review of authorities who have criticised the very concept of *therapy*.

Conclusions

Dissanayake's definition will be adopted of art as the biological behaviour, *making special*.

The World Health Organisations definition of mental health will be adopted:

> *a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.*

This thesis will go on to consider if, and if so the extent to which, engagement in art, in Dissanayake's sense, may help in building capacity both for well being and to face emotional distress, in the WHO's sense.

CHAPTER 2

THE ART OF MENTAL HEALTH

CONTENTS

ARTISTS SEEKING A ROLE

An increasing number of artists and arts graduates are seeking work in the health and social sectors. The first part of this chapter will enlist the writings of Suzi Gablik as a provisional tool to test whether this phenomenon is arising merely because more arts opportunities are being created in these sectors, or whether a more fundamental cultural change is occurring.

Art for art's sake? or art for society's sake? asks Gablik (1984, p.20), succinctly stating one of the problems surrounding the 'purpose' of art. Gablik advocates a re-engagement by artists with those social, spiritual and environmental issues whose resolution, she argues, will be essential to the future of humanity. Meanwhile, the WHO (1996) has called for

> *the development of alternative but competent mental health systems which fit national culture and which can be sustained by national resources.*

A decade after writing her critique of modernism, *Has Modernism Failed?* (1984), Gablik (1992) describes the emerging re-engagement by artists in issues relating to society, politics, community, ecology and spirituality; themes which she later explores in a series of conversations with key thinkers and artists. Indeed, it was Gablik's discussion with Ellen Dissanayake (Gablik, 1995, pp. 37-55) that prompted this writer's further study of the latter's theory of art as 'making special' (Dissanayake, 1988, 1995; and above, Ch.1); whilst Gablik's conversation with James Hillman (Gablik, 1995, pp.176-201) illuminates some of the issues relating to the concept and practice of therapy discussed above in Chapter 1 and below in Chapters 8 and 9.

In *Has Modernism Failed?* Gablik (1984) relates the emergence of modernism to the secularism, individualism, bureaucracy and pluralism of the emerging modern western society (p.16), a process resulting in the isolation both of the individual in that society and of the modern artist who 'stands alone' (p.13). Citing Lucy Lippard's attempts *to remove the modernist notion that you have to give up art to be in the world - or give up the world to be in art*, Gablik suggests that it is the community-oriented artist who avoids the pitfalls of a rarefied, commercialised art world by aiming for the transformation of society through art (pp.28-29).

The bleak alienation of both the artist and the individual in society is central to Gablik's argument in *Has Modernism Failed?* She writes of how we are *painfully aware of our separateness but have lost sight of our connectedness* (p.31), and of the extent to which

> *overweening narcissism, compulsive striving and schizoid alienation have become the dark underbelly of individual freedom in our society* (p.32).

Of the four notable aspects of modern western culture (secularism, individualism, bureaucracy and pluralism) she cites the *cultural whirlpool* of pluralism as the one most likely to counteract the *dialectical contradictions* of modernism (p.34), whilst recognising that pluralism is also a cause and a symptom of cultural stress; postmodernism being, as she says, *overoptioned* (p.75); and, with pluralism as *the norm that cancels all norms*, we can no longer rely on tradition or culture for our values (p.77); everything is provisional.

Gablik cites Erich Fromm's argument that the circumstances of modern society diminish and damage its members and produce sick people and a sick society (p.78). She considers the decline of belief as instrumental in humanity's present crisis (p.93), citing sociologists Robert Nisbet and Peter Berger's view that

> *the decline of the sacred in human affairs is the most traumatic change man has experienced since the beginnings of settled culture in the Neolithic Age* (p.94).

Within the 'mental health' context of this study, then, it is indeed ironic that it was the psychoanalyst Freud who rejected religion as *neurotic illusion*, *judging the world of myth and magic negatively as errors to be refuted and supplanted by science,* when, as Gablik claims,

> *as illusions they have been positive and life supporting, providing ... cohesion, vitality and creative powers ; and where they have been dispelled there has been a loss of equilibrium, a sense of uncertainty and nothing to hold on to* (p.94).

Gablik calls for artists to engage with the 'system', using its institutions as channels for positive change. She asserts that *we are the stewards, not the victims, of our circumstances* (p.102).

She cites Fromm on the essential human need for relatedness, transcendence, rootedness, a sense of identity, a frame of orientation, and an object of devotion (p.118), and concludes that art (at the time she was writing in the early 1980s) was showing signs of yearning once more to be a *therapeutic force* (p.123). She cites Kieffer[3] and Beuys'[4] desire to return art to its ancient healing function. Beuys' role as shaman and *pontifex* ('bridge-builder'; pp.125-26), and Kieffer's *transformation of shame into renewal* in his conversion of several former Gestapo headquarters into artists' studios (p.124), are examples of an emerging paradigm in which personal autonomy combines with social relatedness.

In her ensuing book *The Reenchantment of Art* Gablik (1995) calls for a new paradigm of engagement, connectedness and an ecologically-based spirituality to replace the modernist ethos of individualism, isolation and rationalism. She describes the work of several artists who, in the early 1990s, were re-engaging with myth, community and nature; a re-engagement that reflected a more general imperative for such reconnections as a means of restoring well-being to a culture that has increasingly embodied alienation from community, from the numinous, and from the earth. She observes a change of mood toward *a new pragmatic idealism and a more integrated value system that brings head and heart together in an ethic of care, as part of their healing of the world* (p.11).

Gablik's 'Reenchantment project' (p.48) means

> *stepping beyond the modern traditions of mechanism, positivism, empiricism, rationalism - the whole objectifying consciousness of the Enlightenment - in a way that allows for a return of the soul* (p.11).

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[3] **Anselm Kieffer** (b1945): German neo-expressionist painter who explores German history from myth and legend to the Nazi era.

[4] **Joseph Beuys** (1921-1986): German sculptor and draftsman who formulated the concept of 'social sculpture' in which art potentially drew from and impacted upon all facets of life. Believing artistic creativity to be accessible to everyone, Beuys engaged in political and ecological projects in the 1970s and 80s.

She points out that there are two versions of postmodernism: the *deconstructive* and the *reconstructive* (p.18). The deconstructive approach is *reactive*, performing the important preparatory task of exposing or demystifying modern culture; whilst the reconstructive is *active*, with the intent to heal (pp. 25-26). These approaches should be seen as complementary, each being a component of the larger project of moving beyond modernism to what Gablik describes as *reconstructive postmodernist practice* (p.27). Reconstructionists, she writes,

> *are trying to make the transition from Eurocentric, patriarchal thinking and the "dominator" model of culture toward an aesthetic of interconnectedness, social responsibility and ecological attunement* (p.22).

Gablik's summary of her analysis is pertinent to this thesis and so worth quoting fully:

> *What we clearly do not have, at this point, is any working framework for a socially or ecologically grounded art - an art that is accountable to the larger whole, in the sense of being contextually rooted in a living connection within a containing organic field. And I would submit that we* can't *have such a concept as long as we remain hooked on the myth of pure creativity and the inherent purposelessness of art for art's sake - which acquiesces willingly in the value vacuum that keeps art separate from any social, moral or practical use. We can't have such a concept as long as our idea of what constitutes 'good art' follows the patriarchal idea of an autonomous aesthetic culture that translates, finally, into the refusal to take on social tasks* (p.139).

She cites Alan Kaprow's distinction between 'artlike' art and 'lifelike' art (the 'other' tradition in modernism) (p.137) and later quotes Kaprow's view that some *lifelike art can become a discipline of healing* (p.145): and she offers Joseph Beuys' shamanic approach as a model for the artist's engagement with issues that concern the world, describing his 'social sculpture' methodology as *channelling creativity into the concrete tasks that need doing* (p.142); an approach in which artist and audience work in partnership to investigate the problems of society and the world in an ecological way (p.152), thereby *transforming the paradigm of alienation to one of healing and contact* (p.169).

Gablik readily acknowledges that a fundamental change in our aesthetic sensibilities is required for her re-enchantment project to succeed; and she believes that this new aesthetic should be based on the feminine principles of engagement, connection and care. Considering this need for a new aesthetic, one of Gablik's students, Jennifer Rochlin, writes:

> *Art as a process which helps people is far more aesthetically beautiful to me than a painting or a sculpture which is only pleasing to the eye* (quoted by Gablik, *op cit*: p.174).

But Gablik's call for an art that is *ecocentic* not *egocentric*, for art as *social practice*, not a *disembodied eye* (p.181), may not be enough by itself to overcome what Robert Bocock (1993) sees as late modern capitalism's ability to absorb and commercially exploit the desires of its opponents (p.114). But the ecologically-centred and arts-based spirituality for which Gablik calls may have to be built on foundations that are more traditional and universal. Bocock concludes, surprisingly but in a well-argued case, that the best hope of defusing the post-modern capitalist

time-bomb of human and environmental exploitation and ecological disaster may be found in a re-engagement with religion. Despite the disastrous consequences of much religious belief, he begins to suggest a possible answer to Gablik's dilemma when he points to how the religions of the world have consistently satisfied the 'desires of the unconscious' throughout human history (p. 117). Bocock counters the predictable objections to his argument - that many people today neither believe the tenets of religious dogma, nor will tolerate the reactionary codes of puritanical religious doctrine, nor could condone the support of religious bodies for the excesses of nationalism - by implying that, in view of the ecological risks of sustaining capitalist consumption, there is not really much choice; that it is only by engaging in the religious sphere that society will be in a position to challenge the unacceptable elements in religion; and that, after all, religion has in many respects fulfilled the deep human need for good. Bocock concludes:

> *It seems to be more intelligent for educated people, who see the environmental problems that modern/postmodern consumption can cause, to work with the nature-conserving components of the world religions, rather than to ignore, or even to attack, religious discourses ...* [which are] *more likely to be authoritarian, and to be negative in their social and cultural effects, if the more educated withdraw from them, or ignore them* (p.118).

Bocock thus proposes an unexpected and challenging strategy for advancing Gablik's reenchantment project; a strategy, in effect, of not throwing away the spiritual baby with the dogmatic bathwater. Following this path would, Bocock asserts, be more likely to inspire the involvement of more people globally in a process of realignment towards a more ecologically stable future.

The recognition (by Fromm, the Surrealists, Sass, Gablik, Bocock among others) that it is the society that humans have created for themselves that is the cause of so much human distress; together with the recognition of the interdependence of art, culture and society, the individual and the community; and the call from the WHO for *alternative mental health systems that fit national culture*; and the strategy of local authorities such as Trafford (see below, Ch.6) to foster *mental health promoting communities*; and UNESCO's advocacy of participation in the arts - all these interweaving themes are increasingly being addressed by artists at work in the mental health field.

Gablik ends *The Reenchantment of Art* by quoting the social ecologist Murray Brookchin:

> *it's to the "periphery" and "margins" that we must look to find the "cores" that will be central to society in the future* (p.183).

It is to one particular zone at the margins that this discussion now turns.

ARTISTS AND MENTAL HEALTH

A Directory of Arts and Mental Health in the UK (Brown, ed. 2000; for text see below, Appendix 1) confirms that many artists are indeed working 'for society's sake', responding (consciously or not) to the challenges set by Gablik and the WHO. These artists are applying and sharing their skills, fostering creativity and engagement within communities, among those who may be physically, politically, socially, economically or spiritually disadvantaged. The Directory (*op cit*) is evidence that many of these artists, working with and/or as users of mental health services, are not only challenging mental health care systems but also seeking and proposing radical alternatives. These artists prefer to engage with issues and communities rather than stand on the sidelines.

The Directory, together with the reports of two conferences organised by the UK Arts in Mental Health Forum (Verrent and Roberts, 1997; Verrent, 1999), demonstrates that many of these artists are intimately acquainted with states that they will describe variously as mental distress, spiritual crisis, psychiatric illness (labels are in flux during this time of shifting paradigms); and that they are exploring and communicating these experiences through the arts. Others work as arts therapists, enabling their 'clients' to express, come to terms with, or exorcise their distress; and, in a spirit of partnership, a growing number are working alongside people with mental health problems on projects whose primary rationale is artistic (rather than therapeutic), yet which at the same time engage with the wider society beyond the therapist's consulting room.

It is here that the growing social commitment of the arts sector echoes and responds to the expressed need of the mental health sector to foster *mental health promoting communities* (Salford and Trafford Health Authority, 1997, p.8; and below, Ch.6).

The first significant engagement of artists in the mental health care system, however, began half a century earlier, during the Second World War. After many years of struggle, this ‘first wave’ became integrated into the healthcare sector as ‘ Art Therapists’. The extent of this integration into what is increasingly seen by many as an overmedicalised system has given rise to the misunderstandings and occasional conflicts which have emerged since the arrival of the ‘second wave’, which comprised non-therapy trained artists. Artists of this new wave were no less suspicious of the mental health system than were the pioneer Art Therapists, but they are, in turn, considered by some Art Therapists to be mere psychological amateurs who may be, if not a threat to the therapists’ professional status, then a potential danger to clients. These misunderstandings are the subject of later chapters. Meanwhile, it is appropriate to take a closer look at Art Therapy.

Art Therapy

Art Therapy is concerned with the visual arts. It is one of the creative therapies (usually known as the arts therapies) that together comprise music therapy, drama therapy, and dance and movement therapy.

A conception among many non-therapy oriented artists and among those mental health service users with whom they work is that Art Therapy, almost by definition, involves the retaining of 'case notes' (as reported in Verrent, 1997, p.40) and is conducted through some form of analysis and interpretation of the 'client's' art work within a jargon-laden theoretical framework - whether one of psychoanalysis (ie. Freudian: Lomas, 2001, p.15) or of analytic psychology (ie. Jungian: see Hogan, 2001, Ch.9).

Freud was certainly responsible for the evolution of an expanding schema of symbolic meanings which, as Hogan (2001) demonstrates, gave rise, when applied to art works, to the ludicrous, patronising and disempowering interpretations by neo-Freudian psychoanalysts such as Melanie Klein, in whose approach the patient's sense of reality may be *utterly negated* (Hogan, p.68). In her critique of the disempowering effects of psychoanalysis, Hogan goes on to indict Ralph Pickford's *dogmatic interpretation* (p.72) and Grace Pailthorpe's *banal and simplistic* approach (pp.78-79). C.G.Jung, on the other hand, was more flexible; indeed, with significant prescience and an unconscious irony, he warned:

> *I can only hope that no one becomes a 'Jungian' ... I proclaim no cut-and-dried doctrine, and I abhor 'blind adherents'* (Jung, 1971).

Anticipating the conclusions that will emerge in this thesis, then, it is reassuringly evident from reading Hogan (*op cit*) and others that modern Art Therapy is a flexible, multi-faceted discipline more likely to draw (where indeed it does draw on theory) on the writings of Jung than on the doctrines of Freud.

But this was not the case in the 1960s, when a psychoanalytic ethos appeared to be in the ascendant in the British Association of Art Therapists (BAAT) (Hogan, *op cit*, p.212). Evidence that this ethos persisted through the 1970s and 1980s may be inferred, firstly, from Art Therapist Martina Thompson's (1989) plea for a return to the approach of those pioneers of her discipline who believed it was the *doing* of art that was therapeutic (a view with which many non-therapy oriented artists readily concur, as will be seen from the case studies in Part III below); and, secondly, from the suspicion and wariness with which the 1970s' intake into the NHS of non-therapy oriented artists tended to view Art Therapy - a feeling that was often reciprocated. This suspicion has persisted through a period during which two significant changes have taken place: firstly, as noted, Art Therapy has been looking towards its roots and, secondly, non-therapy oriented arts practice has become increasingly involved in issues relating to the use of the arts in the empowerment of people in emotional distress; issues controversially close, that is, to the remit of the Art Therapist. The implications of the interweaving of these two factors are complicated, and their benefits are perhaps diminished, as a result of the professionalisation of Art Therapy (Waller, 1991) and its recently acquired status as a Profession Allied to Medicine (PAM); a situation which has led to a protectionism that is in the interest neither of mental health service users nor of artists (an illustrative incident is discussed in Ch.8, below; and see Butler, 2001).

In her readable and illuminating book *Healing Arts: The History of Art Therapy* Susan Hogan (2001, p.209, n.141; p.306) argues (*pace* Waller, 1991) that the psychoanalytic, psychopathological, interpretative and diagnostic aspects of Art Therapy have not necessarily

prevailed in a discipline which now accommodates *a plurality of approaches* (pp.309-10). As has been said, it was the Art Therapy pioneers such as Adrian Hill and Edward Adamson who believed that it was the *act of making art* that was therapeutic in itself (Hogan, p.145; Thompson, 1989, p. 3), a view concurring both with that of the non-therapy artists at work today in the mental health field, and with those authors who believe it underpins an approach to which Art Therapy should return (eg. Thompson, *op cit*).

It is worth noting that Adrian Hill[5] did not like the term 'Art Therapist'; he felt it had a *quackish sound*. Yet it was he who coined the term; but he did so simply as a means to *impress* a medical establishment (Hogan, p.135), about whose power he had no illusions. Edward Adamson[6], too, disliked the term 'Art Therapist' (Timlin, 1996). Hogan observes that the relatively subversive views and stance of the Art Therapy pioneers Hill and Adamson (Hogan, p.30) and others are downplayed in Waller's (1991) 'official' history of British Art Therapy, in favour of an inaccurate emphasis on the discipline's roots in psychoanalytic theory. Grounding the rationale for an erstwhile putatively maverick discipline within a psychiatric theory that was scientifically respectable at that time was no doubt felt to be more conducive to that discipline's acceptance by the medical establishment of the day; although, in the event, it took half a century for Art Therapy to gain its status as a Profession Allied to Medicine (PAM). This long wait may arguably have been a factor of the perceived maverick strand in the profession.

But, again, it is this subversive strand of the pioneers - concerned as they were (more or less overtly) not only with the conditions of patients but also with the importance of artistic creativity to a society traumatised in the 1940s by war - that they have in common with today's non-therapy and societally oriented artists; indeed, it can be argued that the latter, in philosophy and approach, have more in common philosophically with the founders of Art Therapy than have been many Art Therapists since the 1960s, and to a greater extent than is recognised by practitioners in either camp.

So has Art Therapy got itself into a bind? Has it (as Lomas asks in Hogan, pp.14-15) compromised itself by its movement from fringe to mainstream and by its *cooption by psychiatry*? And what are the risks of a similar co-option being imposed on - or even sought by - non-therapy oriented arts practitioners? And to what extent is non-therapy oriented arts practice at risk of interference, obstruction, take-over, absorption or disbandment by an Art Therapy that is now entrenched within the system as a PAM? These are issues central to this thesis and which will be discussed further in Chapters 8 and 9 below. In the meantime, there follows a brief history of Art Therapy, drawn from Waller's (1991) account - an account arguably partisan in its justification of the systematic establishment and professionalisation of the discipline.

But it is important, before describing the history of Art Therapy, once more to bear in mind Hogan's (2001, p.33) corrective to the widespread view, repeated by Waller (1991), that Art

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[5] **Adrian Hill** a pioneer of Art Therapy, who began by teaching painting to soldiers in tuberculosis sanatoriums, coined the term *art therapy*

[6] **Edward Adamson** (1911-1995) a pioneer in using art to treat mental illness; founder and first chairman of the British Association of Art Therapists (BAAT)

Therapy arose exclusively from the psychoanalytic theories of Freud. On the contrary, as Hogan states, it evolved from the *moral treatments* of the 18th century, in which attention to the patient's soul replaced incarceration with an approach that was more humane. Bearing this in mind, then, it is mainly from Waller's account that the following brief history has been distilled.

The term 'Art Therapy' gained currency in Britain in the late 1940s when artists Adrian Hill (1945) and Edward Adamson (1990) each and separately set up art activities for hospital patients. During and immediately after the Second World War several rehabilitation facilities included art as a therapeutic tool. Hill himself had coined the term 'Art Therapy' in 1942.

Over the next twenty years the growing number of artists working in hospitals, clinics and therapeutic communities continued to be employed on an ad-hoc basis, whilst the effectiveness of their work was becoming increasingly apparent to those involved. These artists consequently sought to set up an organisation to represent and advance their interests.

In 1964 the British Association of Art Therapists (BAAT) was formed, with Adamson as chairman, to pool the creative resources of its members (www.baat.org). BAAT began working on conditions of practice, training and development; professional career and salary structure; the framing of a code of ethics and principles of professional practice; the dissemination of information; and the development of research.

In 1980 the Department of Health recognised the professional status of Art Therapy and stipulated that no-one could be employed as an Art Therapist without completing a recognised post-graduate Diploma in Art Therapy or Art Psychotherapy course. The training courses currently operating at Bath, Edinburgh, London, Hertfordshire and Sheffield are approved and accredited by BAAT, the Department of Health, the National Joint Council for Local Authorities and the European Commission.

Applicants for the two year (three year part-time) diploma are normally graduates in art and design or qualified art teachers, although other graduates are sometimes considered under exceptional circumstances. The BAAT website states that

> *students of Art Therapy should be mature, flexible people who will have had some experience of working in the health, education community or social services before embarking on their training* (www.baat.org).

The Council for the Professions Supplementary to Medicine (CPSM) gave State Registration to the profession in 1997, and the Arts Therapists Board was established as the statutory regulatory body to oversee the national standards of education and training of art, music and drama therapists.

BAAT has an Associate Member scheme open to anyone interested in the field, and publishes a journal, *Inscape*.

The BAAT website describes the attributes of the Art Therapist:

> *Qualified Art Therapists have a considerable understanding of art processes, are proficient in the area of verbal communication and are able to provide a trusting and facilitating environment in which patients feel safe to express strong emotions. Their training enables them to work in a variety of settings: psychiatry, mental handicap (people with learning difficulties), special and mainstream education, the social services and prisons. The title under which they work may vary, e.g. 'Art Tutor' in prisons, sometimes 'Group Worker' in the social services; but in all cases their training should enable them to contribute their own specific knowledge and expertise to the multidisciplinary teams involved.*

A working party set up during the preparation of the Attenborough Report *the Arts and Disabled People* (Attenborough, 1984) found that in all the arts therapies

> *the aim is to develop a symbolic language which can provide access to unacknowledged feelings and a means of integrating them creatively into the personality, enabling therapeutic change to take place* (Attenborough, undated, *circa* 1984/5).

The working party also found that in Art Therapy

> *Aesthetic standards are usually of little importance: the expression and exploration of unconscious feelings are the essence of the therapeutic transaction.*

This aspect of Art Therapy, in particular its distinctiveness from the approach of non-therapy oriented artists, is discussed in Chapter 8.

From the outset, as has been seen, there have been two distinct strands within Art Therapy; a division pivotal to this study. Waller, in her institutional history of Art Therapy in the UK (1991), notes that some Art Therapists emphasised

> *the making of art as a therapeutic occupation* whilst others emphasised *the making of images as part of a therapeutic transaction between patient and therapist*.

Waller's view, in stark contrast to that of Hogan (2001), is that the latter approach has prevailed in British Art Therapy, whilst the former approach has become *split off into a segment now more accurately subsumed under the 'Hospital Arts'* [sic] *movement*. But it is pertinent to note at this point that this latter 'movement' elicits virtually no discussion in the Art Therapy literature, despite the fact that 'Hospital Arts', in its broader, more accurate and commonly used form 'arts and (or in) health' (*pace* Hogan) has been active since the mid-1970s, and despite the view elaborated in this thesis that the movement shares many of the ideals of the Art Therapy pioneers Adrian Hill and Edward Adamson. More recently than Hogan, however, debate on this issue has been initiated through the website of the National Network for Arts in Health (NNAH: see below, Directory, Appendix 1), where Malcolm Learmonth and Karen Huckvale, on behalf of BAAT, have suggested that Art Therapists might offer supervision and psychological expertise to non-therapy arts practice, whilst at the same time firing a warning shot across the bows of those artists undertaking to 'heal' without any recognised Art Therapy qualifications:

> *We are specifically offering art making as treatment, and it is this aspect of our practice that it is now illegal to offer without appropriate training* (www.nnah.co.uk; and below, Ch.8).

Despite what appear to be the good intentions of Learmonth and Huckvale, a potentially divisive situation can now be seen to arise in which a profession may be perceived to be arrogating to itself the basic human drives both to heal and to create. This state of affairs is discussed and analysed in Chapters 8 and 9 below.

The arts therapies are beginning to impact both on the health services and on the growing self-development movement. A growing body of research in these therapies seeks to demonstrate the effectiveness of their approaches (for example, Payne, 1993) and is beginning to suggest a framework for examining the relationship between therapy and non-therapy oriented arts practice.

Whilst over a decade ago Thompson (1989) pleaded for a return to a more Hillian and Adamsonian faith in the healing value of art making *per se,* more recently Kaplan (2000) has called for Art Therapy to discard altogether those theories borrowed from psychotherapeutic approaches and to replace them with less discredited theories concerning the healing properties of the arts. She cites Dissanayake's 'making special' (see above, Ch.1) and Csikszentmihalyi's 'flow' and 'optimal experience' (see below, Ch.3); theories by authors whose work has been cited both by art writer Suzi Gablik in respect of her 'Reenchantment of Art' project, and by psychologist Rae Story (1998) in her study of the St Luke's Church Art Project in Manchester (see below: Directory, Appendix 1).

These more recent developments show some convergence between the two modes of practice and suggest that (notwithstanding the problems of demarcation surrounding the PAM status of Art Therapy) the time may be right for a more respectful critical discourse between the two approaches of Art Therapy and non-therapy arts practice in the mental health arena.

Non-therapy oriented art

There is a wide range of activities undertaken by non-clinical artists in health care settings. In such scenarios it is frequently the artist's individual personality and approach that is offered to the community as a whole (Sim, 1992); in the eyes of these artists, there may be little distinction made between the needs of staff, patients, visitors or the community, the point being that cultural needs transcend clinical boundaries (see, for example, the entry for Lime in the Directory, Appendix 1).

Despite the disclaiming by these artists of any therapeutic intention on their part - a disclaimer that frequently implies close identification and solidarity with service users and a consequent mistrust of a perceivedly enfeebling or repressive nature of the clinical regimen - an artist's work in this context is often claimed to offer considerable therapeutic spinoffs; a claim which which will be examined in the analysis of the case studies in Part III (below). It seems, however, (and this observation is based upon the writer's own experience and that of many colleagues) that the more clinicians, therapists and managers are aware of what they perceive to be these benefits (however unproven and however anecdotal such evidence may be), the more willing these

professionals are to seek and sustain funding for artists to work in their services. As has been suggested, some artists (including the writer) see themselves as antidotes to the cocooning effects of therapy, and this stance is acknowledged, appreciated, accepted and even encouraged by some staff and managers. Artists - particularly those who have emerged through the hospital, community and disability arts routes rather than the education route - seek to develop a spirit of equal partnership without discrimination between patient, clinician, therapist and artist. These artists are likely to turn the therapeutic ethos on its side: their concern is not primarily with a person's *illness*, but with his or her *potential*.

Referrence has already been made to the 1970s intake of artists into the NHS. As noted, the two approaches - Art Therapy and non-clinical arts - both grew out of a common urge on behalf of artists at different times altruistically to apply the arts in social settings. Despite the subversive (Hogan, p.213) views of some of its pioneers, Art Therapy sought acceptance from the 1940s onwards, through clinical integration into its chosen settings (see above, Ch.1). The clinical respectability thus gained by Art Therapists is not necessarily envied by the 'non-clinical' artists - nor even by some Art Therapists themselves, as will be seen in Chapter 8.

The new wave of non-therapy artists working in health care since the late 1970s operates across a wide range of artforms including visual arts and crafts, drama, music, dance and movement, writing, electronic media. The *iam*Directory (Appendix 1) shows how some artists may work one-to-one on individual works, supporting a person through the creative processes and collaboratively seeking opportunities for staging exhibitions or performances. These artists are likely to aspire to a balance between process and product, and are more likely than an Art Therapist to support a person's approach to presenting her or his work in the public domain. At other times, artists will work with groups on community productions in the form of performances or murals. The artist will usually be mindful to encourage unity in diversity, with a faith that the outcome of the whole project will often, if not always, be greater than the sum of its parts.

THE ART OF HEALING

In its exploration of the interelationships between art and mental health this study has examined theories about what art is, how it evolved, and its essentiality to what it is to be human. It has also touched upon how, in the modernist West (and increasingly in those societies falling under its sway), in the absence of shared belief systems and of a cohesive community in which any such system can operate and be sustained, art has been co-opted by the *divide and market-rule* principles of materialist consumerism (Bocock, 1993). And it may be observed how these processes have exploited and intensified the individualist strand of Romanticism[7] to fabricate a remote and elitist 'art world' - and that this process has accelerated at the same time that options for the majority of people to make their experience or surroundings 'special' have been appropriated and commodified by those seeking commercially to exploit our basic cultural needs.

This has been seen as an inexorable process on a global scale, in response to which a call has been made to establish a new paradigm based on a caring, ecological, holistic 'connectedness' with each other and with the world we inhabit (Gablik, 1995). Bocock's (1993) signposting to the religions is a more controversial route towards a more widespread ecological consciousness; and it has been noted how artists, often in the spirit of the shaman, are responding to this new imperative and, increasingly, leading initiatives whose aims - whether in part or as a whole, implicitly or explicitly, intentionally or instinctively - are for ecological change in the widest sense of the term.

This thesis has already suggested a connection between this complex set of circumstances and the mental health of society as a whole and of its constituent members. This section focuses on the specifics of that connection, in the form of writings and research concerning the value of art in relation to society, community and the individual.

Two illustrations follow: firstly, of an enabling community arts practice and, secondly, of the socially-targeted enablement, by a major 20th Century artist, of an individual. These examples seek to contextualise the discussion within contemporary socially-oriented arts practice by relating it to the artistic canon, whilst illustrating the merging of concern for the individual and for the community.

Helen Gould (2000, p.49) gives an example of the arts in the service of community and, by implication, the mental health of that community. She describes a project run by *Community Arts for Everyone* in Dublin which aimed to empower traveller women to establish a new site for forty families. Their existing site had been neglected by the local council, who had excluded travellers from the discussions on the site's future. *Community Arts for Everyone* helped participants develop their arts and crafts skills, and their literacy and numeracy. The women used these new skills to brainstorm, plan and redesign the site with the support of a local architect. *Community*

[7] **Romanticism**: a chapter exploring the historical relationships between madness, medicine, romanticism, surrealism, art brut and outsider art was drafted but finally omitted from this study

Arts for Everyone then ran drama workshops to prepare the women for negotiations with the council. For the presentation itself the women made a model and a quilt to portray their design for the site. Eventually, the council listened and agreed to the proposals. The site is now a model of excellence. Gould concludes that the skills, confidence and self-esteem released through the women's partnership with the artists enabled the women to use their creativity to improve their living conditions.

Shelley Sacks (1995) worked and taught alongside Joseph Beuys in the mid 1970s (p.99) and observed his teaching methods. She recounts examples from Beuys' teaching that demonstrate his view of the relationship between individual and society. On one occasion Beuys put one individual in touch with her own personal experience in order to build her own creative and spiritual capacity. On another occasion he encouraged a student to use her own adverse circumstances to generate creative social action. Sacks prefaces her account by making the connection between the problems arising from the *individual*-oriented (in contrast to *community*-oriented) ethos of both art *and* psychotherapy at the end of the 20th century (pp.52-53).

Beuys spoke of his role as an artist in terms of shamanism (cf. Gablik, 1995, p.142; and above). He declared both that *every human being is an artist* and that we are *moulders of the society.* He made works that are

> *as much involved with political economy, democratic process and healing as they are with the power of the imagination* (Sacks, *op.cit*, p.53).

According to Sacks, Beuys' pedagogical practice has been little studied. Pursuing his dictum that everyone is an artist, Beuys would focus his teaching on a meticulous probing of an individual student's work, empathically exploring the person's whole material, intellectual and spiritual world (p.55).

Sacks witnessed an (initially) uncomfortable session with a student who offered next to no work for a critical session. "What do you do all the time?" asked Beuys; "such little work. So little energy. So little love in your doing". With the student by now in tears, Beuys gently asked her to describe her day. It appeared that she was depressed and spent most of her days in bed. "This is where you begin then", said Beuys, "this is your material" (p.56). The student subsequently began to make works around issues within her family. Sacks concludes that the student was

> *working out of a real 'inner necessity' instead of trying to force herself to block all this out so she could make art* (p.56).

Beuys interaction with the first student demonstrates his concern with the need for the individual to know her or his self before engaging in 'social sculpture'. The second example of Beuys' teaching shows how adverse personal circumstances may be turned towards social action. Another, mature, student had presented some work drawn, without inspiration, from popular culture. "So little of yourself in this work", said Beuys, "why do you do it?" When the student angrily replied that she had lived all her life on a deprived housing estate "without the privilege of great artists like Beuys", Beuys pointed out that her housing estate was her

> *terrifying material ... think about the kind of society that generates estates like this*

> *one ... perhaps you will ... form a group as a ...'social sculpture' that presents to society ... a picture of what a denial of human creativity a housing estate is.*

Inspired by Beuys' interpretation of her situation, the student became an activist leading a campaign for change on her estate (pp.56-57).

Sacks' examples depict the healing intention of Beuys' teaching (p.58), through which one student began work on herself, the other on the community in which she lived. Beuys' discipline of 'social sculpture' *in which our creative practice could be brought to bear on the world, through the re-envisioning, re-imagining and reshaping of our society* (p.60) presages Gablik's call for the 'Reenchantment of Art' (Gablik, 1995). This linking of the self to the environment contextualises Rubin's (1989) view of art as *a form of technology ... by means of which people relate to their environment and secure their survival* (quoted by Dissanayake, 1995, n,26, p.237).

In order to preface a review of the literature concerning the healing potential of the arts there follows a brief point on a methodological issue that arises from the previous discussion.

Dissanayake comments on the emergence of art:

> *It is as if humans decided "This must be good because it feels so good" and were more right than they could know. Because when assembled in ritual ceremonies, or when given ritual significance, the arts* were *good - they helped unite people in communal belief and action* (p.95).

If it feels good it must be good; is this a solipsism? It is a charge to which committed socially engaged arts workers are accustomed, in one form or another. Evaluations of arts and mental health arts projects, for example, rely heavily and sometimes almost entirely upon the testament of those service users who have participated. The benefits of such projects appear to those involved to be so inherent and self-evident that the very notion of evaluation, research and the demand for evidence or proof of effectiveness may be met with suspicion or hostility. It could be argued that this is not an unreasonable view, particularly when an arts project's participants declare in their group statement that

> *using our imagination in positive ways and expressing our feelings creatively helps to ease tensions, gives us more self-confidence and a feeling of pride as well as being a lot of fun. Doing projects in the community challenges us to prove that we can be useful members of society and can be a good way of making our voices heard* (Greaves Street Centre users, 1994).

Surely, that is evidence enough of the benefit of making art? Indeed, it could be argued that to submit participants to the kind of objectifying research methods that are often expected by those service planners who see the current requirement for evidence based services in terms of quantitative and psycho-medically oriented research, is patronising, demeaning and undermining.

This debate on methodology will be continued in Part II. In the meantime, and before considering the literature regarding specific benefits to the individual, there follows a review of research concerning the social impacts of engagement in art.

SOCIAL IMPACTS OF THE ARTS

Whilst the arts, in the form of 'making special', have been an essential and integral aspect of human communities since the Neolithic Era, it is only in the last 200 years or so in the West, as has been argued, that the split between art and community - mirroring that between individual and community - has widened to the extent that writers such as Gablik (1995) feel the need to prescribe a cultural shift from a paradigm of detachment and cynicism to one of engagement and re-enchantment. Nor is this solely an imperative for the affluent West; globalisation threatens societies whose traditional community-based cultures are under siege from market strategies which operate by targeting the individual's insecurities (Bocock, 1993); for (as has been argued) it is by detaching the potential consumer from his or her community that a producer may more effectively market those commodities to replace a feeling of belonging to a community of shared values with one that is increasingly based on an ethos of 'to have' rather than 'to be' (Fromm, 1979).

It is ironic and poignant that a growing number of Western community artists (eg. Gould, 2000; Moriarty, 2000) have begun to undertake projects in traditional societies, often ostensibly to work with aid agencies and local communities on social projects such as HIV aids prevention, but with an understanding that it is only by helping local cultures to resist the encroachments of commodity culture that the cohesion of these societies can endure. The flipside of this compensatory missionary practice is that these Western community artists may be subsequently better able to articulate and contextualise the deficiencies of their own culture, on the basis of their experience of societies with a greater (albeit threatened) degree of social cohesion than is generally found in the West.

Many authors have written of the more general health and social aims, methods, problems and impacts of art in the community. Dixon (1995, pp.13,15) discusses community arts; The Health Development Agency (2000) has published research on the arts in health; Matarasso (1997; 2000; and below) writes on the social and health impacts of participation in the arts; Eames (1997) on the use of the arts in addressing social and cultural problems in New Zealand; Rigler (2000) on the arts in primary care; Lamb (2000) on the relationship between arts and communities including hospitals; Eades (1997) on integrating the arts into the health and social services of a discrete locality; Gould (2000) on the role of the arts in addressing issues faced by people suffering poverty or war; and Selwood (1988) on issues relating to public art.

Use or Ornament? The Social Impact of Participation in the Arts, by François Matarasso (1997) of the independent arts research agency Comedia, is the first major British study of participation in the arts. Echoing Gablik, Matarasso writes that the time is right to start talking about

> *what the arts can do for society, rather than what society can do for the arts* (p.iv).

Comedia's research team conducted case studies in eleven localities in the UK, Finland and the USA, focusing on the six overlapping themes (p.vi) of *personal development*; *social cohesion*; *community empowerment and self determination*; *local image and identity*; *imagination and vision*; and *health and well-being*.

The study's conclusion is positive and broadly prescriptive:

> *Rather than the cherry on the policy cake to which they are so often compared,* [the arts] *should be seen as the yeast without which it fails to rise to expectations* (p.ix).

Matarasso's perspective on many of the themes discussed in this thesis is clear:

> *It is beyond question that art has a profound effect on society. Despite or because of its apparent uselessness, art is produced by all human societies. It has reached unprecedented levels of social importance in contemporary Western society as product of, and sometimes antidote to, the consumer society. The socially-engaged audiences uncovered by Charles Dickens and Victor Hugo at the birth of* [the] *industrial age have turned to artists of all kinds for relief from and guidance in our modern times: even in the concentration camps, after which Adorno famously said there could be no more poetry, people sought understanding through art.* (p.1)

The Comedia study mainly considers the impact on health and well-being of arts programmes operating outside the healthcare or therapeutic arena. Specific health oriented projects were generally not included; this was in recognition of a growing body of literature on the subject and the existence (at the time of the report's writing) of agencies such as Arts for Health and the British Health Care Arts Centre. Health issues were therefore not a primary concern of the projects selected by Comedia for case study.

Matarasso's finding that only 48% of questionnaire respondents reported feeling *better* or *healthier* since becoming involved in arts projects may therefore have been because the question was felt to be inappropriate by people who were participating in a non-health oriented project (p. 68). But for those who did speak in terms of 'feeling better', the specific individual benefits were, it could be argued, of more than compensatory value. One example of an apparently unquantifiable benefit was given by an interviewee who described how the friendships and confidence she gained through an arts project had helped her put aside her suicidal feelings (p.69). An exception to the otherwise low incidence of people reporting health and well-being benefits was found in the case of a series of projects in Batley, 29% of whose residents were diagnosed as experiencing anxiety or depression over a six month period; here, 72% of respondents said they felt better. Among these projects, significantly though, there were several projects that worked with mental health service users. In such instances the evidence of health benefits was more clear.

What is also significant, particularly in respect of mental health benefits, is that Matarasso's respondents saw no rigid distinction between enhanced confidence and improved health (p.69). This suggests that the distress surrounding low confidence is felt to be a serious health issue for individuals. Indeed, of the positive responses reported in the 'Health and Well-being' chapter of the Comedia study, all variously envisage 'feeling better' or 'healthier' in terms of confidence, socialising and communication.

Specific mental health projects cited in *Use or Ornament?* include South Tyneside Art Studio (p. 69; and see Directory entry, Appendix 1) and Portsmouth City Council's 'Arts with Confidence'

season - where respondents spoke of increased social contacts and the opportunity to be creative, as well as of recreational and therapeutic benefits. The former project was an example of a well-established permanent facility for mental health service users; the latter of a project within a broader, and not necessarily permanent, initiative, one of whose strands was concerned with mental health. Other projects, whilst not explicitly concerned with mental health, were concerned with issues - such as work with refugees (p.70); a constituency whose inherently traumatic levels of distress placed them squarely within the area of concern of this thesis.

Matarasso ends his chapter on the health impact of participatory arts programmes by pointing to the 85% of the total participant sample who gained enough enjoyment through taking part in arts projects to do so again in the future (p.71). The engagement and absorption that is apparent to any observer of a successful arts project is an indicator of an unquantifiable benefit that equates with any definition of what it means to be healthy (see p.72).

After a brief and delightful celebration of the hedonistic virtues of the arts, Matarasso goes on to discuss some negative findings. These were found to arise from under-resourcing, poor or indifferent practice (p.73), failure to meet raised expectations (pp.75-76), *confusion of purpose* (p. 74), and the personal costs that may arise, not necessarily through engaging in art (although that may be the catalyst), but as a part of any process of individual personal development (pp.77-78). Nevertheless, these shortcomings were found to be few (p.73) - apart from the resourcing problem which, if solved, might contribute towards addressing or alleviating some of the negative impacts.

Use or Ornament? also highlights the political tensions that inevitably arise as people gain in confidence and political skills by means of the arts (or by whatever means; but see Matarasso, 1997, pp.59, 83-85 for discussion on those impacts that are specific to the arts - such as imagination and vision: p.59). On the question of the tensions arising from the relationship between art, social change and personal growth, Matarasso writes that, despite the unease among some politicians regarding

> *bottom-up change*, *... if the impact of participating in the arts can change people and communities they have the potential to change society. It is therefore essential to admit this work into the heart of the political debate and policy formulation* (p.78).

Following, and to some extent because of, the publication of *Use or Ornament?* local and national government began a more structured process of implementing social arts programmes (see PAT 10; whilst, for a critique of the pitfalls of socially directed arts policies, see Verrent 2001).

Matarasso's neat conclusion that the arts are *neither use nor ornament, but both* (op cit: p.87) emphasises that the reconciliation of aesthetic and social values is no more than the artist's perennial quest to balance form and function (p.87). Matarasso quotes a statement by Brian Eno which echoes Dissanayake's biological model of art (see above, Ch.1):

> *as a good neo-Darwinian, I assume that for such a persistent activity to have evolved at all, it has to be doing something of tremendous importance for us* (Eno, 1996, 16-17; quoted by Matarasso, p.87).

Matarasso lists 50 social impacts of participation in the arts (p.x, and reproduced in this thesis in Appendix 2). Whilst the list includes many impacts that relate directly to indicators of mental health as determined by the health sector, it can be argued that not a single one of them is actually unrelated to mental or emotional well-being.

In her booklet *Art Solutions to Social Problems*, Penny Eames (1997), of New Zealand's Arts Access Aotearoa, specifically advocates the arts as a means of enabling social service organisations to achieve such outcomes as:

- *enabling clients to improve their well-being and self-esteem*
- *changing environments (for example, visual arts can be used to ensure that hospital rooms 'speak' of health rather than sickness ...)*
- *encouraging individuals to affirm their identity within their culture*
- *providing productive ways of employing time*
- *enabling individuals to cope with loss, addiction, redundancy and other emotional crises*
- *establishing meaningful relationships*
- *fostering communication, self-awareness and self-expression*
- *providing skills for re-integration into the community*
- *establishing positive communication.* (p.7)

Reviewing good practice in community and health-linked arts projects, the UK NHS Health Development Agency (HDA, 2000) used the following indicators to measure health improvement (p.10):

- *Enhanced motivation (both within the course of a project and in participants' lives more generally).*
- *Greater connectedness to others.*
- *People's own perceptions about having a more positive outlook on life.*
- *Reduced sense of fear, isolation and anxiety.*
- *Increased confidence, sociability and even self-esteem.*

The HDA study concludes that

> *the evidence suggests that arts projects and initiatives make a unique contribution to building social capital and enhancing well-being and self-esteem* (p.29),

and ends with recommendations for the widespread development of arts and health projects, citing the growing recognition of the need to make the arts a mainstream component of broader initiatives such as Health Action Zones and Healthy Living Centres, but warning against too prescriptive or formulaic a response that would only inhibit those creative solutions that the arts have it in their power to deliver (pp.29-30).

IMPACT OF PARTICIPATION IN THE ARTS ON THE INDIVIDUAL

The above lists of impacts, benefits and indicators (Matarasso, 1997; Eames 1997; HDA, 2000) include many factors that reflect the mental and emotional health of the individual as well as the community; indeed, as is by now clear, individual and community mental health are codependent.

However, in addition to the personal testimonies of individuals - examples of which will be discussed later - a small number of studies have focused more closely on the benefits to the individual of taking part in arts activities.

Of course, as Matarasso (*op.cit*, p.97) points out, 'participation' takes many forms. It is not necessary to be an active participant in the actual devising or making of a piece of work to benefit from it; if that were the case artists would have been nowhere near as successful as they have been over the millennia. Actively to visit a gallery or to attend a performance is no less to participate in the arts. Indeed, a Swedish study has shown that those who attend arts events are less likely to suffer ill-health than those who do not (Bygren *et al*, 1996).

Studies on the relationship between participation in the arts and individual well-being tend to fall into two categories: those that seek to establish *whether* art benefits the individual; and those that seek to find out *how* it does so. Studies which relate or evaluate the experience of individual members of arts groups or projects, whilst often straddling both these categories, are perceived by some to be of a low status in a hierarchy of evidence on account of their 'anecdotal' status (for example, Miles, 1996) ; and yet mental health service user/participants in arts projects are the true experts in this field of study. In an NHS that is moving towards 'patient-centred care' (Miles, 1996, p.249) it is essential that the views of the users of mental health (and other) services concerning present, future and ideal provision should be of prime importance; but, as late as 1996, in a discussion of a Healthcare Arts study conducted by means of interviews with 20 staff (and no patients) on the impact of art on patients in a Dundee mental hospital, Malcolm Miles (pp. 247-48) makes the involvement of patients sound like a rather novel idea:

> *A report by the Kings Fund (1997) shows that ...* [seeking the views of patients] *can be done ... that depression does not inhibit a person's ability to express a view on their surroundings* (p.248).

In a study aiming to determine *whether* engaging in art is beneficial, and to point to the implications if this were so, Colgan *et al* (1989) examined the experience of patients. A clinical viewpoint was to some extent qualified by the inclusion as co-author of a practising artist (this writer) who, at that time, had no academic experience or aspirations and held a readily expressed scepticism with regard to both clinical psychiatry and research. The Colgan study set out to test the hypothesis that active membership of the START art studios in Manchester would lead to a reduction in a patient's need to use other psychiatric services, thereby releasing service resources for other users. Psychiatrist Steve Colgan analysed the clinical attendance records of 26 people registered with the department of Psychiatry who had been members of START for at least six months.

Although a control group might have made the results more convincing to potential funders of arts in health projects, the Colgan study demonstrates a significant reduction in the utilisation of psychiatric services by members once they had joined START. The paper ends with an account of one member's experiences of the studio. Many of the benefits she mentions - which may be paraphrased in terms of achievement, value to others, self-esteem, belonging, a non-clinical atmosphere, continuity, trust, friendship, purpose, quality of life, no more hospital admissions - endorse the factors affecting, and the indicators of, mental health in the lists of Matarasso, Eames and the HDA (*op cit*).

But what of the benefits of making art? And could there be costs attached to *not* making art? In her critique of Art Therapy, Frances Kaplan (2000) ends her discussion of the theories of Dissanayake (1988, 1995), as they relate to art making and Art Therapy, by claiming that we are diminished by the removal of art (as *making special*) from our lives, and that

> *for the sake of our mental health, we must find ways to introduce art making into our everyday worlds* (Kaplan, 2000, p.61).

Kaplan lists nine benefits of art and art making. Most of these concern the benefits for the individual. It should not be surprising that her list reflects the interest of Art Therapy in the personal development or the curative aspects of art practice for the individual, rather than the socially engaged approach more often found among non-therapy oriented artists in the mental health care field. Kaplan speaks of art making in terms of

- a universal impulse
- interpersonal bonds
- mind-brain development
- constructive gratification
- problem solving and creativity
- compensation for impaired functioning
- non-verbal communication (to which the therapist Kaplan adds, significantly, *assessment*)
- touching on deep levels (enhancing the therapy experience)
- optimal experience (pp.75-76).

Both Kaplan (pp.71-73) and Story (1988) enlist the theories of psychologist and creativity researcher Mihaly Csikszentmihalyi (1975) in discussing the benefits of engaging in art. Kaplan describes Csikszentmihalyi's view that the process of making art fulfills the conditions of what he terms *flow* or *optimal human experience* (Kaplan, 2000, p.71); a state he finds more likely to arise in the workplace rather than in a leisure scenario (Story, 1998, p.4). 'Flow' is the state in which one 'flows' from one moment to the next, totally in control of one's actions, whilst making little distinction between oneself and one's surroundings (p.5).

As conceived by Csikszentmihalyi, 'flow' gives life joy and meaning. It has the characteristics of

- *clear goals*
- *feedback regarding progress*
- *exercise of skill*

- *intense concentration*
- *diminished awareness of mundane concerns*
- *a sense of control*
- *loss of consciousness*
- *an altered sense of time*
- *enjoyment of the experience for its own sake*

Kaplan (2000) comments that anyone who has

> *engaged in serious art making can confirm that these are indeed attributes of this particular undertaking* (p.72).

It is also interesting to note that just under half of the above characteristics - *intense concentration, diminished awareness of mundane concerns, loss of consciousness,* and *an altered sense of time* - may also be factors of some states-of-being described as mental illness. If this is so, then they should not (in the clinical context) be seen as negative indicators but, rather, as characteristics that suggest scope for creative interventions and engagement (see, for example, Shingler, 1999).

Art making should not necessarily be 'easy' in order to bring benefits. Kaplan concludes by emphasising a conviction, apparently shared by both Dissanayake and Csikszentmihalyi, that the benefit from creative endeavour depends on exercising skill in *a challenging or significant situation* (p.73).

This view is supported by evidence from the field; the NHS HDA study *Art for Health* (2000) found that for participants in arts projects

> *rigour was often perceived as an integral part of the specific benefits brought by an arts-related project rather than some other form of participatory activity* (HDA#2),

inferring that

> *the attitude that 'anything goes' can be detrimental to the success of a project* (HDA#2).

One respondent made the point more graphically:

> *it's better to provide two days of excellence rather than four days of crap* (HDA#1, p.25).

Arts project participants are unassailably the experts concerning their own experiences of emotional distress, of mental health service provision, and of their own participation in the arts. *Art & Soul & the Cold Blue Walls* (Brown & Thomas, eds, 1994) was an early contribution to what has since become a large body of published texts and images relating the first-hand experience of mental health service users in the arts. *Art & Soul* consists of writings and drawings by mental health service users in Oldham, Salford and Manchester concerning their experience of participating in arts projects; these writings amount to a confirmation based on personal experience of the findings described in this chapter.

But *Art & Soul & the Cold Blue Walls* contains no analysis of the contributors' writings; such analysis has now been made for the first time and forms part of Chapter 9 of this study. More recent studies have analysed project participants' statements in a way that *Art & Soul* did not attempt, but the actual statements by project members remain consistent across all such studies.

Rae Story (1998), for example, studied the St Luke's Church Art Project in Manchester (see Directory entry, Appendix 1). To contextualise the views expressed by St Luke's members, Story draws on the theories of Csikszentmihalyi (Story, 1998, pp.5-7; and above) as well as on Warr's 'vitamin model' which considers the environmental determinants of mental health (pp.4-5). And Sarah Clarke's (2000) study *MAPS: the MIND Arts Project in Stockport* evaluates the extent to which, in the views of its members, the project achieves its aims and objectives (finding, incidentally, *a high degree of satisfaction and benefit*: p.1).

Both these studies, as has been suggested above, reveal views consistent with those expressed in *Art & Soul* (*op cit*). It was seen how Story (*op cit*) relates her findings to the theories of Csikszentmihalyi and Warr. On the issue of engagement (Csikszentmihalyi's *flow*), one of Rae Story's informants says of her artworks:

> *I'd make them that hard, complicated, so not to think of problems, so I could concentrate* (p.10);

another describes how

> *All your concentration goes into what you are doing, stop thinking about monsters and voices, you can lose your faith but then I think if I am able to do this, I can't be stupid* (p. 11);

whilst another speaks of *losing* [herself] *in art* (p.26); and in respect of the impact of Warr's *vitamin model* of environmental factors, one member appreciates the project's *supportive environment* (p.26).

A member of ARC[8] spoke to Clarke (*op cit*) of an issue that is not so clearly articulated in either Brown (1994) or Story (*op cit*): that is, the link between the quest for quality work and the social benefits arising in the kind of supportive milieu with which members had not been familiar before joining the project:

> *People are accepting of each other's creative work. I was reluctant to share my work with others ... it helps to hear other comments, I don't feel they are criticising my work or me, but helping me improve it* (Clarke, 2000, p.19).

Asked by Melvyn Bragg if she saw her highly personal work as therapy, the contemporary British artist Tracey Emin[9] replied that she saw it more as *catharsis* (*South Bank Show*, ITV, 19.08.01; and cf.below, Ch. 5 *"You think this is* therapy*?"*). Catharsis may be more constructive than clinical therapy to someone for whom art is a means of confronting and surmounting distress. *Art & Soul & the Cold Blue Walls* (*op cit*) includes a poem (over page) that personifies art making as catharsis:

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[8] **ARC**: formerly MAPS (Mind Arts Project in Stockport); see Directory, Appendix 1

[9] **Tracey Emin** (b 1963): English artist whose nakedly autobiographical installations are epitomised by *My Bed*, which comprises her own unmade bed with used condoms and blood-stained underwear

ART

I came here as a frightened child
hiding in corners
tiptoeing along corridors
my future had been mapped out for me
(keep taking the tablets)
My art is my medication

I don't need monkey droppings which have been lying on the ground of the Amazon Forest for thousands of years to keep me on the straight and narrow, their straight and narrow.

I have no limitations.
I can scream my head off. I'm no longer a frightened child

I absorb things, I'm a sponge, art is my release
I release my anger through my art.
I'm not a violent person
my anger is the injustice I see around me
I witness these injustices and move on. I must move on
I mustn't dwell in a world of sadness,
die in a world of hypocrisy,
rot in a world of lies.
A world gone mad

....My god did I just say that? How silly..no it wasn't,
I'm an artist...I can scream
as long as there is injustice in the world
I will scream my head off (p.19)

In the foreword to *Art & Soul & the Cold Blue Walls* the author of this study wrote of the *real personal gains and strong social benefits* described by the contributors to the book, and spoke of

> *the rediscovery of strength to communicate some sort of terrifying sense out of an even more terrifying terror; a release from alienation, and the purest pleasure that comes from sharing with others*;

and of how

> *The arts can give us a sense of self and a place in the world, giving us the confidence and ability to interrelate, to challenge and to change; to take control of our lives, to deal with issues; to face up to those challenges and to dare to cultivate visions of a better world - at the same time as relishing more fully the one we've got.*
>
> *Let's remember then, that if a mental health service fails to address people's fundamental need for these things, then it stands precious little chance of*

> *'rehabilitating' people by drugs and therapy alone; not only are holistic, creative and spiritual needs rarely addressed in the circumstances of 'discharge' from a service, they are singularly ignored in our culture as a whole. And it is our ignoring of our creative needs and potential that will lead us ever back to powerlessness, to stress and distress and disaster* (p.2).

The above was written in 1994 and the views expressed were based entirely on the writer's experience, observations and reflections as an artist at work in the 'mental health' domain; it was written two years before research began for this thesis, and it has been reassuring to find in the literature so much that validates the views held in a pre-academic life.

SUMMARY AND CONCLUSIONS

Chapter 2 began by looking at views on the changing role of the artist in society, and the impact of such change on the mental health care domain. Gablik's 'Reenchantment' project calls for artists to engage once more with the social, spiritual and ecological issues that are in urgent need of attention at this time. She links our general feeling of estrangement to the fragmentation of society and to the decline of a spiritual basis to life, citing Fromm's equation of a sick society and sick people, and his assertion of the human need for relatedness, identity and transcendence

Gablik's call for a 'pragmatic idealism', for a spirituality based on ecological principles, a 'lifelike' art (citing Kaprow) in the neo-shamanic tradition of Beuys, may not, in the opinion of Bocock, be enough to re-engage populations outside the sphere of influence of the arts. Bocock suggests that it may only be by positively engaging with, and challenging, the world's religions that a new ecological, non-consumption-oriented paradigm may take hold among the wider population.

A number of strands were then drawn together: the problems of the alienated individual in a consumer society; the call for artists to re-engage in social issues; and the need expressed by mental health service planners to foster 'mental health promoting communities'.

The origins and evolution of Art Therapy from the 1940s to its recognition fifty years later as a Profession Allied to Medicine (PAM) were described, and the implications were recognised that this long period of time may not have been unconnected from a subversive strand that persevered in some sectors of the profession. Indeed, the subversiveness of the pioneers of Art Therapy was a quality they shared with many of the post-1970s influx into the health field of non-therapy oriented artists.

Two strands were identified in Art Therapy: on the one hand, the view of the pioneers and their followers (shared to some extent by the non-therapy, participatory artists) that it is in the actual making of art that healing occurs; and, on the other hand, the view of the psychodynamic schools who believe that image making is merely a part (albeit a central one) in the therapeutic transaction between client and therapist. The virtual absence in the Art Therapy literature was noted of any informed debate on non-therapy arts practice in the health field, but it was acknowledged that the National Network for the Arts in Health had opened discussion between the two modes of practice.

One author's citation of Dissanayake's 'making special' was cited as a theory that might underpin Art Therapy. That 'making special' underpins *all* arts practice may be seen, either as undermining the claim for any exclusivity for Art Therapy, or as a timely bridge towards more collaborative practice. But it was acknowledged that the professional demarcations between Art Therapy and non-therapy oriented art were giving rise to problems that were in the interest of neither approach nor, crucially, to users of the mental health services concerned.

Discussion followed of the non-therapy oriented artists at work in the mental health system. Their contribution may be seen as that of the individual artist, but such artists more often see their role as engaging the community, in or outside hospitals. Their work is frequently seen to be, and may be claimed to be, *therapeutic*; but its intention is artistic and/or social; artists may see it in terms of healing, but not as treatment or *therapy*. Indeed, they may even see it as an antidote to what they perceive as a patronising or cocooning effects of care and therapy.

The chapter went on to examine the literature on the healing potential of the arts, both for the individual and for the community. An example was given of community arts practice and an aspect of Joseph Beuys' teaching was described which demonstrated the synergy and process between individual distress and social action.

Research in the arts and health field was then examined, with a number of relevant studies briefly listed before looking in detail at François Matarasso's *Use or Ornament?* which found that the arts are an essential ingredient of society and have positive impacts on community and individual well-being. The mental health benefits were perceived by respondents to relate particularly to their enhanced confidence and sense of belonging. Negative findings appeared to arise as a result of inadequate resources; also mentioned were the tensions, both individual and political, that generally accompany change. Eames' practical guide on the role of the arts in helping to solve social problems was described, and at the Health Development Agency's review of good practice in health arts and its positive recommendations for further development was discussed.

The mental health benefits found for the individual of engaging in the arts were examined more closely, beginning with the finding of Colgan *et al* that attendance at an arts studio significantly reduced users' needs to attend other psychiatric services. Making art had been said, by Art Therapist Kaplan, to include benefits relating to the social field, mind-brain development, problem solving, communication, the accessing of inner experience, and 'optimal experience' - the term used by Csikszentmihalyi to describe what he also calls 'flow'; that is, a complete and absorbing engagement in a task. 'Flow', he says, gives life both joy and meaning. These are, perhaps, two central pillars of mental health that are so obvious - and so removed from the clinical and the pathological - that they do not get so much as a mention by the authors discussed in Chapter 1.

It was recognised that the richest benefits arose for participants when arts projects were not 'easy' but constituted a challenge; although it was clear from the views expressed by participants that their initial introduction to group arts work should be within a relaxed, pressure-free atmosphere.

The relationship between catharsis and therapy was touched upon and illustrated, and the chapter ended by repeating a view that, in the light of the evidence from the literature, it is incumbent on mental health care services to ensure that the arts become an integral part of mental health care.

Conclusions

Following descriptions, discussions and analyses of recent practice (in Part III), Part IV will revisit and consider issues raised in Part II in the light of the relationships found in the case studies between non-therapy arts and Art Therapy. These issues will be discussed with reference to:

- the problem of the alienated individual in a consumer society;
- the call for artists to re-engage in social issues;
- the need expressed by mental health service providers to foster 'mental health promoting communities'.

It has been observed that an increasing number of artists are adopting a societal and ecological practice that is likely to impact on the mental health domain. Fromm's equation, that may be summed up as *sick society* = *sick people*, and his assertion of the human need for relatedness, identity and transcendence, find a response in Kaprow's call for a 'lifelike' art, in the neo-shamanic tradition of Beuys. But for such a non-consumption-oriented paradigm to take hold among populations will require (argues Bocock) positive and challenging engagement with the erstwhile guardians of the spiritual: the religions.

This thesis has been built on a premise that two modes of practice, Art Therapy and non-therapy arts, had been found to compete in the mental health care arena. It was found that the professional demarcations between Art Therapy and non-therapy oriented art were giving rise to conflicts that were in the interest of neither, nor, crucially, to users of the mental health services concerned.

The work of the non-therapy artists may indeed be claimed to be *therapeutic*, but its intention is primarily artistic and/or social; artists may see it in terms of healing, but not as treatment. Indeed, they may see it as an antidote to what they perceive as the cocooning effects of care and therapy.

The literature has invited a comparison between Art Therapy and non-therapy arts practice that suggests that one area of common ground may be found in the form of a subversive furrow that is prevalent among the latter practice and which has persevered in some (but by no means all) sectors of the former.

Dissanayake's view of art as the 'making special' of the human experience was another potential area of division or common ground between the two modes of practice; if it were agreed that 'making special' underpins *all* arts practice then Dissanayake's view may be seen either as undermining the claim for any exclusivity for Art Therapy, or as a timely bridge towards more collaborative practice between the two approaches.

There is conflict within the field of Art Therapy itself, however, notably between those practitioners who believe it is in the very making of art that healing occurs, and adherents to the psychodynamic schools who believe that image making is part of the therapeutic transaction between client and therapist.

Underpinning this study, then, will be several of the findings from the literature as described in this Background Section, principally:

- Matarasso's finding that the arts are an essential ingredient of society and have positive impacts on community and individual well-being;
- Colgan's finding that attendance at an arts studio significantly reduced users' needs to attend other psychiatric services;
- Kaplan's findings that making art had been said to include benefits relating to the
    - social field;
    - mind-brain development;
    - problem solving;
    - communication;
    - accessing of inner experience;
- Csikszentmihalyi's 'flow' or 'optimal experience', which is generated through complete and absorbing engagement in a task;
- The Health Development Agency's finding that the richest benefits arose when arts projects were challenging - not 'easy'.

Among the questions that will accumulate from this Background Section and from the Case Studies, Part IV of this thesis will attempt in part to answer the question whether, in the light of the evidence found, it may be incumbent on mental health care services to ensure that the arts become an integral part of mental health care.

PART II

METHOD

Part II begins with a consideration in Chapter 3 of research methods in the respective fields of the arts, health and Art Therapy, reviewing several authors' search for a methodology that respects and meets the supposedly conflicting needs of artist, academic, and healthcare manager. The chapter goes on to give examples of research in the field and ends by explaining the reasons for the choice of methods used in this study. Chapter 4 describes and discusses the methods used.

CHAPTER 3
METHODOLOGY

CONTENTS

INTRODUCTION

When research began for this study in 1996 there was no significant literature on methodologies for evaluating arts and health activity. That year Comedia published two working papers in the search for appropriate evaluation methods in the arts (Matarasso, 1996; Lingayah *et al*, 1996). These papers were designed to inform Comedia's research into the social impacts of the arts, the results of which were published the following year (Matarasso, 1997; and see above, Ch.2). Also in 1997 a short paper was published discussing what planners and managers might require of research in the arts and health field (Philipp, 1997). Two years later came a study of possible evaluation methods specifically for *arts for health* programmes (Angus, 1999). From its launch in 2000, a prestigious arena dedicated to research in the arts in health has been the *Centre for the Arts and Humanities in Health and Medicine* (CAHHM) (www.dur.ac.uk/cahhm/) established at the University of Durham by Sir Kenneth Calman, formerly Chief Medical Officer of the UK. At the time of submission of this thesis in September 2005 a UK government *Invest to Save* project is about to begin research at seven arts in health projects in the north west of England, under the aegis of Arts for Health at the Manchester Metropolitan University.

With the exception perhaps of Philipp (*op cit*; and see below, p.72), authors lean heavily in favour of qualitative approaches to evaluating participatory arts programmes - with quantitative measures used only where desired or appropriate; but there is still in many quarters an expectation that it is only by providing hard, quantitative evidence that the arts will be fully accepted and embraced by health services; a view that persists despite the indications that much healthcare practice is implemented inconsistently and on the sketchiest (if on any) scientific evidence (see Matarasso, 1997: pp.12-13). Nevertheless, where quantitative methods may appropriately be used it is not necessarily objectionable to do so; and a research project at the Chelsea and Westminster Hospital that was being undertaken at the time of writing was the first major research project in this field to use a methodology that is predominantly quantitative (Staricoff *et al*, 2001).

This thesis stems from its author's experience of almost twenty years as an artist, arts worker and studio director in the NHS, and as an recurrent availer of mental health services (see below, Ch. 5). Medical colleagues expressed great interest as this research began. Some were particularly excited by what they saw as an opportunity to apply traditional quantitative methods to a study of the arts in mental health care - that is, to the study of practice which they had supported on the basis of their own subjective, qualitative experience of what they perceived as its effectiveness with regard to their patients (but for a more quantitative response see Colgan *et al*. 1991 and above, Ch.3). As this researcher was getting increasingly nervous about the appropriateness of randomised control trials and the crunching of numbers, it was reassuring to be asked by a friend and professor of psychiatry: "have you thought about doing qualitative research? It's all the rage, you know!" (Creed[10], 1999; conversation with writer).

[10]throughout the study, informants' real names have been used wherever the author has been confident with regard to a person's desire to be named. Wherever there has been doubt, informants have been anonymised by means of third person narrative. In a few instances, pseudonyms have been used. For a discussion on anonymity, refer to the Introduction to this study (above, pp.10/11).

RESEARCH METHODS IN ARTS AND HEALTH

> *The ownership of measurement processes resides with those for whom the activity (and measures) exist* (Lingayah *et al*, 1996, p.37).

It may be helpful to make few observations before beginning this discussion:

- healing has been considered as an art (Miles, 1997, p.241)
- there are inconsistencies in health care research (Matarasso, 1996, p.13)
- artists are often antipathetic to research (Philipp, 1997, p.258)
- art *is* research (Matarasso *op cit*, p.9)

In the first of the Comedia working papers mentioned above, Matarasso (1996) points out how *creativity recognises and explores the value of subjectivity and the legitimacy of different perspectives* (p.4). He comments that most evaluations of arts programmes have tended to take the form of *narratives* which describe activity without referring back to any of the activity's objectives (p.4). However, as Kenneth Calman (2000, p.40) implies - on the basis of his authoritative experience as the UK's Chief medical Officer - narrative should not in itself be undervalued; indeed, it can form the stimulus for and the basis of what Seale (1993; cited by Matarasso, 1996, p.13) refers to as the *seeping* of research into practice.

Most authorities (eg. Lingayah *et al*, 1996; Matarasso, 1996; Angus, 1999) agree that it is essential in evaluating arts programmes to adopt a *pluralistic* (Angus, 1999, p.56) approach which engages all stakeholders from funders to participants. Matarasso (1996, p.26) refers to a dynamic creative cycle that flows from the setting of objectives through execution to reporting and a re-entry into the cycle at a higher level of understanding on the part of everyone involved. In this approach, as Angus (1999, pp.59, 60) points out, not only does research and evaluation inform the creative process, it becomes integral to it; it *is* the project (Matarasso *op cit*, p.26). As Matarasso says (p.9)

> *Evaluation is itself a part of the creative, artistic process ... and should be legitimised as such. This, after all, is the type of questioning process which professional artists engage in continuously;*

and yet, as he points out elsewhere (p.3), artists are often intimidated by the idea of research and evaluation, believing that the work itself is its own justification; but such a viewpoint does not help to secure resources from health service managers nor to extend access to the arts to those for whom the arts may (as is the argument of this thesis) offer significant benefits. The integration of evaluation within the artistic processes was a significant aim of the Lime *Pathways* project in Wythenshawe, the subject of a case study in this thesis (below, Ch.7), and for which the author undertook the preparatory action research and supervised the evaluation by Dr Rae Story (Story and Brown, 2004) of the pilot phase.

In discussing the suspicions of artists concerning research, Matarasso (p.12) writes how, in recognition of the subjective nature of their work, artists tend to see other disciplines as characterised by a *degree of objectivity to which it would be futile* [for artists] *even to aspire;* and yet, as he argues, the arts have much to offer in developing *sensitive, creative, people-centred approaches to evaluation which begin to address the outcomes, rather than the outputs, of policy initiatives* (p.13).

Matarasso says that by referring to the '*legitimate' subjectivity* (p.14) of different stakeholders, the researcher can create a composite picture of an arts activity, project or programme.

He points out that although statistics arising from quantitative evidence may be *portable* (p.15), quantitative methods may obscure more than they reveal; they will only tell a partial story (p.16). Relying merely on what what is numerically measurable, they make it harder to address 'soft' issues such as quality, for example. Quantitative data, he states, only *pretends to objectivity. Its weakness lies both in the unspoken or unrecognised assumptions which underlie it and in its susceptibility to manipulation* (p.16).

Matarasso advocates subtler, qualitative measures such as those used in market research (p.17), namely:

- focus groups
- interviews

- participant observation
- action research,

whilst acknowledging the difficulties in organising, evaluating and usefully presenting such material.

Matarasso discusses inputs, outputs and outcomes, stating that *outcomes* are the most relevant measure of success in an arts programme because they measure what happened as a result of the activity and what the effects were upon the participants (p.17). But in order to evaluate outcomes it is essential for there to be clarity from the outset with regard to the intended outcomes of a project. These, he says, are rarely formalised (p.18).

In terms of possible indicators of impact, Lingayah *et al* (*op cit,* p.3) speak of the possible outcomes of arts programmes in terms of:

- personal development
- social cohesion
- community empowerment and self-determination
- local image and identity
- imagination and vision
- health and well-being (significantly for this thesis)

In a discussion on establishing cause and effect, Matarasso (*op cit*) draws attention to the necessity of eliminating outside factors, removing as many variables as possible in order to attain internal validity; but, as he points out, the almost limitless variables make internal validity *virtually unachievable* (p.19) in arts programmes; more important, he says, is the *why* question.

Addressing the question of replicability (external validity), he writes:

> *An evaluation which pursues internal validity by disregarding local conditions cannot predict the replicability of a particular programme or intervention* (p.20);

even if it gets close to internal validity, evaluation of social arts programmes cannot achieve *external* validity on account of the *infinite variability* (p.20) of the societal contexts of the work.

Matarasso (p.21) lists as the variables inherent in any arts project:

- the personalities, skills, experience and qualities of the artists involved
- the aims, agendas and relationships of the project stakeholders
- the location and social situation of the work and the resourcing available
- the personal and social characteristics of the participants
- the timetabling, planning, even the time of year;

and he recommends that

> *one should be looking for the key elements of the project which are essential to its successful replication. For example, how much were the personalities involved a factor in the success? Could a different arts worker achieve the same results? How would changing the location or frequency of the project, or the type of art work affect future outcomes?* (p.21)

The only solution in the face of so many variables, he says, is the use by the researcher of *informed judgement*; for *it is in the creative unpredictability of their outcomes that arts projects add an essential tool to the range of social action* (p.21).

Matarasso (pp. 7-8) cites Strike's (1990) ethical principles for evaluation which, although devised within and for an educational context, are applicable to this area of study:

- due process and *informed consent*
- privacy
- equality
- public perspicuity
- humaneness
- client benefit
- (academic) freedom (which Matarasso translates as *artistic freedom or integrity*)
- respect for autonomy

Outcomes, as Lingayah *et al* (*op cit*, p.6) agree, are hardly ever considered by arts practitioners; and yet outcomes are an essential element in the creative process, incorporating as they do the

very notions of quality (p.5) that underpin the work of arts programmes.

There are several critiques of quantitative methods in evaluating arts programmes. Randomised Control Trials (RCT), devised for agricultural research and widely used in medical research, pose ethical problems such as that arising from depriving the control group of any benefits that may arise from the intervention under study. Moreover, it is difficult to control conditions and variables; nor is it possible to replicate the placebo effect - because the participants in the research project *know* that they are participating! (Matarasso, 1996, p.13).

The extent to which economic indicators can be used in evaluating cultural activity is addressed by Lingayah *et al* (pp.10-11). Cost Benefit Analysis (CBA), Value For Money (VFM), Gross Domestic Product (GDP) all assign money values to services. Whatever the perceived benefits of such indicators may be, they are not relevant, appropriate or helpful in the arts for they again evade the almost limitless variables that are the *sine qua non* of the arts as practised in social contexts; what Lingayah *et al* (p.33) refer to as social and environmental *noise.* The authors single out CBA for criticism on several counts (p.33):

- it misses out external costs and benefits that don't show up in prices
- it ignores or undervalues environmental costs
- it underestimates social benefits
- it focuses on the 'best' projects for its purposes - ie. those with the greatest gap between 'costs' and 'benefits', so it may ignore distribution in society
- valuation - distortion: whose values?
- consumer preferences - concentrates on 'private' preferences as consumers - not as citizens
- CBA decisions are made by the 'experts' - not participants.

It is reasonable to argue from Lingayah *et al* (p.14) that, although well-being is a commonly accepted policy goal, Quality of Life (QOL) measures are nevertheless laden with value judgements and are affected by the infinite variability that (creatively, environmentally, socially and spiritually) surrounds arts projects; there is certainly no objective indicator of well-being. As

Lingayah *et al* comment: *One lesson for the arts is that cultural activities assessed conventionally may not add up, but a different form of assessment may lead to a different answer* (p.19).

As will already be apparent from the discussion and arguments in Chapter 2 (above), from the Directory (see Appendix 1), and as will become more evident from the case studies (below: Part III), methodologies that work for artists, arts workers and arts organisations in the mental health domain would need to be ones that

- extend levels of participation
- inform and enhance the creative processes
- generate community and individual empowerment.

Lingayah *et al*'s proposal of a variant of *Social Auditing* (p.21) in evaluating social arts programmes fulfills this wish list. Social Auditing measures the social impact of an activity or organisation in relation to its aim and those of its stakeholders (p.21). The authors list six principles, and a seventh overarching principle, that should underpin good practice in Social Auditing:

- multi-perspective
- comprehensive
- regular
- comparative
- verification
- disclosure
- improved social responsibility

Such *stakeholder analysis* (p.22) creates ownership of the research and of the organisation, helps the organisation to understand the values and expectations of its stakeholders, and helps in the setting of future objectives; it helps organisations understand their place in society (p.24) - and this relates to aim 2 of this study (below: p.102). Lingayah *et al* add (p.24) that Social Auditing, by its very nature, ensures an ethical dimension to the research process.

Reinforcing the message that it is participants (as stakeholders) who should be the ones to set indicators, Lingayah *et al* assert that *users and participants will be most able to translate concepts*

like empowerment into concrete indicators (p.30), cautioning that to leave the setting of indicators to 'experts' is *catastrophic* (p.30).

In addition to Social Auditing, the authors discuss *Positional Analysis*, a method that positively takes into account *multiple perspectives* (p.33), and which might include:

- description of decision scenario
- identification of problem(s) from all perspectives
- design of alternatives
- identification of monetary and non-monetary impacts
- analysis of activities and interests affected according to alternatives chosen (including creation of a preference order from the perspective of different interests)
- analysis of prevailing risks and uncertainties
- articulation of ideological viewpoints relevant to the project
- conditional conclusions about likely impacts of alternative decisions on ideological standpoints

  (adapted from Lingayah *et al,* p.33; source: Söderbaum, 1992)

Among a number of potential indicators proposed by Matarasso (1995) are several that are particularly relevant to the arts in mental health; these indicators, emphasised here in italics, will inform cross-analysis (Creswell, 1998, p.63; and below, Ch.9) of the case studies (below, Part III) in pursuit of answers to the research question: *Is Art Therapy?*

OBJECT & IMPACT: SOME POSSIBLE INDICATORS

Individual and personal development

- Development of *skills* (vocational, creative, social)
- *Changes in interests* of participants
- *Changes in career* paths of participants

Social cohesion

- Reduction in criminal behaviour
- Increased *participation in community* groups
- Developing understanding of other cultures

Community empowerment and self- determination

- *Change* in organisations eg membership and objectives
- Increase in impact of *local issues* on relevant authorities
- *Change in access to public services*

Local change and identity

- *Change in perception* of institution or place
- *Reduction of anti-social behaviour*
- *Increase in the numbers of participants*

Imagination and vision

- Establishment of *new political or civic initiatives*
- *Change in cultural consumption and participation*
- *Widening of horizons*

Health and well-being

- *Change in health patterns* across places
- *Changes in the uptak*e of health services

(adapted from Comedia, 1995)

As has been suggested, it may be axiomatic to artists in the mental health field that, for research to be acceptable, project participants should be involved in any enquiry that concerns their (participants') interests. But the engagement of participants in evaluation has not always been taken for granted. Malcolm Miles (1997, p.247) quite uncritically gives an example of an evaluation of an artist's residency in a mental health hospital in which interviews were conducted

with 20 members of staff but with none of the service users who were participating in the arts activities. But, to be fair to Miles, he does recognise the importance of anecdotal evidence in suggesting that a well-conceived and well-run arts project can be the beginning of *a wider change of culture in an institution* (p.249).

Robin Philipp - a physician - describes what he sees as the health service manager's need for evidence that arts initiatives *will give the best possible outcomes at the lowest possible costs required to achieve them, when measured against the costs of alternative interventions or treatments* (Philipp, 1997, p.252). For the reasons discussed in this chapter, this study does not set out to fulfill such requirements. However, the *Invest to Save* arts in health project at the Manchester Metropolitan University will be widening the emergent methodologies for research into arts in health practice, embracing both qualitative and quantitative measures.

It is surprising that the only research that Miles (in Kaye & Blee, 1997, p.247) discusses at any length is noteworthy more for its failure to involve those stakeholders for whom the activity in question actually exists (see Lingayah *et al*, 1996, pp.30, 37) than it is for the quality of the findings of the evaluation. Indeed, most of the authors cited in this discussion would no doubt consider it a truism that it is *because* participants were not interviewed that the evaluation was distinctly partial.

It may be less surprising that, as a medical practitioner, Philipp should place a higher premium on quantitative measures than Matarasso (1996), Lingayah (1996) and Angus (1999; and see below). All the same, it is reassuring that Philipp - however backhandedly - acknowledges the important role of qualitative research insofar as it can *support* quantitative work

- with information about the accuracy of quantitative data;
- by identifying appropriate variables to be measured;
- by providing explanations for unexpected or unexplained findings;
- as a fertile source of hypotheses for quantitative enquiry;

  (After Philipp, 1997, pp.255-56, citing Black, 1994).

There is, though, even among health service planners, a desire for *more socially and ecologically conscious constructs* to replace *the narrow confines of biomedic and economic rationalism* (Mooney, 1995, quoted by Philipp, p.256).

But when it comes to discussing quantitative measures, Philipp betrays his medical background by advocating, for example, *a retrospectively assembled cohort study,* and the application of Random Control Trials to evaluating arts programmes (helpfully defining RCT as *an epidemiological experiment to study a preventative or therapeutic regimen*; p.255). He does not address the problem of infinite variables implicit in any single arts project; he does not take into account that essential *uniqueness* which threatens to render such quantitative research in this domain unreplicable and thus (arguably) spurious; experience (see case studies in Part III), if not common sense, shows that *arts for health initiatives* (p.255) are, pace Philipp, so uniquely individual that, as Matarasso says (1996, p.21), they cannot be applied *like a tablet*. Philipp's advocacy of RCT, moreover, takes little account of the ethical concerns raised by Lingayah *et al* (1996) concerning the necessary secrecy of the method - amounting in effect to deceptiveness - and its reliance upon the withholding of perceived potential benefits from control groups. Such an approach, as John Angus (1999, p.33) makes limpidly clear, is entirely contrary to the ethos of social arts practice.

In contrast to to Philipp, Angus and others see quantitative methods as useful only to the extent that they can be used to back up those qualitative measures which are often more in tune with arts practice. Indeed, Angus provides an effective, 'artist friendly' model for research. In his study of *possible methods for evaluating arts for health projects* (Angus, 1999) he begins (p.ii) by considering methods in

- medical practice
- health promotion
- community development,

and then, after pointing out that there are no accepted measures of *health gain* (p.47), and referring to the *personal trusting relationships* (p.ii) that are central to arts for health work, he states that traditional medical methods are not suitable when evaluating arts programmes:

- *epidemiological surveys* are inappropriate
- *questionnaires* are intrusive
- *random control trials* are contrary to arts practice in their requirement for standardisation.

He concludes that an *analytic ethnographic approach* (p.iii) is more appropriate; it is a method used increasingly in medical research (see above, Mooney, *op cit*). The ethnographic approach involves the collecting of qualitative data and analysing it for emerging patterns; a *pluralistic evaluation* (Angus, *op cit*, p.iii) which makes use of

- diaries
- notes
- observations
- interviews
- discussions.

It is important that the researcher, says Angus,

- must share the sensitive approach used in arts for health work
- must not be intrusive
- must involve the participants
- and the evaluation should be an *open and integral* (p.iii) part of the work.

He points out that *different stakeholders expect different benefits from a project and its evaluation* (p.iii):

- health service managers are looking for evidence of cost effectiveness;
- medical practitioners are looking for evidence of health gain;
- and participants may be looking for opportunities
    - to meet people;
    - for something to do;
    - to learn new skills;

and he asserts that these diverse and potentially conflicting views should not be seen as obstacles, but as inherent in the work. Finally, he states that of all the stakeholders *it is the interests of participants or intended beneficiaries that must be paramount* (p.iii).

RESEARCH METHODS IN ART THERAPY

McNiff (1998) relates how Art Therapy's earlier image of itself as an extension of psychiatry led its practitioners to aspire to acceptable, traditional research methods; art itself, he says, was *conspicuously absent* (p.21) from the discipline's research discourse.

After its initial, somewhat maverick, phase (see above, Ch.2), Art Therapy deepened its theoretical base in Freud's psychoanalysis - which many believe has now been exposed as *mostly wrong* (including Kaplan, 2000, p.26, citing support from Gazzaniga, 1992; Hobson, 1994; Pinker, 1997; and Wilson, 1998). Kaplan describes how most of the (*small but growing*) body of Art Therapy research is *focused on the product, on the meaning of the form and content of art images* (Kaplan, p.26). She lists (p.19) those branches of science whose methods are most relevant to Art Therapy:

- anthropology
- evolutionary biology
- ethnology
- medicine
- neuroscience
- sociology
- psychology
- the physical sciences.

She frames some of the rarely expressed assumptions of Art Therapy in the form of two questions (p.27) :

- Is art making therapeutic?
- What does an art therapist offer that another *clinician* is unable to provide?

The italics are those of the author of this thesis; for an essential question asked in this study is:

- What does an art therapist offer that another *artist* is unable to provide?

Kaplan refers to advocates of qualitative research methods in Art Therapy (such as Bloomgarden & Netzer, 1998; Junge & Linesch, 1993), and to advocates of the mixing of quantitative and qualitative approaches (such as Gantt, 1998; Rosal, 1998), before defending the use of

quantitative measures on the basis that they can effectively be used, for example, in *determining the graphic signs associated with a particular mental illness* (p.24). It will be evident from the argument of this thesis so far that this 'mental illness' model may be an inadequate basis for understanding the issues in question, and therefore it will be no surprise that such quantitative measures as Kaplan describes are not preferred in this study. Nor, as she suggests (p.25), are Art Therapists themselves naturally drawn to quantitative research. Indeed, as Payne (1993) says, Art Therapists are often as fearful of the very idea of research as are artists generally; it is, she believes, by advancing an understanding of research as a learning process that Art Therapists' fear of *throwing out our belief and practice base* will be addressed (p.16).

Schaverien (1993) writes of using clients' pictures as research tools (p.91), and applying a psychoanalytic case study method. Artworks, she says, are a record of the patient's experience and, as such, to *the therapist's record they add that of the patient* (p.92). Schaverien's *'add'* is revealing as it highlights one of the problems in Art Therapy practice and research: that the 'patient' or 'client' appears to be placed in a subordinate position to the 'professional', to the expert, to the therapist (for arguments supporting this view see above, Ch.2, and Masson, 1989: *Against Therapy*; and Smail, 1996: *How to Survive without Psychotherapy*).

But there has been a move to more participatory research methods in Art Therapy. McClelland *et al* (1993) give an example of a phenomenological approach (p.108) adopted for a *collaborative inquiry* (p.104) in which two of their clients were engaged as both subjects and co-researchers (p. 111); the clients' experience and expression were central to the research design and process. This research *with* people and not *on* them (p.104) involved *reflection in action* (*ibid*), an *action science* approach *to create knowledge in action, and for action* (p.112, citing Torbert, 1972); and *experiential inquiry*, involving reflection on action (*ibid*, citing Heron, 1988; but consider Schön, 1995, p.270).

Echoing Angus' (1999, pp.57, 59, 60) calls for ways in which art processes and product can become research methods in their own right, McNiff (1998) champions research in the form of *personal artistic expression* (p.29). He asks: *Is it the purpose of research to justify creative art*

therapy according to the standards of medicine and behavioural science? Or do we strive to advance practice through creative experimentation? (p.39). McNiff does not see a conflict between these goals, believing that each may serve the other. He concludes that *Art-based research is essential to advancing the sophistication of practice* (*ibid*; and cf. *Pathways*, below, Ch.7). To McNiff, as to the pioneer Art Therapists (see above, Ch.2), it is the *doing* of art, with its recording of experience, that constitutes what he calls *creative discovery* (p.49). This is a heuristic approach which examines the researcher's personal experience (p.53). He quotes Moustakos on heuristics, where *an unshakable connection exists between what is out there, in its appearance and reality, and what is within me in reflective thought, feeling, and awareness* (p. 53, quoting Moustakos, 1990, p.12).

After citing Moustakos' (*ibid*) emphasis on the need for *sustained immersion* and *direct personal encounter*, McNiff continues:

> *The subjective perspective, once considered inimical to research, becomes a primary feature of heuristic inquiry which encourages the telling of personal stories. Moustakas describes how this approach to investigation actually requires 'autobiographical connections' through which 'the heuristic researcher has undergone the experience in a vital, intense, and full way'* (*ibid*, p.14).

This heuristic *affirmation of the personal perspective* (McNiff, p.53) informs the first case study in this thesis (below, Ch.5).

Generally, then, it can be said that research methodologies in Art Therapy are evolving from an (increasingly questioned) medical, psychoanalytical approach (Kaplan, p.26; Payne, 1993, pp. 94-98), to one that is more qualitative and phenomenological (McClelland, A & P, 1993, p.108), with an increasing emphasis on processes rather than product. A mix of objective and subjective approaches is advocated by authors such as Kaplan (*op cit*) and Ansdell & Pavlicevic (2001) who give equal weight in their sample research studies to quantitative (*ibid*: and below, Chs.7,9) and qualitative (*ibid*: and below, Chs.8,10) methods.

EXAMPLES OF RESEARCH METHODS IN ARTS AND HEALTH

Use or Ornament?

The Comedia study *Use or Ornament? The Social Impact of Participation in the Arts* (Matarasso, 1997) discussed above, used a social research approach (p.3) and included the following methods (p.98-99):

- project visits
- participant observation
- interviews of varying formality
- focus discussion groups of varying formality
- observer groups, following an Australian model in which assessments were made by an observer group of 25 people with some degree of involvement in the programme being studied (Williams,1995, p.6) using agreed indicators, devised by programme stakeholders and taking into account their differing objectives. These indicators provided a *workable framework* and the method was *of value in its own right and to the arts process* (p.99)
- questionnaires which, despite problems of attaining a neutral tone (p.96) and of comprehension (for non-readers, for example: p.97) provided quantitative data to support the qualitative findings

Having reiterated the virtual impossibility of achieving objectivity, the study *accepts the subjective views of people within and outside each project as an appropriate response to the nature of the arts and the complexity of its social outcomes* (p.4).

Despite the difficulty in establishing causal links by assigning particular outcomes to particular arts activities (a central issue in social research; p.6), nevertheless the various methods combine cumulatively in a kind of triangulation (p.5) of different perspectives. This basing of the analysis of each case on more than one source means that *any complexity is outweighed by increased reliability* (p.5).

A national study of good practice in arts and health

A review of good practice in the field (Health Development Agency [HDA], 2000; and above) began with a literature review before adopting three evaluation strategies (p.11) that were

- **health-based**

  relating to self-esteem and well-being (Argyle, 1988; Argyle, Martin & Lu, 1995; Headey, Holstrom & Wearing, 1984)
- **socio-cultural**

  relating to the benefits of arts projects (drawing on Matarasso, 1997: see above)
- **community-based**

  relating to the building of social capital (Meyrick & Sinkler, 1998; HDA, 1998; Campbell, Wood & Kelly, 1998; Fee, Arber, Ginn & Cooper, 1998).

The three strategies used both qualitative and quantitative measures, deploying

- semi-structured interviews
- questionnaires
- assessments of artwork
- mapping of the field
- site visits

A taxonomy was established which divided projects into three categories:

- didactic
- participatory
- environmental

250 projects across the country were identified, of which a sample of 15 evenly divided between the three groups was selected. Semi-structured interviews were conducted with one key member of each project. The researchers interviewed participants where possible (p.13), and observed and photographed the work. An advisory panel of experts assessed the projects to refine the good practice criteria and to agree the questionnaire methodology. The questionnaire was distributed to 246 UK arts organisations but had only a 37% return, anecdotal evidence suggesting that many felt they did not have time or expertise to fill in the questionnaire (p.13). The writer's own

experience supports this view. The form in question, completed on behalf of Stockport Arts & Health (see directory entry in Appendix 1), was long and complex for an organisation whose typically heavy workload would otherwise have prevented its regular staff from contributing to what was an important study.

An evaluation of an arts and mental health project

A study of the Mind Arts Project in Stockport (now ARC; see Directory entry for *MAPS* in Appendix 1) was made by Sarah Clarke (2000) of the Stockport Centre for Health Promotion. The study's aim was to ensure the project was providing the best service possible to its membership (p.7) of users and ex-users of the local mental health services.

The study made use of:

- semi-structured and open format interviews with members and project workers
- group discussions
- observation, including participant observation
- a semi-structured questionnaire sent to local mental health specialists, with a mix of closed and open-ended questions and space for free text. Return rate was 25% of staff targeted
- statistical analysis of project records

In her consideration of quantitative measures, Clarke refers to the *... unacceptability of use of questionnaire/structured interview with members in context of philosophy of MAPS* (p.35), and she continues - significantly in view of the discussion above on *infinite variables*: *outcome measures tracking the longer term, effective participation in the project are difficult to test due to synergistic effect of many different influences on members' and ex members' mental health* (*ibid*).

A qualitative, pluralist approach was adopted to determine the experience and meanings of being involved in the project. Clarke had initially hoped that the evaluation itself would be a more participatory process in determining key issues and methodology, but this had not been possible within the funding allocated to the study (p.36).

As a *process, impact-led* (*ibid*) evaluation, for the purposes of the project, the findings were not expected to be transferable and generalisable.

A quantitative study of a hospital arts project

At the time of researching for this chapter, Staricoff *et al* (2001) were in the process of preparing the first (p.28) large-scale quantitative study of the arts in health care[11]. The preliminary findings of this investigation of the arts project at the Chelsea and Westminster Hospital resulted from an analysis of questionnaires given to 1,001 patients, staff and visitors, with respondents invited to score each question concerning their views of the arts at the hospital on an ascending scale of 1 to 10. The data were entered into a *specially designed database* (p.26) and subjected to established methods of statistical analysis which the authors described thus:

> *For questions scored on a scale of 1 to 10, data are described using box and whisker plots. The box ends correspond to the interquartile range and the median marked inside. The whiskers represent the range of the data, unless there are individually plotted points, which represent points that lie beyond 1.5 times the inter-quartile range and therefore can be regarded as possible outliers. The figures on top of the boxes correspond to the number of people who have answered that particular question.*
>
> *Kruskall-Wallis tests were used to determine whether there was a significant difference in median scores among the three populations. This analysis does not, however, take into account any differences in the age and sex distribution of the three populations. The extended Mantel-Haenszel test with standardised ranks (the Van Elteren test) was*

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[11] Since this chapter was written, the Chelsea and Westminster Hospital research has been published (*A Study of the Effects of Visual and Performing Arts in Health Care*, by Rosalia Staricoff, Jane P. Duncan, and Melissa Wright; published by Chelsea and Westminster Hospital and the Kings Fund, 2001).

The study found (p.5) that *the integration of the Visual and performing Arts in Healthcare:*

- *Induces significant differences in clinical outcome*
- *Reduces amount of drug consumption*
- *Shortens length of stay in hospital*
- *Improves patient management*
- *contributes towards increased job satisfaction*
- *enhances the quality of service*

therefore also performed to see whether any differences remained after adjusting for age and sex. This test was performed on a reduced dataset, as information regarding age was missing for 200 people.

In order to compare whether the visual arts or performances had more of an impact in taking subjects' minds off their worries, a Wilcoxon signed rank sum test was carried out. Analyses were performed using STATA version 6 and SAS version 6.12. Statistical significant difference are indicated by p values lower than 0.05 (p.26).

A Tentative Start?

Colgan *et al* (1991) conducted a small but significant study at START Studios in Manchester (see below, Ch.5; and Directory, Appendix I) to test the hypothesis that by virtue of being an active member of the Studios there would be a reduction in a ‘patient’s’ need to use other psychiatric services, thereby releasing resources for other areas of need (p.596). Data were collected from case records of 26 members for 100 weeks before and after joining the Studios. Information was collected on diagnosis, duration of admission to hospital, and the number of referrals to other services. Statistical analysis was applied. Although the authors warn against generalising from such a small sample, the findings were positive and the evidence found suggested that they were unlikely to have occurred by chance (p.597). The study includes a member’s account of her feelings about the studios (p.598).

REASONS FOR USING CERTAIN METHODS

A qualitative approach

To pave the way for teasing out the arguments for adopting qualitative methods in this study and for using multiple case studies incorporating (variously), autobiographical, and ethnographic elements, the above discussion about evaluation methods for arts and health programmes is summarised as follows.

The discussion began by contrasting, on the one hand, Matarasso's (1996, p.4) comment that most evaluations of arts programmes take the form of *narratives* without taking account of the activity's objectives, with, on the other hand, the high value that Calman (2000, p.40) places on narrative; *I want to hear the story* (Calman at CHARTS 99; unrecorded except by the writer's memory). It is interesting that Matarasso, who writes from an arts perspective, should appear slightly nervous about narrative, despite his own views on the need for qualitative research; whilst Calman, as former Chief Medical Officer of the UK, should emphasise the high value of qualitative evidence. Of course, Matarasso is right to favour augmenting the qualitative with the quantitative within the context of a study (*op cit*) concerning methodologies for evaluating of arts programmes with reference to their objectives. But qualitative research can stand its own ground without apology (Creswell, 1998, p.9); and narrative (as Calman confirms, above) may become the source for Seale's (1993) *seeping* of research into practice.

But Matarasso (1996, p.16) does stress that quantitative evidence on its own obscures more than it reveals: it only tells part of the story, its claims to objectivity are questionable, and its results (however simple) can be manipulated. For various reasons, the authors considered above dismiss RCT (Matarasso, 1996, p.13), economic indicators (Lingayah et al, 1996, pp.10-11), and even QOL (p.14), as being inappropriate to the evaluation of arts programmes.

Yet Philipp persists in advocating quantitative methods in researching health arts (Philipp, 1997, p.252), arguably on the basis of his own medical background with its penchant for 'hard' evidence. Indeed (and in direct contrast to Matarasso, 1996; Lingayah, 1996; and Angus, 1999) Philipp sees

the value of qualitative research only as *supporting* quantitative work. But then he himself (*op cit*, p.256) goes on to quote Mooney (1995) on the desire for *more socially and ecologically conscious constructs* to replace *the narrow confines of biomedic and economic rationalism*.

Contrary to Philipp, then, Angus and others see quantitative methods as useful only insofar as they back up qualitative measures which are (as Angus argues, 1999, p.33) more in tune with arts practice.

Comedia is predisposed towards qualitative measures (Matarasso, 1996, p.17), for example *Social Auditing* (Lingayah *et al*, 1996, p.21), with its emphasis on *stakeholder analysis* (p.22); and *Positional Analysis*, with its *multiple perspectives* (p.33). Angus (*op cit*) proposes a pluralistic (p.iii), ethnographic (p.56) approach, and emphasises that *paramount* importance must be given to the interests of participants and to the *intended beneficiaries* of projects (p.iii).

Creswell (1998, p.9) asserts that qualitative research needs to make no apologies to quantitative research; it can stand alone. He defines qualitative research in terms of its exploration in natural settings of social or human problems, the building of a *complex, holistic picture* (p.9), and the analysing of the views of informants (p.15). Qualitative research, he writes, results in *a complex narrative that takes the reader into the multiple dimensions of a problem or issue and displays it in all its complexity* (p.15), and he paraphrases Ragin's (1987) view that *quantitative researchers work with a few variables and many cases, whereas qualitative researchers rely on a few cases and many variables* (Creswell, *op cit*, p.15).

Denzin & Lincoln (1994, p.2) describe qualitative research as multi-method and interpretive, involving the use (variously) of:

- case study
- personal experience
- introspection
- life story
- interview

- observation
- historical texts
- interactional texts
- visual texts

Tesch's (1990, cited by Hart, 1998, p.154) list of 43 approaches to qualitative design includes Creswell's (*op cit*) *Five Traditions* of:

- biography (*life history study*: Hart, *ibid*)
- phenomenology
- grounded theory
- ethnography
- case study

Qualitative research is thus *rich in detail* (Jary & Jary, eds., 1991) and emphasises *the relativistic nature of the social world* (Burrell & Morgan, 1979; quoted in Cohen & Manion,1994, p.8).

Rationales for conducting a qualitative study

The arguments for conducting a qualitative study here are stated below after paraphrases (in bold type) of each of Creswell's (*op cit*, pp.17-18) eight-point rationales for such an approach.

Qualitative research deals in *how*? or *what*? questions - whereas quantitative research is concerned with *why*?

This study is concerned with the *what*? of describing the variety of activity in the field in question, in recording the *how*? of practice-in-operation, and in exploring the evolution of divergent and convergent practice. It *may* provide data for others to in pursuit of *why*? questions.

Qualitative research is appropriate when a topic which needs to be explored has variables that are unidentifiable and where theories are not available.

This study responds to the need to record activity in a complex field and accepts the *infinite variability* (Matarasso, 1996, p.20; and see above) of the milieus in which the practice in question operates.

Qualitative research should be used when there is a need for a detailed view of a topic.

This study responds to the need to record in detail activity in a field that is complex on account of its crossing of several domains, eg. psychiatry, psychology, arts, culture, community development.

Qualitative research is applicable when studying people in their natural setting, which helps ensure that findings are rooted in context.

This study, by default, emerges and evolves from the author's own experience within the *natural setting* in question.

Qualitative research should be considered when the researcher is interested in a literary or narrative style, and in bringing his or her self ('I') into the study.

This study relies upon the researcher's own experience of the field in question; part of the study is reported in autobiographical form. And I like writing.

Qualitative research should be considered when the researcher has enough time and resources to undertake a lengthy process of data collection and analysis.

This study is built, in substantial part, upon a considerable body of data (words, visual media and artifacts) accumulated over twenty-five years of the author's professional work in the field.

Qualitative research should be considered when the audience of a study will be receptive to qualitative research.

This study and its offshoots will (it is hoped) be of interest and use to artists and arts workers; to mental health service managers, planners, workers and users;

and possibly to scholars. And although some members of this disparate audience might have anticipated a quantitative study of the issues in question, they will be disappointed in this instance; for the changing ethos in health care and health promotion towards holism, as reflected in Kenneth Calman's 'tell me the story' (above), justifies pursuit without apology of a qualitative study (see Creswell, *op cit*, p.9).

Qualitative research is apposite when the researcher wishes to emphasise her or his role *as an active learner who can tell the story from the participants' view rather than as an "expert" who passes judgment on participants* (p.18).

This study reflects the author's own shifting perspectives and views; these have arisen during the course of the research process as a direct result of conversations and experiences shared with participants. And although the author has been deemed by some to be an 'expert' in this field, the primary experts have always been considered to be the participants and the *intended beneficiaries* (Angus, 1999, p.iii) of arts projects, from whom this researcher continues to learn.

Case study

Yin (1994, p.13) defines a case study as *an empirical inquiry that investigates a contemporary phenomenon within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident*. Creswell's definition (1998) adds that case study involves *detailed, in depth data collection, involving multiple sources of information rich in context* (p.61).

Case study is distinguished from ethnography in that case study operates within a bounded system - a programme, event, activity or issue - whilst ethnography is concerned with a cultural system (Creswell, *op cit*, p.66). It could therefore be argued from Creswell, and despite Angus (above), that an ethnographic approach might not be appropriate to this study because the very identification of a definable 'culture' within the field of the arts and mental health could be contrary to the ethos of social inclusivity that underpins this area of work (see above, Ch.2), and could entail the risk of compounding or reinforcing the stigma that attaches to mental illness. However, as is explained

below, the first case study (Ch.5) is a contextualising autobiography that owes much to a heuristic, personal ethnographic approach. Since much of this thesis is based on the author's own experience and reflection, it is important that the "*I"* in question makes its position and assumptions clear.

John Langrish sees case study as a *biological approach* which *glorifies diversity* and *seeks out taxonomies* (Langrish, 1993, p.2). Defining a case's system boundary, Langrish's *animal*, is as problematical as it is central to case study. Because such boundaries may be blurred or even non-existent in the real-world with which case study is concerned (see Yin, *op cit*, p.2), the researcher may have to *contrive* the boundaries for her or his case (Creswell, *op cit,* p.5). But it is this very acceptance of uncertainty that is so attractive in the case study method to a researcher who relishes *verbal vacuums, grey fogs, woolly heads and muddy zones*, and who believes that *it is by wading among these confusions that we prime the soil in which new ideas, approaches and forms grow* (Brown, 1997, p.222; and *cf* Schön, 1995, p.42; and below, Ch.5).

The opportunity offered by case study for testing, as an *active learner* (Creswell, *op cit*, p.18; and see also Schön, 1995, p.299), the author's own assumptions is compelling both personally and in terms of the requirements of this study.

It may be helpful at this stage to elicit a personal viewpoint, to draw out the "*I*". When I set out on this postgraduate research process I explained to friends, relatives and colleagues that I was looking forward to trying to make sense out of what I had been doing for the 20 or more years that I had been working as an artist in the NHS (Coles, 1981, p.43). During that time issues had arisen which I had acknowledged were problematical yet to which I paid only passing attention amidst an increasingly busy workload. Such issues that arose as, for example, the relationship between the quality of artwork and 'lay' participation in our projects; and the difficulties arising between the theories and practices of Art Therapy and non-therapy oriented arts, are central to this thesis. The problems inherent in these questions were seen by myself and my colleagues (whether artists or health staff) as complex - so they tended to be swept under the carpet of day-to-day work.

Case study emphasises *rich description* and has the potential to flush out *insights* (Bryman,1988);

it can be exploratory and descriptive (Creswell, *op cit*, p.62, citing Yin, 1989); it can tease out taxonomies (Langrish, *op cit,* p.2), themes (Creswell, *op cit,* p.63), and patterns (p.251); it can report *lessons learnt* (p.63) in the form of *naturalistic generalizations* that are applicable to *a population of cases* (p.154); it is flexible (Yin, *op cit,* p.52); it describes, illustrates and explores (p. 15); all of which make it an appropriate choice of method for this study.

If the exploration and understanding of these issues can best be achieved by case studies, then I argue that my experience well qualifies me to undertake such a study. Yin stresses the importance of the case study researcher's *grasp of the issues* (p.58) and *prior, expert knowledge* (p.124). Also, the questions of which I became aware during my working experience demonstrate the need for descriptive and exploratory studies of facets of the work which are problematical and which require attention; it is a new field with a newly emergent *knowledge base* (Yin, *op cit*: p.29) that is, as yet, quite rudimentary.

Some of the difficulties of case study relate to issues such as the identification and bounding of a case (Creswell, *op cit*, p.63); personal bias (p.131; Yin, *op cit*, p.59); verification (Creswell, *op cit*, p.213). Case study is criticised on the grounds that it is subjective, impressionistic, idiosyncratic, imprecise, and it entails the risk of the researcher 'going native' (Cohen & Manion, 1994, p.110). Some of these criticisms will be discussed in the next chapter when describing the methods used in this study. Meanwhile, Cohen & Manion (1994, p.123) offer several further possible advantages of case study which, although the authors are addressing educational researchers, are wide ranging and relevant to this study and are therefore included here in full:

> *Case study data, paradoxically, is 'strong in reality' but difficult to organize. In contrast, other research data is often 'weak in reality' but susceptible to ready organization. This strength in reality is because case studies are down-to-earth and attention holding, in harmony with the reader's own experience, and thus provide a 'natural' basis for generalization.*
>
> *Case studies allow generalizations either about an instance or from an instance to a class. Their peculiar strength lies in their attention to the subtlety and complexity of the case in its own right.*
>
> *Case studies recognize the complexity and 'embeddedness' of social truths. By carefully attending to social situations, case studies can represent something of the*

discrepancies or conflicts between the viewpoints held by participants. The best case studies are capable of offering some support to alternative interpretations.

Case studies, considered as products, may form an archive of descriptive material sufficiently rich to admit subsequent reinterpretation. Given the variety and complexity of educational environments, there is an obvious value in having a data source for researchers and users whose purposes may be different from our own.

Case studies are 'a step to action'. They begin in a world of action and contribute to it. Their insights may be directly interpreted and put to use; for staff or individual self-development, for within-institutional feedback; for formative evaluation; and in educational policy making.

Case studies present research or evaluation data in a more publicly accessible form than other kinds of research report, although this virtue is to some extent bought at the expense of their length. The language and the form of the presentation is hopefully less esoteric and less dependent on specialized interpretation than conventional research reports. The case study is capable of serving multiple audiences. It reduces the dependence of the reader upon unstated implicit assumptions ... and makes the research process itself accessible. Case studies, therefore, may contribute towards the 'democratization' of decision-making (and knowledge itself). At its best, they allow readers to judge the implications of a study for themselves.

possible advantages of case study; source: Cohen & Manion, adapted from Adelman et al, 1980

Reflective practice and personal ethnography

In *The Reflective Practitioner* (1995 edition; first published 1983) and other works, educationalist Schön (1930-1997) writes of *the artistry that* [is] *embedded in professional practice* (Weil, 1997).

It was reassuring for the author to find that a rationale for the sort of confusion such as he had known and had claimed to *relish* (as described above; and see Brown, 1997, p.222) is offered by Schön (1995) when he speaks of *a swampy lowland where situations are confusing "messes" incapable of technical solution*; and yet, as he says, it is in this swamp that we find *the issues of greatest human concern* (p.42). Schön points to the value of practitioners' allowing themselves *to become confused about subjects they* [are] *supposed to know* (p.67), arguing that it is through accepting these states of *surprise*, *puzzlement* and *confusion* (p.68), in the face of unforeseen or

unique circumstances, that creative solutions are found that cannot be attained through what he describes as *Technical Rationality* - in place of which he advocates the process of *reflection in action* (p.49). Schön reasons that it is a process of *reflective conversation with the situation* (pp. 281,347) that makes research an integral component of practice (p.308).

It is only by investigating these “messes” (for example: Art Therapy v non-therapy art? Participation v quality?) in a spirit of reflective practice, rather than sweeping them under a carpet of expediency, that practice will acquire a growing *repertoire* and *schema* (see Schön’s analogy with jazz: p.55) of *themes, metaphors and fuzzy propositions* (pp. 319, 320) to inform its development.

This study has given the author the opportunity to take a step back from what had become a chaotic full-time practice to reflect at length and in depth on the difficult questions that arose in the course of that practice. A failure to reflect on these issues at the time was, as has been said, partly a factor of time constraints and partly of the seeming complexity of the issues themselves (both reasons are, of course, entwined); but it was also a factor of growing managerial expectations - expectations that conflicted with the author’s social and artistic goals, and which in consequence adversely affected the NHS-based studio of which he was Director. Thanks to Schön (p.337) it is now possible to conceptualise these processes as a creeping institutionalisation which bore down on reflective practice; there were too many dilemmas, too many conflicting issues and agendas to allow for the drawing of a creative breath.

So the stepping aside from the daily responsibilities of running a project in order to learn about research (a process which has nevertheless embraced my continuing arts practice) has enabled an understanding of what Schön describes as the *permeable boundaries* (p.323) between research and practice; having shone a torch into his *grey fogs* (Brown, 1997, p.222), the author now aspires to the role of *researcher as consultant to practitioner* (Schön, *op cit*, p. 323) in the hope of demonstrating - and living - the propositions of Schön, Angus (1999, pp. 59,60) and Matarasso (1996, pp.9,26) that artistry, art practice, research and evaluation are in deed as well as in theory, one and the same. This is the principle that guided the author’s

contributions to Pathways (below, Ch.7) and to Bridgehead[12] (below, Ch.5).

SUMMARY AND CONCLUSIONS

Although authorities in the arts and social sciences weigh in favour of qualitative approaches to evaluating participatory arts programmes, there is still an expectation that only by providing quantitative evidence will the arts be integrated within health services. And whilst Matarasso and Angus demonstrate that research and evaluation are integral to artistic processes, artists nonetheless tend to be intimidated by research, being suspicious of an objectivity to which the arts (they feel) should not aspire; and yet the arts have much to offer in developing people-centred approaches which can begin to address the outcomes of policy initiatives.

Lingayah's emphasis that ownership of any evaluation of participatory activity resides with those for whom the activity exists was pursued and found to be endorsed by other authorities, particularly Matarasso and Angus. And, as Calman implies, narrative can form the basis of Seale's *seeping* (1993) of research into practice.

Several traditional quantitative methods were discussed and found to be inappropriate or ineffective for evaluating arts programmes. Angus recommends an analytic ethnographic approach: collecting qualitative data and analysing it for emerging patterns by making use of diaries, notes, observations, interviews and discussions. Reassuringly, this method is increasingly used in medical research.

Art Therapy's formative image of itself as an extension of psychiatry led its practitioners to aspire until recently to traditional research methods that focused on the meaning of the form and content of images produced by their 'clients'. There has, however, been a move towards more participatory research methods in Art Therapy; an example was given of a phenomenological

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[12] **Bridgehead (Arts) Ltd**: a network of artists collaborating (potentially) across all artforms. At the time of the completion of this thesis, an Arts Council England East Midlands feasibility study is about to assess whether and how Bridgehead can deliver on Arts Council England objectives for artists' networks across the region

approach, a *collaborative inquiry* where clients engaged as both subjects and co-researchers.

Many Art Therapists are returning to the notion that it is the *doing* of art that constitutes the process of creative discovery. This more heuristic approach involves examination of the researcher's own personal experience in a process in which the connection is recognised

> *between what is out there, in its appearance and reality, and what is within me in reflective thought, feeling, and awareness* (Moustakos, 1990, p.12).

McNiff's advocacy of heuristic inquiry echoes Calman's call for the 'story' and relates to the non-therapy artists' perceptions of their own 'non-clinical' roll.

The convergence of methodologies between artists and Art Therapists that was revealed in the literature on research in Art Therapy suggests further grounds for a rapprochement between the two modes of practice that are the subject of this study.

Methods were then examined that had been used in four examples of research into non-therapy participatory arts practice. Comedia's study *Use or Ornament?* used a social research approach, reiterating the virtual impossibility of achieving objectivity, and accepting subjective views as an appropriate response to the nature of the arts and the complexity of its outcomes.

A review of good practice in the field (HDA, 2000) employed health, socio-cultural and community based evaluation strategies, and used both qualitative and quantitative measures to established a taxonomy which divided projects into *didactic*, *participatory*, and *environmental* categories.

An evaluation by a health promotion unit set out to to determine if an arts project was providing the best service possible to its membership of users and ex-users of local mental health services. The study's author refers to the unacceptability of questionnaires and structured interviews within the context of the arts project's philosophy. A qualitative, pluralist approach was therefore adopted to determine the experience and meanings of being involved in the project.

By way of contrast, a recent quantitative study was briefly described in which preliminary findings resulted from an analysis of questionnaires given to a large sample of patients, staff and visitors..

A smaller but significant study was described which set out to test the hypothesis that by virtue of being a member of an arts studio there would be a reduction in a ‘patient’s’ need to use other psychiatric services, thereby releasing resources for other areas of need. Although the authors warn against generalising from such a small sample, the findings were positive and the evidence found suggested that they were unlikely to have occurred by chance.

Conclusions

Drawing on the discussion so far, reasons were then advanced for adopting a qualitative approach in this study and for using multiple case studies incorporating biographical, autobiographical, and ethnographic elements. A qualitative approach would be appropriate insofar as this study:

- is concerned with describing the variety of activity in the field in question, in recording practice-in-operation, and in exploring divergent and convergent practice;
- responds to the need to record activity in a complex field and accepts the infinite variability of the milieus in which the practice in question operates;
- responds to the need to record in detail activity in a field that is complex on account of its crossing of several domains;
- emerges and evolves from the author’s experience within the natural setting in question.

Case study was distinguished from ethnography in that case study operates within a bounded system whilst ethnography is concerned with a cultural system. Defining a system boundary is problematical but central to case study. Because boundaries may be blurred or non-existent in the real-world with which case study is concerned, the researcher may have to *contrive* the boundaries.

Case study is particularly appropriate for this study because the method:

- describes, illustrates and explores;
- emphasises rich description;
- has the potential to flush out insights;
- can tease out taxonomies, themes and patterns;
- can report lessons learnt in the form of generalisations applicable elsewhere;
- is flexible.

Whilst case study provides the opportunity to test the researcher's own experience and assumptions, the first case study (Ch.5), as a contextualising autobiography, owes more to a heuristic, personal ethnographic approach. It was reassuring in support of this decision to find in Schön a rationale for the notion that creative solutions may be found among confusions; Schön reasons that it is a process of reflective conversation with the situation that makes research an integral component of practice. Combining case study with personal ethnography, then, has enabled an understanding of Schön's permeable boundaries between research and practice, and helped demonstrate that artistry, art practice, research and evaluation are one and the same.

CHAPTER 4
METHODS USED

INTRODUCTION

SCOPE OF THE STUDY

Focus is on the visual arts involving adults diagnosed as ‘mentally ill’, excluding people with learning difficulties and ethno-cultural issues, and examining the views of participants and experts in the arts, health care and community development

STUDY DESIGN: AIMS TO PROPOSITIONS TO QUESTIONS TO METHODS

From the original aims of the study via a series of propositions based on the author’s experience of the field and on exploratory studies, to the formulation of research questions and an introductory summary of the methods used to answer these

LITERATURE SEARCH AND REVIEW

An account of a process that was helpful in clarifying the author’s views, challenging assumptions, and generating new points of departure by deepening understanding of the relationship between art, creativity, madness and mental health

MAPPING THE TERRITORY: A SURVEY

A convoluted history of the *i am*Directory of the arts in mental health care in the UK describes the criteria for inclusion in the directory, and includes a discussion of some of the issues that arose surrounding the use of a variety of terms

CASE STUDY

Descriptions of the types of case study used, how and why the cases were chosen and the boundaries improvised, with further discussion on the autobiographical case study and on the role of action research in the study

ISSUES ARISING IN THE APPROACHES USED

Addressing a number of questions: the capacity for objectivity of a researcher immersed in his field; validity and replicability; and ethical considerations, including a discussion on issues relating to the anonymity of informants

GATHERING THE DATA

Using multiple sources of information: interviews in the form of guided conversations, participant observation and action research, documents and archival records, and the primacy of visual material in such a study

ANALYSING THE DATA

Keeping track of a mass of material, identifying key words and concepts, using stakeholder indicators, and analysing data both within and, comparatively, across the case studies

DRAWING CONCLUSIONS AND WRITING UP

Comparing and contrasting the findings of the case studies both within- and cross-case, and with the literature, enabled the drawing out of a number of conclusions. Much of the structure of the thesis takes a narrative form that encompasses the chronological, the thematic, and the unsequenced

SUMMARY AND CONCLUSIONS

With a note on the objective/subjective question

INTRODUCTION

A central task of this study was to identify the benefits arising from the practice of the visual arts to people with mental health problems. This was attempted by means of multiple case studies describing different approaches in the arts and mental health. The case studies revealed the experiences primarily of those considered to be the significant experts - that is, those with experience of mental health care services.

The starting point for the case studies was the author's own experience - as a *reflective practitioner* (Schön, 1995) as recorded in diaries, notebooks, correspondence, minutes of meetings, visual material and personal memory, corroborated wherever necessity demanded and possibility allowed.

During the progress of this research the ideas and conclusions held as a result of the author's working experience underwent a process of testing, evaluation and reassessment in the light of the literature, as a result of reflection on a twenty-year kaleidoscope of events, and in the light of the data and analyses emerging from the case studies.

Participants in the research

The main focus of the case studies was on the experience and views of users, survivors and artists, with additional material from staff, therapists and medical staff, as well as from planners, funders, managers, commentators and experts in the fields in question.

By eliciting the views of artists, staff and managers it was also hoped to find a common language for meaningful creative dialogue between service users and providers about the role, benefits and effective development of the arts in mental health care.

As an instrumental participant in my own research, I made explicit my own personal and professional stake in the field of study (below, Ch.5).

Finding the work

The unearthing of good, innovative and representative practice in the two fields of Art Therapy and non-therapy oriented arts began on ground already staked out during the author's career in the field and as a member of the steering group of the Arts in Mental Health Forum (now *i am*). The process was widened by means of the directory questionnaire and through contacting agencies such as (at the time of the research) the Regional Arts Boards (now Arts Council England regional offices), the Shape Network, mental health agencies such as Mind, and the British Association of Art Therapists (BAAT).

SCOPE OF THE STUDY

The study explores the relationships between art (in its historical as well as in contemporary participatory contexts), mental health, and therapy (specifically Art Therapy).

It focuses on the visual arts, but does not include film, moving image or electronic media; these are topics for further study.

The case studies, however, cover other artforms so as to give a rounded picture of arts provision generally in the mental health services of a particular locality and in order to suggest an extent to which the findings of the thesis may be applicable across artforms.

The focus is mostly (but not exclusively) on those adults aged 16-65 years whom clinicians are likely to have diagnosed as ‘mentally ill’.

The study does not include as a discrete category people with learning difficulties.

Reluctantly, it does not explore ethno-cultural issues in any depth; again, these are topics for further study.

The study includes the views of experts in the fields of the arts, cultural studies, health care and community development.

STUDY DESIGN:
AIMS TO PROPOSITIONS TO QUESTIONS TO METHODS

The literature concerning participatory practice in the non-therapy oriented visual arts in the mental health field was scant at the start of the research period for this study, but is rapidly growing by its close; at the beginning there was little upon which to build a *conceptual framework* (see Yin, 1994, p.29). One important task of this study was therefore exploratory, although it was anticipated that certain issues might arise that would lead to the generation of theory - as in grounded theory - although there was no intention of adopting such methods of analysis as *open*, *axial*, and *selective coding* (Creswell, 1998, p.57).

At the outset a considerable amount of *literal replication* - the finding of similar results across any cohort of cases (Yin, p.51) - was expected, on the basis of experience. *Theoretical replication* (*ibid*) was also anticipated, to the extent that the researcher's own experience could potentially reveal findings that might contrast with those that had been expected.

Original aims

The aims of this study as agreed by the University's Research Degrees Committee were:

1. **To identify current activity in the arts in mental health care settings in the UK, with particular emphasis on the visual arts.**

2. **To identify the benefits arising from the practice of the visual arts to users of mental health services.**

3. **To identify those benefits that differ from those obtained by conventional therapy.**

4. **To increase understanding of the different approaches in the visual arts in the mental health field in the hope of providing a rationale and tool for further development.**

5. **To develop this work to PhD level.**

Revised aims

I felt it was important to be explicit about the focus of the study upon those arts activities which involved the active *participation* of mental health service users (for the UK government's advocacy of *participation* in - rather than just passive enjoyment of - the arts, see the then Arts Minister Tessa Blackstone's comments reported in *The Observer*, 21 October 2001). I also

wanted to state as a specific aim the *recording* of current activity in the field (see the history of the Directory, below).

Aim 1 was therefore amended to read:

> **To identify and record current activity in the arts in mental health care settings in the UK, with particular emphasis on the visual arts as practiced within participatory arts projects.**

I felt that an important contribution to knowledge could be made by linking this participatory arts practice in the mental health field with the history of art and mental health;

Aim 2 was therefore introduced:

> **To set this activity within cultural and historical contexts.**

I felt that it was important to make it clear that the experience of service users was central to any assessment of benefits accruing from taking part in arts activities. I also wanted to make clear that the potential beneficiaries of arts programmes may not necessarily be *current* users of mental health services.

Aim 3 thus became:

> **To describe the experience of, and to identify the benefits arising from the practice of the visual arts to those who experience emotional distress.**

In examining the differences between (in short) *art* and *therapy*, I again felt that it was important to state that it was the views of participants and beneficiaries that were paramount (see Angus, 1999, p.iii). I also felt that the results might be more significant if I focused on the particular branch of therapy that related to the visual arts.

So the old **Aim 3** became the new **Aim 4**:

> **To identify the extent to which participants and others believe that the benefits arising from non-therapy oriented visual arts practice differ from those provided by Art Therapy.**

I felt it was important to clarify what I had meant in the original **Aim 4** by *further development* in terms of the relationship between art therapy and non-therapy oriented arts practice.

I therefore amended the old **Aim 4** to read (as the new **Aim 5**):

> **To increase understanding of the different approaches in the visual arts in the mental health field in the hope of providing a rationale and tool for further**

development and collaborative practice.

The substance of the original **Aim 5** remained for a while, renumbered as **Aim 6**:

To develop this work to PhD level.

Propositions

It is important at the outset to set out the propositions of a study (Yin, *op cit*, p.25). The propositions in this study evolved from the research aims and were as follows:

- **Participation in visual arts programmes that are facilitated by artists and which aspire to high standards of work makes a significant and positive impact on the emotional well-being of people who experience mental distress.**

- **Participatory visual arts practice in the mental health field operates in a historical context which is little known to practitioners, participants or commissioners. Knowledge of these contexts will enhance awareness, discourse and practice.**

- **There are benefits that arise from non-therapy oriented visual arts practice that differ from those provided by Art Therapy.**

- **Increased understanding of different approaches in the visual arts in the mental health field will provide a common language among a diverse stakeholdership, as well as a rationale and tool for further development and collaborative practice.**

Research questions

It followed, then, that the overarching research questions were these:

1. **What is current activity in participatory visual arts practice in the mental health field in the UK?**

2. **What are the historical contexts of participatory visual arts practice in the mental health field?**

3. **What are participants' experiences of participatory visual arts practice in the mental health field?**

4. **What benefits do participants identify as arising from their participation in the visual arts*?***

5. **What benefits arise from non-therapy oriented visual arts practice that differ from those provided by Art Therapy?**

6. **How can understanding be increased of the different approaches in the visual arts in the mental health field?**

7. **On the basis of the evidence found, what rationales and tools can be provided for further development and collaborative practice?**

Methods used

The broad methods used to attempt to answer these questions were as follows; the numerals correspond to the above questions:

1. A questionnaire survey and directory

to map and describe current activity in participatory arts practice in the mental health field in the UK at the millennium.

2. A literature search and a historical account

to explore a number of themes and draw out the historical contexts of participatory visual arts practice in the mental health field.

3. Multiple case study

to describe stakeholders' experiences of participatory visual arts practice in the mental health field by means of case studies representing a range of practice and approaches.

4/5. Within-case and cross-case analysis

to scrutinise the data, using indicators devised in part by arts project stakeholders, in order to clarify the benefits that participants identified as arising from their engagement in the visual arts, as well as distinguishing the benefits arising from non-therapy oriented visual arts practice from those provided by Art Therapy.

6/7. Discussion of the results and their implications

to increase understanding of the different approaches in the visual arts in the mental health field and hopefully provide the rationale and tool for further development and collaborative practice between Art Therapists and non-therapy artists in the field in question.

LITERATURE SEARCH AND REVIEW

Since 1965 I have collected an archive and library arising from my own practice and my interest in the relationships between art, madness and mental health. I now had the opportunity to map, study and review this material and to extend it through a literature search (Hart, 1998) made at the beginning of this research process, and to write a historical review using the literature to tell the story of art and mental health. This story provided the context for the case studies in Part III.

Much of this material was helpful in the process of testing and clarifying my own views, in challenging some of my assumptions, and in generating new points of departure. It gave rise to useful and sometimes unexpected starting points which were helpful in deepening my understanding of the relationship between art, creativity, madness and mental health.

My search began by combing the indexes, references and bibliographies of my own material and that of Arts for Health at the Manchester Metropolitan University (MMU). I went on to use the MMU library catalogues and specialised online databases (particularly Art Abstracts, ARTbibliographies Modern, PsycInfo, and Medline) to access abstracts, academic and professional journals, as well as encyclopaedias, dictionaries of particular disciplines, and thesauri. In the early stages of the research I obtained information from all the (then) Regional Arts Boards (a measure worth repeating now, some years later, to quantify progress in the field since 1996). I make regular trawls of the internet, including, for example, frequent visits to the database and bibliography of the National Network for the Arts and Health (nnah.org.uk); the Centre for the Arts and Humanities in Health and Medicine (CAHHM) at the University of Durham (www.dur.ac.uk/cahhm/); and the British Association of Art Therapists (www.baat.co.uk). I keep up-to-date with developments and publications through my regular work in the field, particularly with those who were involved with *i am* (*Inspired Art Movement*: the national forum for the arts in mental health, of which I was a steering group member until the forum faded out); with Arts for Health; with Lime; and with Stockport Arts and Health - to whose Director I am fortunate to be married.

The inquiry touched many fields. I searched for material under the following disciplinary headings:

- arts and health
- art therapy
- occupational therapy
- medicine
- psychiatry; psychotherapy
- psychology; clinical psychology; evolutionary psychology
- neuroscience
- social sciences
- social services; social work
- nursing; psychiatric nursing
- health promotion
- community development
- anthropology
- cultural studies

MAPPING THE TERRITORY: A SURVEY

The original intention had been to make a comprehensive directory of the arts in mental health care in the UK, in fulfillment of **Aim 1** of the study. I had expected that such a 'map' would provide an informed basis for my research and that it would generate a shortlist of organisations and individuals for consideration as subjects for case study.

Later I realised that for case study it might be enough to select projects of which I knew and which in themselves represented the variety of approaches upon which current arts in mental health practice is based (for an account of how and why I rejected this basis for selecting the cases, see below). My then Director of Studies had also questioned the need for a *mega survey* (John Langrish: personal communication, on file); case studies of a small number of local projects could furnish most of the data. Although I had already taken the first steps towards a survey by piloting a questionnaire, I had been concerned that the 'mega' survey might not be practicable in the time available and that it might not therefore be sensible to attempt one; the highlighting of work locally that was representative of differing approaches would be more achievable, more interesting and more useful.

The original concept of an all-embracing survey, I then felt, would be more appropriately fulfilled within a review proposed by Arts for Health of the arts in healthcare generally. In the meantime, the Arts in Mental Health Forum decided to compile a Directory. At the Forum's first residential event in 1996 delegates had voiced the need for some sort of directory. Artists, project workers, health workers and arts participants felt they were *working in isolation, without information on those other equally isolated groups, projects and individuals with whom they might share experience and mutual support in developing their practice* (Brown, ed, 2000, p.iv).

But the Forum's Steering Group agreed to my preference at that time that the directory would not be compiled by me. Dividing the 'mapping' between Arts for Health and the Forum seemed sensible; it would place the arts in mental health within the context of the wider picture of the arts and health; and it would provide a reservoir of data upon which I would be able to draw for my research.

Two years on, though, neither the Arts for Health survey nor the arts in mental health Directory had materialised. On the Forum Steering Group we realised that if I was not doing the mapping, it would be unlikely to be done; so, in the event, and with funding from the Department of Health and accompanied by a further series of frustrations that lie outside the scope of this thesis, I found myself building on the firm foundations laid by the Forum, and compiling the *i am*Directory (Brown, *op cit*), which is included in text form in Appendix 1 of this study and forms a comprehensive snapshot of arts and mental health activity at the turn of the millennium.

The *i am*Directory provides a further comprehensive set of data to which reference has already been usefully made in this thesis; and it fulfills the first of the original aims for the study.

Criteria for inclusion in the *i am*Directory

It was difficult to decide which organisations to include in the Directory. In the Arts in Mental Health Forum we soon found that there was far more activity in the field than we had anticipated. Cataloguing every art activity in every mental health care setting would have been neither practicable in the time available nor helpful in the development of my argument in this study; so we then decided to limit the directory to organisations or projects that, in our opinion, demonstrated good practice, met on at least two days a week and which had funding for one year or more. This involved my taking decisions based on quality. These decisions were governed by artistic rather than mental health criteria - for example, a weekly group involved in innovative arts practice would be included, whereas a weekly postcard-copying diversional group, or a projective art group run by an Occupational Therapist would not - although it might be referred to in the thesis insofar as it was relevant to discussion on the relative merits of the various arts practices in mental health care (see below, Ch.6, for a discussion on this issue as it arose within a case study).

Directory questionnaire

The mapping was conducted by means of a questionnaire (on corrupted computer file; only partly retrievable) refined from one I had piloted among members of the Arts in Mental Health Forum Steering Group from June to September 1996, at the time when I was first intending to do a survey for this thesis. The first questionnaire was six pages and feedback from respondents suggested that it was too long - but that there was insufficient space for the answers (cf. the criticism in Chapter 3 of the long and complicated HDA form). However, despite criticism of the length of the form, it was significant that respondents welcomed the opportunity to communicate about their work. This may be indicative of the isolation in which many practitioners worked (see Verrent and Roberts, 1997, p.2). The revised questionnaire was distributed to delegates at the second arts in mental health forum conference, i *am***Live**, in November 1999 and disseminated across the field.

Scope of the Directory

i amDirectory was to cover all artforms. These were retained in the text version in the appendix to this study, as their inclusion places the visual arts in the overall context of the arts in mental health.

The Directory excluded:

- work solely and specifically by and/or with people with learning difficulties
- work solely and specifically by and/or with elderly people
- work solely and specifically by and/or with children
- the arts therapies - except where applied in non-clinical settings
- mental health agencies using the arts occasionally, or not as an integral part of a service

- arts projects that only occasionally work with users/survivors
- information on sources of funding.

There were several difficult and to some extent subjective decisions made during the compilation process as to whether groups, individuals and services in the proximity of the above categories were to be included or not. Some services (aromatherapy, contraceptive advice, property services, for example) were included when contributors had listed them on their questionnaires and where these services - although not specifically artistic - were part of what was offered by an otherwise *arts* based project. Such 'added value' services were retained; for the Steering Group shared with the contributors the belief that these elements were important ingredients of a holistic approach; together with the arts, they were aspects of healthier living.

Terms used in the Directory

The Directory entries for artforms and services were listed for the most part verbatim as contributors submitted them; respondents often amended - or added to - the predefined (and rather tramlining) categories in the revised questionnaires**.** As a result, the terms used varied widely; but the aim of the Steering Group had been for contributors to speak with their own voice. And whilst for the sake of space and coherence a small amount of editing of individual entries was necessary, pains were taken in these exceptional cases to maintain the spirit and tone of each entry and to retain the variety of terms used - for example, the terms 'client' / 'patient / 'user / 'member' were all retained as written by individual contributors.

CASE STUDY

Creswell (1998, p.7; following Stake, 1995) favours an evaluative approach to case study. I have discussed at some length in Chapter 3 the views of Matarasso (1996,1997) and Angus (1999) on the need and requirements for evaluating social and health-oriented arts programmes. An evaluative approach, therefore, is incorporated into the case studies in Part III.

Additional discussion on methods used in a particular case study is included in the chapter concerned where I have felt that such discussion is specifically relevant to the context of the case.

Multiple case study

Multiple case study involves a trade-off between depth and length (Creswell, 1998, p.63). Maintaining depth at the expense of brevity has enabled me to generalise more convincingly across cases into theory (Yin, 1994, pp.31, 37). Yin (p.45) points out that evidence is more compelling in multiple case study which is *like multiple experiments in which previously generated theory is used as a template with which to compare the empirical results of the case study* (p.31).

Instrumental case study

I selected the cases on the grounds that they were a series (however 'contrived'; see Chapter 3) of *bounded systems* (Creswell, *op cit*, p.61) which hopefully would furnish differing or similar slants on the issues, themes and questions listed above, as well as offering opportunities for new themes, issues and questions to emerge. This, then, was predominantly an *instrumental* (Creswell, 1998, p.63) case study

Choosing cases and contriving boundaries

When I looked critically at the data with which I began this research, categories began to emerge which I had at first thought would form a workable series of case study system boundaries. But these turned out to be too conceptual and porous; what I had actually identified were different modes of practice that criss-crossed any hypothetical boundaries to an extent that might make them (the boundaries) meaningless. These categories I had initially called *traditions* (see Appendix IV), and they were eventually to become part of the classification process in my analysis of the findings of the study (below, Ch.9). Creswell (*op cit*) acknowledges the potential difficulties in delineating a case, suggesting that the researcher is often forced to devise *contrived boundaries* (p.64). I eventually 'contrived' the boundaries for this study as follows:

case study 1

‘YOU THINK THIS IS THERAPY?’

An autobiographical case study (personal ethnography)

case study 2

ADHOC ART

Uncoordinated provision in a metropolitan borough

(location: Trafford)

case study 3

INTEGRATIVE ARTS

Merging art, therapeutic and research agendas in a metropolitan borough

(location: Wythenshawe)

case study 4

ARTISTS AND THERAPISTS

Conversations and correspondences

These cases offered a variety of sources that I thought would provide rich and varied data on the themes of the study as a whole. This *purposive sampling* (Creswell, *op cit*, p.251) would, I anticipated, show different perspectives on the issues in question (p.62).

Two of the case studies were conducted in the Manchester area. This

- was convenient in terms of access and continuity;
- reflected the area’s pioneering contribution to this field;
- recognised that the range of practice in this area was adjudged on the basis of the author’s wide experience of the field to be representative of the variety of practice elsewhere.

Focusing then on projects of which I knew, the case studies were conducted on a variety of detail levels, ranging from a limited number of short visits for comparison to distant but important projects, through continuing contacts to arrive at a clear overview of local practice. Where critical or complicated issues arose through discussion and observation in the local settings I discussed these, by phone, correspondence, e-mail or further visits, with individuals in the more distant organisations. During this process further examples of good practice came to light.

Whilst the non-therapy oriented projects in Greater Manchester represented a wide variety of approaches they did not cover the whole spectrum of philosophies and approaches in this field: the Manchester projects nearly all evolved from START Studios (see Directory entry, Appendix 1; and Ch.5) in Central Manchester and therefore, among their divergence, they incorporated one or more common traits from their common root. An examination of the origins, evolution and current trends in these diverse projects which, for the most part, shared a common ancestorship, was of interest insofar as it reflected a divergent evolution from fairly specific precepts held by a small number of people in the early 1980s (see Ch.5).

Art Therapy (see above, Chs. 1 & 2, and below, Chs.8 & 9) as a professional discipline operates quite differently from the comparatively ad hoc development that still exists (though to a diminishing extent) in the non-therapy oriented arts domain. Within the constraints of the former professional discipline I found exciting and innovative work that challenged the received wisdoms of the mental health care system; but to find such excitement I needed to travel beyond Greater Manchester, to Camden. A more representative psychodynamic Art Therapy setting was available locally, in Salford. However, comparative and historical study of these projects is a matter for future research. In the event, the two Art Therapy cases that form the core of Chapter 8 were investigated online and by telephone.

An autobiographical case study

Despite Creswell's assertion (*op cit*, p. 49) that autobiography (Angrosino, 1989) is rarely found in postgraduate student research, I decided to narrate the first case study (Chapter 5) in a heuristic (McNiff, 1998, p.113) form in order firmly and unequivocally to put myself in the picture (my own, as well as the reader's). By adopting this approach I intended to clarify and relate my own experience and its impact on some of the developments in which I have played a role, as well as to explain and to contextualise some of the assumptions I had held when I began this research. Although not an Art Therapist, I gained further justification for taking this approach from the Art Therapist McNiff (*op cit*) who believes that there is a *significant need for autobiographical accounts of the lives of art therapy founders and pioneers* (p.199). If he is right, then for the sake of balance we may presume an equal need for personal accounts by players who were involved in the early stages of establishing participatory, non-therapy oriented arts practice in the mental health field.

Following McNiff's cue that autobiography can encompass *endless variations of style and purpose* (p.163) I decided to sketch out Chapter 5 initially in a spirit of unabashed emotion and polemic, and then to refine it step by step in the light of the literature and of the findings elsewhere in this study.

An overtly subjective approach is, as McNiff writes (p.53), *a primary feature of heuristic inquiry which encourages the telling of personal stories*. He cites (*ibid*) the view of Moustakas (1990) that this approach to research indeed *requires* (my emphasis) *autobiographical connections* through which *the heuristic researcher has undergone the experience in a vital, intense and full way* (Moustakas, *op cit*, p.14). And, offering a further and encouraging rationale for using the method in pursuit of **aim 5** of this thesis, McNiff concludes that the *affirmation of the personal perspective has been welcomed by many people within the psychological community* (McNiff, *op cit*, p.53).

The first case study, then, by using Moustakas' *autobiographical connections* (*ibid*), clearly sets forth at the outset my own position in the hope of *bracketing* that experience (Creswell, o*p cit*, p. 52)

Action research in the case studies

During the period over which I have been researching this study I have been involved in a succession of projects, consultancies, committees and other collaborations. Some of these informed the research; others were integral to it.

In Bolton I worked for Lime (see Directory entry, Appendix 1), facilitating a mosaic project on a mental health inpatient unit where I gained unexpected and painful insights into the relative's viewpoint when a member of my family was admitted to the unit during a serious mental crisis (see Ch.5). In Oldham (*http://connectedarts.co.uk/other/training.html*) I was involved in a collaborative training programme, working with users, staff, artists and the local college.

I have been a member of the Trust Board for Start in Salford (www.*start*in*salford*.co.uk) and (as described above) I was a founder member of the steering group of *i am* : Inspired Art Movement; the uk forum for the arts in mental health (*see Directory entry, Appendix 1*).

I have taken part in many other projects and collaborations, in Stockport, Trafford (below, Ch.6), Amber Valley, Reading and elsewhere. One project in particular has informed this study: the *Sanctuary* project in which Aidan Shingler (*see Directory entry, Appendix 1*), Tricia Durdey (*ibid*) and myself are researching alternatives to traditional mental health care provision for people in emotional crisis.

Cohen and Manion (1994, p.195) point out that action research is usually part of a *change situation* (p186), in that the research problem is diagnosed and solved in a particular context; it is usually *collaborative*; *participatory*, and *self-evaluative* (*ibid*) in that *modifications are continuously evaluated within the ongoing situation, their ultimate objective being to improve practice.*

Most of the above projects can be described as action research insofar as they also *added to my functional knowledge* (p.187), their intention was to improve *quality of life* (p.188); and in several of them I found that I was *practitioner and researcher in one* (p.189).

The Conclusion (Ch.9) to this study makes extensive reference to Bridgehead (see also below Ch.5 and footnote above, p.92), which has become an arena in which the author and a network of artists colleagues are conducting an action research programme that has furnished insights into many of the issues raised by this thesis.

ISSUES ARISING IN THE METHODS USED

Ethnography

Angus (1999, p.iii) recommends an ethnographic approach to the evaluation of arts for health programmes. Whilst there is much in the approach that is appropriate to this study, Creswell (*op cit*) warns that a successful ethnographic study requires *a grounding in cultural anthropology and the meaning of a social-cultural system* (p.61) that I do not possess. And whilst there are cultures that it was necessary to some extent to consider in the context of this thesis - such as that of an individual project; of *art* and *therapy* respectively, and of the shades between - I was also conscious that ethnography's concern with *cultures* might tempt a researcher into reinforcing - however unwittingly - a mental illness culture, or a disability culture. These are concerns that I have already aired in Chapter 3. All the same, in the terms of McNiff (*op cit*) and others this study was certainly ethnographic insofar as I myself was inescapably *immersed in the particular environment being studied* (p.113). This of course might have prompted the accusation that I had 'gone' (if I was not already) *native* (p.61; and Cohen and Manion, *op cit*, p.111) and therefore could not be objective; but of this I attempted to make a virtue by the arguments below. Furthermore, the first case study (Ch.5) makes my own position clear; the other cases elicit a rich variety of views; whilst Part IV attempts to assess how the field might develop in the future.

Verification: validity and replicability

Creswell (*op cit*, p.213) cites Stake's (1995) recommendation that validity can be achieved in case study by triangulation, a search for a convergence of information. In this study such convergence was sought across the multiple case studies through cross-case verification (Creswell, *op cit*, p.63). Yin (*op cit*) states that internal validity is not relevant in descriptive studies (p.33), but that external validity in multiple case study can be achieved by *replication logic* which entails determining *the domain to which a study's findings are generalizable* (p.33). Such generalisation is attempted in the Discussion in Part IV.

Wherever possible I checked data with informants at the draft stages.

Case study database and interview protocols, although not as consistently applied as I had wished, went some way towards addressing the question of reliability.

Ethical considerations

Throughout the research process I attempted to sustain and deepen my awareness of the circumstances, issues and meanings surrounding the experience of emotional distress. I

appreciated the model for ethical principles of evaluation in the education field as articulated by Strike (1990, cited by Matarasso, 1996, pp.7-8) in which the researcher should demonstrate:

- due process
- respect for privacy
- equality
- public perspicuity
- humaneness
- client benefit
- respect for academic freedom - or, as Matarasso suggests in the context of the arts, *artistic freedom or integrity* (*ibid*)
- respect for autonomy

I also agreed with Matarasso's assertion (*op cit*, p.9) that participants should be able to shape the research; research should be *with* people - not *on* them.

With regard to r*espect for privacy,* I have already discussed in the *Introduction* to this study (p.5) the dilemmas surrounding confidentiality in a field where there is a clear aim (as this study describes) to facilitate a participant's change of self-perception from the passive patient, user, or survivor, to the autonomous artist or aspiring artist.

I had originally intended to conduct interviews with members of START Studios in the (then) Central Manchester NHS Trust. But it was only after I had been all the way through the daunting and medically oriented Research Ethics Committee procedure that I questioned the need for more interview data from Central Manchester. I did not actually need more data than those which were already in the public domain in the form of *Art & Soul & the Cold Blue Walls* (Brown, ed, 1994), the anthology of participants' views of their experience of arts projects. The experience of negotiating the ethical committee was formidable. But although I did not pursue a discrete study of START, in my case studies I did adopt some of the requirements that the Research Ethics Committee stipulated in respect of my proposed study. The Committee had asked me for:

- *Receipt of an interview topic guide (which should indicate areas of questioning that you would not encourage).*
- *Clarification on maximum number and maximum length of interviews for an individual patient over the two years.*
- *Clarification whether there will be any support available should any patient become distressed during the interview.*
- *Confirmation that the first approach to patients will be through their caregivers.*
- *Clarification whether the audiotapes will be wiped at the end of the study.*
  (extracted from letter of conditional approval, dated 19th August 1997)

Other sites had less formal requirements. For example, once I had provisionally decided on 'converting' my continuing involvement in Oldham into a case study for an early draft of this thesis, I simply wrote to the relevant head of department, covering some of the issues that had concerned the Manchester Health Authority, and received a brief letter of permission (on file). In the event, the Oldham case study has been omitted due to space constraints.

GATHERING THE DATA

Multiple sources of information (Creswell, *op cit,* pp.61-63) ensure an in-depth picture of a field of study. Yin (*op cit*, p.80) lists six possible sources of information for case studies, all of which I used to a greater or lesser extent:

- interviews
- documents
- archival records
- direct observation
- participant observation
- physical artifacts.

Interviews

The case study research included unstructured and semi-structured interviews with mental health service users participating in arts schemes; with mental health service users not participating in arts schemes; and with medical and non-medical mental health service staff and managers.

Networks of key informants (Creswell, *op cit*, p.60) in the different settings led by *snowball sampling* (Cohen and Manion, 1994, p.89) to other informants whose experience helped paint a fuller picture.

These informal interviews were in the form of conversations which evolved guidedly from the tentative to the exploratory so as to ensure, firstly, that a broad range of issues was covered; secondly, that the process reflected the concerns of users of mental health services; and, thirdly, that a nucleus of meaningful questions evolved collaboratively upon which future inquiry might build.

I allowed conversations to take their course without imposing a set sequence of questions that might inhibit new ideas from surfacing. Far from needing to ask questions, I found only a few instances in which I had to do more than gently nudge an interview towards issues I needed to unearth and explore. Most of my interview partners were articulate and happy to tell me about their experiences. I actually had few preconceptions about what I wanted to know, preferring my informants to feel free to raise and discuss topics they felt were relevant. Listening was the key (Creswell, *op cit*, p.125); and these were *interviews* in the true sense of the word, in that they were a sharing of views between people.

As I had not wished to appear more absorbed in note taking than with whatever my informants wished to convey, I had difficulties recording and transcribing these conversations, relying more than I would have wanted on memory. Wherever possible I wrote up interviews as soon as I could (often in the car or, in Trafford, on the tram) and asked respondents to verify my drafts - a process which often generated clarification and further data. I also anticipated and found that people were often uncomfortable with a tape recorder and I therefore made little use of it except in a couple of the group discussions - recordings of which were of poor quality anyway.

Some interviews and verification were conducted by phone. Again, where I felt it necessary to do so - because, for example, of a suspicion that the invisible *informal communication* (Creswell, *op cit*, p.124) might be particularly important - I followed up phone calls with personal visits.

Several group discussions were held, particularly in Trafford (Brown, 1999) and Wythenshawe (Chapman & Brown, 2004). It was important in these situations to ensure that everyone was able to contribute to the debate. My own experience of chairing meetings and running workshops and training courses was indispensable.

Participant observation

In most of the case study sites I took what Yin (*op cit*) calls a *functional role* (p.87) in the situation. There was not always a clear boundary between action research and participant observation, and where the boundaries were more clear they were still crossed occasionally, either as a result of my own enthusiasm or at the request of members of the host organisation. Where I have been a member of a committee (eg Start in Salford and *i am*) I have been in a decision-making role (*ibid*) and have been able to influence (Yin, less than tactfully, has *manipulate*: p.88) events.

I have just demonstrated the main difficulty in participant observation: the temptation for the researcher to take on *advocacy roles contrary to good scientific practises* (p.89). I could only hope to avert this criticism by being as explicit as possible about my own bias, and I do this at some length in Chapter 5.

Yin (*op cit*, p.82) is also concerned that participation may dominate observation; that the researcher may not question events from different perspectives. And, finally, he cautions (*ibid*) that when participation gains the upper hand the observer may forget to take notes - a matter I have addressed, with some embarrassment, in the above section on *interviews*.

Documents and archival records

Following Yin's (*op cit*, pp.81-82) list of documents acceptable in case study, I used:

- personal correspondence by letter and e-mail
- letters
- agendas
- minutes
- reports
- administrative and management documents
- proposals
- evaluations of the research situation

- newspaper cuttings and articles
- leaflets and brochures
- websites

Yin warns against accepting such documents as *unmitigated truth* (p.82); they may not be accurate, they may be biased, or they may have been edited. He sees their value rather as corroborating evidence, and as potentially providing clues from which inferences may be made. Many of the documents used were from my own archive; some - but unfortunately not all - may be checked against copies or originals held elsewhere.

I made extensive use of archive material in the form of organisational records, lists, previously collected survey data, personal records, diaries, telephone message books (see Yin on *archive records*, *op cit*, pp.83-84). Again following Yin (p.84), wherever possible I described the circumstances under which an archive document was produced.

Visual evidence

Yin (*op cit*) writes that *physical artifacts can be an important component in the overall case* (p.90). In view of the area of study it would be wrong for any representative account to be solely word-based. Whilst I have already discussed the problems of quality and accessibility in relation to the visual arts, it is as well to state that such word-based arguments as are applied to this problem cloud the underlying truth that, regardless of quality, visual art is indeed visual: it is my experience that a visual record of a person's facial expression next to her most recent painting can positively influence managers, psychiatrists and sceptics.

It was the visual evidence which was the most illuminating and eloquent in portraying the value of the dynamic partnership between artists and people with mental health problems. Indeed, it was this visual evidence which demonstrated most clearly that artworks produced as a result of this interaction held a real value for the wider culture as well as for the individual artists.

ANALYSING THE DATA

Keeping on top of a mass of text, and tracking the ideas through it over a long period, was one of the more daunting tasks in this study. Constant re-reading, thinking, annotating and colour-coding was time consuming but crucial.

Indicators

There is an absence of established indicators in the fields of either health or the arts or the combination of both. As Angus writes:

> *In the absence of any standardised indicators or measures for health, we can work towards the gradual development of measures that may be appropriate for arts in health by collecting and analysing information on projects, and by systematically reflecting on the effect and practice of the work* (Angus, 1999, p.47).

Whilst I was contemplating the use of indicators of *success* as in Matarasso's (1996) evaluative approach, I realised that 'success' is only relevant to the extent that we know what it actually *is*; and it is open to question as to *who* is (or who *should* be) the judges of *what* it is? So, following Matarasso (*op cit*) and Angus (*op cit*), I opted for stakeholder-devised indicators arising from the questions: "what denotes success? What would it look / feel / like?" More of these indicators were elicited during the series of action research focus groups in Wythenshawe described in Chapter 7.

A preliminary analysis (described in Chapter 9) of the data from the case studies identified key words and phrases in the attempt to establish the extent to which participants perceived that their involvement in arts practice kindled, enhanced or sustained their sense of:

- achievement
- self-esteem
- creativity
- well-being
- fulfillment
- purpose
- independence
- self reliance
- an ability creatively to respond to mental distress
- an ability creatively to deflect mental distress
- membership of a community

I anticipated that stakeholder indicators would be grouped around such issues as:

- well-being
- social engagement
- creativity
- skills
- sense of purpose.

Many of these indicators coincided with those arrived at by Matarasso (1996, 1997) and Angus (1999) and these were discussed in Chapter 3. Analysis also revealed and explored circumstances in which participants found that their involvement in arts practice threatened their state of mind: the arts may not automatically generate ease (cf. Matarasso, 1997, pp.73-78).

Within-case and cross-case analysis

Units of analysis of case study should be related to the definition of what the case is. The cases in this study comprise, firstly, a personal account and view of the field (Ch.5); secondly, ad hoc provision in a locality (Ch.6); thirdly, the process of establishing coordinated provision in a locality (Ch.7); and, fourthly, approaches in and to Art Therapy (Chs.8 & 9).

A *holistic* case study (Creswell, *op cit*, p.250) involves a single unit of analysis (p.187) and an analysis of the whole case (p.63) as an entity, as in a biographical study of Aidan Shingler[13] originally planned for this study. An *embedded* case study (p.250) uses multiple units of analysis (p.187) to understand specific issues within the case, as in the existing case studies (below, PART III). *Embedded analysis* (p.63) can be *within* case, finding themes unique to that case; or it can draw out themes common to all cases in a multiple case study, teasing them out in a cross-case analysis (Creswell, *op cit*, p.63).

Classifying and establishing *patterns of categories* (Creswell, p.148) was done by *categorical aggregation* (Stake, 1995): *collecting instances from data and hoping issue-relevant meanings emerge* (Creswell, *op cit*, p.154).

Across the case studies both similar results (*literal replication*; Yin, *op cit*, p.51) and contrasting results (*theoretical replication*; *ibid*) were anticipated (above, Ch.3) and found (see Yin, *op cit*, p. 25: *linking data to propositions*).

[13] **Aidan Shingler**, '*Reality Tester*': conceptual artist and activist whose subject is the positive effects of the condition known as schizophrenia and whose campaigns include the struggle against abuses in the psychiatric system.

DRAWING CONCLUSIONS AND WRITING UP

Creswell (*op cit*, p.188) finds considerable variation among authors in the ratios of description, analysis and interpretation. Within the case studies in this thesis the amount of within-case analysis varied considerably, too. In some cases analysis was interwoven into the account (eg Ch. 5); in others it was applied following the account of the case study situation (eg Chs.6,7).

The *embedded rhetorical structures* (Creswell, p.187) in this thesis take a narrative form and range from the chronological (Yin, *op cit*, pp.139-40), *progressive-regressive* (Creswell, *op cit*, p. 147), thematic, to *unsequenced structure* (Yin, 1994, p.140).

In some instances tables and visuals accompany the text to enable the story to advance with visual and textual continuity.

In the discussion in Part IV I hoped to develop *naturalistic generalizations* (Stake, 1995: *things people can learn from the case either by applying it to themselves or applying it to a population of cases*). By comparing and contrasting the findings of the case studies with the literature (Creswell, p.154) I felt I was able to draw out a number of *lessons learned* (Lincoln and Guba, 1995) that would fulfill the overarching aim of the study, namely:

> *To increase understanding of the different approaches in the visual arts in the mental health field in the hope of providing a rationale and tool for further development and collaborative practice*.

SUMMARY AND CONCLUSIONS

Chapter 4 began with a declaration that the starting point for the study was the author's own experience and that of mental health care service users. It was explained that the study focused on the visual arts and concerned the relationships between art, madness[14] , mental health and art therapy, seeking and analysing the views of users aged 16-65 years, artists, and health personnel - but reluctantly excluding people with learning difficulties, and ethno-cultural issues. At the outset similar results across a cohort of cases were expected to be found.

The study design was then described. The aims were to identify participatory visual arts activity in mental healthcare in the UK, setting this within cultural and historical contexts; and to identify the benefits arising from practising the visual arts. The study also set out to identify how non-therapy oriented visual arts differed from art therapy. Finally, it aimed to increase understanding of the different approaches found, in the hope of prompting further development and collaborative practice.

It was then explained how the propositions of the study evolved from these research aims, giving rise in turn to the research questions and to the methods used. The methods comprised, firstly, a literature search and an account of the historical contexts; secondly, a survey and directory mapping current activity; thirdly, case studies describing participants' experiences of participatory visual arts. Analysis was by means of within-case and cross-case analysis, using indicators devised in part by stakeholders. Analysis helped clarify the benefits arising from engagement in the visual arts, as well as in distinguishing the benefits arising from non-therapy visual arts from those provided by art therapy; and, finally, a discussion of the results and their implications laid firmer foundations for greater understanding of different approaches and, hopefully, for further development and collaboration.

The chapter went on to discuss each of these methods in detail. An evaluative and multiple case study approach was selected which enabled more convincing generalisation across cases into theory. It was hoped that an instrumental case study would furnish differing or similar slants on the series of research questions as well as offer opportunities for new questions to emerge.

An account followed of how cases were selected and their system boundaries contrived. The first attempts at categories and boundaries turned out to be inadequate and 'bounded systems' were eventually 'contrived' in the form of, firstly, an autobiographical view of the field; secondly, a study of adhoc provision in a locality; thirdly, a study of the process of establishing provision in another locality; fourthly, discussions and correspondence between Art Therapists and non-therapy artists. These cases offered a variety of sources providing rich data on the topics of the study. Most of the case studies were conducted in the Manchester area because of convenience, because of the area's pioneering contribution to this field, and because the variety of practice in the area was deemed to reflect the variety of practice elsewhere.

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[14] A background chapter on art, psychiatry and madness was written but omitted from the final thesis.

The process was examined that led to the decision to narrate the first case study as autobiography in order to put the researcher ‘in the picture’. By means of this approach it was hoped to relate the experience of the author to developments in which he had played a role, as well as to set in context assumptions held when the research began.

A succession of projects was described that informed or were integral to the research. Most of these were ‘action research’ projects insofar as they added to the researcher’s knowledge and their intention was to improve quality of life. In several of these the author was both practitioner and researcher.

A number of issues were discussed that arose in the case study process. Firstly, a concern that ethnography’s concern with *culture* might tempt an unwitting researcher into reinforcing negative cultures such as that of ‘mental illness’. But, as it was recognised that this study was ethnographic to some extent, the risk of ‘going native’ was addressed, by arguing that the first case study necessarily ‘bracketed’ the researcher’s own position by making it explicit.

It was hoped to achieve validity by seeking convergence of information across the multiple case studies through cross-case verification. External validity was addressed by replication logic. Wherever possible data was checked with informants.

Discussion followed of the ethical considerations in the study, with a description of the attempt to adhere to an empathic approach and the principle that research should be *with* people - not *on* them.

The data gathering methods were described, which included informal interviews with key informants and others whose experience helped paint a fuller picture. Some interviews were conducted by phone, and several group discussions were held.

It was acknowledged that documents and archival records might not be accurate. Their provenance was verified wherever possible.

It was difficult not to cross the boundaries between action research and participant observation; there was a temptation to take on an advocacy role. This potential criticism was addressed by being as explicit as possible about the researcher’s own bias.

It was argued that visual evidence was the most eloquent in showing the value of partnerships between artists and people with mental health problems.

Recognising a dearth of established measures in the field, stakeholder-devised indicators were opted for. A preliminary analysis of data from the case studies identified key words and phrases to be used in the analysis.

Holistic case study was described with its analysis of a ‘whole’ case; and embedded case study using multiple units of analysis was invoked to understand issues within a case. Embedded analysis in this study was both within-case, finding themes unique to that case; and cross-case, drawing out themes common to all cases. Patterns of categories were established and classified, and instances were collected from the data in the hope that meanings would be found that related to the research questions. Across the case studies both similar and contrasting results were anticipated.

The narrative form of the case studies ranged from the chronological to the unsequenced. The findings of the case studies were compared and contrasted with the literature to draw out a number of conclusions in fulfillment of the aim of increasing understanding of the different approaches in visual arts practice in the mental health field.

Conclusions

The aims of the study were

- to identify participatory visual arts activity in mental healthcare in the UK
- to set this activity within cultural and historical contexts
- to identify the benefits arising from practising the visual arts

The study also set out

- to identify how non-therapy oriented visual arts differed from art therapy.
- to increase understanding of the different approaches found, in the hope of
- prompting further development and collaborative practice.

Four cases offered a variety of sources providing rich data on the topics of the study

1. an autobiographical view of the field; to put the researcher ‘in the picture’
2. a study of adhoc provision in a locality;
3. a study of the process of establishing provision in another locality;
4. discussions and correspondence between Art Therapists and non-therapy artists.

In several of these the author was practitioner, advisor and researcher; they were ‘action research’ projects insofar as

- they added to the researcher’s knowledge
- their intention was to improve quality of life.

It was hoped to achieve validity

- by seeking convergence of information across the multiple case studies through cross-case verification.
- External validity was addressed by replication logic.

The findings of the case studies were compared and contrasted with the literature to draw out a number of conclusions in fulfillment of the aim of increasing understanding of the different approaches in visual arts practice in the mental health field.

A note on the objective/subjective question

With the impetus behind and the starting point for this study having been the author's own experience of the field in question, coupled with his desire upon taking early retirement to attain and communicate some understanding and insights arising from his experience of that field, it was important for the sake of a research ethic to acknowledge the recurrent temptation during the research process to cross boundaries between action research and participant observation; to take on a role of advocate and polemicist.

This criticism was anticipated and has been addressed by being as explicit as possible about the researcher's own bias. Therefore, in the first case study (Ch.5) , the author returns to an original autobiographic intention of which he makes a virtue by thus bracketing his own experience. This pivotal autobiographical case study was not, then, merely a cathartic exercise (it undeniably was), but rather, and almost literally, a coping stone designed to hold the structure of the thesis together.

It was these considerations that gave rise to an unapologetically seismic shift in style between, on the one hand, the Background and Method sections (PARTS I & II) and, on the other, the Case Studies (PART III) each of which relates the writer's personal experience. It was felt that by demonstrating an ability to move at will and as appropriate between an ostensibly academic/ objective style and a personal ethnographic style, the author would achieve the balance between inner and outer experience, between the objective and subjective, that would meet the anticipated criticisms. The extent to which this may or may not have been achieved is assessed in the final conclusions in Chapter 9.

PART III

CASE STUDIES

Cumulatively, these case studies add up to a comprehensive picture of arts and mental health practice, and furnish data for analysis in Part IV of the views of participants, artists and therapists.

Chapter 5 is an autobiographical case study (or personal ethnography) intended to position the author within the research frame. Chapter 6 describes and analyses adhoc arts provision in 1998/99 in a metropolitan borough where there had previously been no coordinated activity and where the author had conducted an audit to lay foundations for the planning of such activity. Chapter 7 describes and evaluates a project to set up integrated arts and mental health provision in a city neighbourhood with the highest level of social deprivation in the UK (at the time of writing). Chapter 8 centres on two conversations, one with an Art Therapist and one with two artists whose practice blurs the perceived boundaries between therapeutic and artistic practice.

CHAPTER 5

‘YOU THINK THIS IS THERAPY?’[15]

An autobiographical case study

CONTENTS

[15] Miles MacAlinden, to the author during a tutorial, Leeds College of Art, 1967

INTRODUCTION

At the turn of the millennium arts and mental health organisations were flourishing across Greater Manchester, with nearly half of its metropolitan boroughs having one or more projects.

Each of these projects was unique to its locality, evolving from the needs of a community. All but one[16] of these projects could trace its ancestry to START[17], and then to Hospital Arts (now LIME[18]). I was involved in both these latter projects; a member of the former since 1978, I gravitated towards working in mental health services. This journey led to my founding START from which, exhausted, I took early retirement in 1996.

This chapter is autobiographical. Whilst it covers the evolution of the principles, practice, and emerging influence of arts and mental health projects in Greater Manchester and beyond, it does this by describing the evolution of the ideas that shaped and impelled my own commitment both to these developments and to the role of the arts in good mental health. This process helped me to sustain that commitment up to and beyond an emotional crisis that led me to leave the NHS and to begin researching for this thesis.

The chapter is interspersed with my reflections from a number of viewpoints on these events:

- as a player pivotally involved in the development of arts in mental health
- as an artist who has worked for 25 years in and for the NHS
- as co-founder and director of a studio in a mental health service
- as a consultant advising mental health services on the setting up of arts programmes
- as a founder member of the UK Forum for the Arts in Mental Health
- as an artist seeking to rekindle his creativity after a career enabling that of others
- as a recurrent availer of mental health services.

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[16] **Venture Arts,** which promotes creativity and care, offering people with mental health problems and with learning difficulties, from all ethnic backgrounds, the opportunity to exercise artistic skills. Venture Arts offers close interaction on joint projects and individual work - thus helping to develop self esteem and self awareness whilst promoting cooperation in a non-intrusive environment.

[17] **START** is a multidisciplinary team which includes artists, a gardener, a woodworker and occupational therapists. Sometimes START works one to one, sometimes in small groups, and sometimes in larger ‘open house’ drop-ins. At the time of writing START was part of Central Manchester Healthcare NHS Trust’s community mental health service.

[18] **Lime (**formerly Hospital Arts) was established as the Manchester Hospitals Arts Project by Peter Senior in 1973. Lime is a team of artists and enablers, working to integrate the arts into health and well-being in the Manchester area through arts-based programmes in which context, collaboration and consultation are central to successful engagement, quality outcomes and social change. Lime aims to enhance the quality of life of recipients and providers of care and of those engaged in issues surrounding health and cultural development. Lime believes that creativity has a positive role to play in the health of the mind, body and spirit of individuals and communities. Although much of its work may be described as therapeutic, Lime does not adopt a clinical approach; its artists are not therapists.

CHILDHOOD

When a child I never felt a vocation to be an artist in any way that represented my understanding of the term.

Feeling I didn't fit in I wanted to be different, though. I came to absorb and rationalise the displacement of a child from semi-detached suburbia sent to boarding school at age 8 and a year of sleep deprivation after seeing a newsreel at age 11, an event I shall explain shortly. These events, for which nothing could have prepared me, undermined a saccharine view I had had of human existence in general and of my own existence in particular.

As I was delivered to boarding school at the beginning of each term my mother would say cheerily 'Back to Belsen!' I had no idea to what she was referring until the Easter holiday of 1957.

At the age of eight I had been sent away to school in Cumbria. Coming from a family that was by no means as well-off as my school peers was not conducive to happy schooldays and, having been bullied during the first two years at the school, by the age of 11 there was the risk of my becoming a bully in turn. However, home on holiday in April 1957 I was allowed to stay up to watch a television programme *Watch on the Rühr* that reported on the Allies' occupation of Germany from 1945. What I saw in this film was a shock; an experience that changed me, has been a recurrent spectre at my shoulder, and has informed many of my actions and choices, particularly in my personal path through the field to which I chose to commit myself since my thirties: mental health and mental health care.

The images from the film of the liberation of Belsen haunted and disgusted me. I could not sleep properly for months. I was particularly ashamed by the fact that what had frightened me most of all were the haunting images of the emaciated victims, who had become the denizens of my nightmares. These feelings of guilt and self loathing persevered. My life in and around mental health services has thus had some expiatory function. Echoing the surrealists whom I came to admire and emulate in my early twenties, I began to identify at last with those whom I saw as victims of a world which was insane. And my experiences working in the 'mental health' zone enabled me to understand that two-dimensional moving images of reality can be as horrifying as an actual reality insofar as the images depicted a reality which the child of eleven found almost as unable to accommodate as did the actual victims; but, put to the test, I had been relieved to find that I could deal more adequately than I had feared with situations of grief, threat and horror; and I know that I have at times been able to acquit myself in a manner that banished the shame for a spell.

My mother had seen the Belsen film in a cinema newsreel in April 1945, shortly before my father returned from three years as a prisoner of war in Germany. Shocked, she feared her husband would return a living skeleton; this was why she embraced the frail elderly taxi driver who delivered my father home and dragged him into the house whilst my father, sleek and healthy after a month's foraging across Germany, was unstrapping his kit-bag from the luggage rack at the back of the taxi.

My own abandonment at age eight into an alien world and my disillusion at age eleven faced by images of horror gave rise in 1957 to a loss of innocence; from then began a growing distrust of idealism, and a growing sense of bewilderment and guilt at being traumatised by horrors I had not experienced, and an awareness of having been impaired by institutions I had. At that age I did not understand the concept of differences of degree. When I was 19, once I had defected from an intended career in law to ‘art’, the discovery of Dada and the Surrealists was a revelation. I felt a sense of relief at the former’s reaction to the horror and fatuousness of the First World War; whilst the latter’s rejection of religion represented a rejection of the idealism which, when conjoined with the bourgeois and chauvinist, continue to fuel the bestial in human behaviour.

So I became idealistic.

TOWARDS BECOMING AN ARTIST

My imaginings of my parents' unexpressed aspirations had led me to apply for law school. I did not get in, failing to get the required grade in Latin. By default I enrolled for a London University external BA General degree course at the Liverpool College of Commerce. This entailed daily travel from my family's home in Bolton, where I now insisted on living as an unspoken compensation for ten years of alienation from family and neighbourhood. But the course's combination of history, economics, Anglo-Saxon and French literature seemed a ragbag of leftovers. The journeys to Liverpool were miserable; winter trains of rain, steam, smuts, cigarette smoke in self-contained compartments each with its own door that could only be opened by lowering the window by its leather strap and turning the freezing brass handle outside. Within three months, instead of boarding the train for Liverpool, I would be taking trains on solitary day trips to Skipton, Llandudno, Windermere; or anywhere.

I now understand; I was depressed. My mother certainly knew I wasn't well. Her response still causes me embarrassment, but she set me on the way to my present path.

I had drawn at school, but I never studied art. For several years between the ages of 8 and 13 I had won prizes in the Royal Drawing Society's annual competition. I doodled in the margins of exercise books, and I was still doing so during my A-Level year: caricatures, abstract constructions, and 19th century North American steam locomotives I had seen in westerns such as *Wells Fargo*.

Unknown to me, one day when I was at college, or perhaps in Ludlow or Blackpool, my mother took a collection of my drawings to the opening of an exhibition by the naïve painter Gladys Cooper at Preston's in Bolton. My mother asked whether I had any potential as an artist and Gladys Cooper seemed to think I did – to the extent that I should 'on *no* account go to art school'! This seemed to suggest an alternative career as a naïve painter.

I went to art school. I passed a late entry exam into Bolton College of Art with a drawing of the interior of our garden shed and a poster-paint reproduction of a John Lee Hooker EP sleeve. I had already left the College of Commerce to spend the summer working in a hotel in Bournemouth, in whose bookshops I discovered Dada, Surrealism and in whose bars I discovered alcohol.

Among the cockroaches in my room by the stinking wastebins of Bournemouth's four-star Branksome Chine Hotel I began painting, obsessively, in a diverse range of styles. I felt I was entering free-fall through the strata of middle class gentility into a world of what I imagined to be psychological truth. An artist school-friend who lived in Poole encouraged me to look wider than the surrealists and taught me the basics of oil painting. I found Picasso, Mondrian and the futurists, but was drawn to the progenitors of surrealism and the absurd: to Breughel, Bosch, the Symbolists, Alfred Jarry, Lautréamont, and Rimbaud, whose injunction to 'make your soul monstrous' I took as a frightening hair-trigger counterbalance between the inner world of the dream and the outer world of reality. When I read Camus on how the surrealists must take moral

blame for the concentration camps in that the surrealists had, to paraphrase Goya, advocated the sleep of reason that brings forth monsters, I was perturbed; for it was in reaction to the Nazi horror that I had delved into the inner world of surrealism and dream, taking on board the surrealists' goal of liberating a humanity which (as I still believed) was at root benevolent. In hindsight, too, I suspect my embrace of surrealism was part late-adolescent wish fulfillment and escape from the pressures of a life I was finding increasingly difficult.

Then came the hippy dreamtime with its combination of sentimental romanticism and rejection of the past. Trawling Portobello Road and Kensington Antique Market I thought little of combining black and red British guardsman's trousers with a WW2 German officer's greatcoat and a tie-dyed scarf. We could wear what we wanted and if it upset the generation against whom we were rebelling, that was their problem. I, for one, was trying to exorcise demons. And yet it dawned on me that many of the ideals and idealisms of hippydom echoed the mystical underpinnings of Nazism. I questioned this fascination with myth and legend, with Pink Floyd, *Lord of the Rings*, Wagner, How could I reconcile the dream and the liberation of desire, with a life that was genuine, rich and compassionate? My answer was constantly to strive to discern between dream and reality, and to hone an ethical yardstick by which to meld the two. I resolved to guard against a resurgence of pseudo-science that seemed to me to be equivalent to that propounded by the Nazis, and rather to anticipate Carl Sagan's abhorrence of the *Demon Haunted World* (1997), to display cynicism in the face of the adherents of ley lines, of the deceptively fascistic outpourings of Velikovski and Erich Von Daniken and the emerging New Age Atlanteans – all of whose beliefs, even in the 60s, I saw as analogous to the absurd Nazi beliefs in World Ice Theory and a common Nordic ancestry in Tibet. I have always had the greater respect for science. But, being more of an idealist than I would have admitted, I did not investigate the more fashionable existentialism, for no other reason than that the surrealists rejected Sartre. They rejected music too, of course, but I would not go that far.

I came to temper my belief in the overriding supremacy of the dream. I understood better Dali's exposing riposte to Breton when the latter took him to task for portraying Hitler; if Dali *dreamed* of Hitler he was entitled by the very tenets of surrealism to *paint* him.

At art college I struggled to be outrageous and resisted the required investigations of form or colour. I pushed at the boundaries of taste and status and, as I now recognise, unbalanced myself further in the process. Following an intervention by my mother, my tutor handed me an envelope of black and green capsules; 'your mother is worried about you; so am I'. I had slapped him some weeks before when he had physically pushed me into sitting in class and painting a still life of fruit, vegetables and a yellowing plaster cast. 'Here, take some of these', he said, 'they've helped me'. On a visit to my fiancée of that time in Chiswick I swallowed the last of the black-and-greens, a few tabs of speed, and too many pints of beer.

I was drinking too much. After six weeks in hospital and six months' abstinence I found myself in a new (and surviving) relationship with a woman who helped me climb out of what had probably been a more dangerous emotional state than anyone had realised at the time.

When I began to study for a Diploma in Art & Design course at Leeds I made a large chart (today it would be called a Mind Map) linking my interests and obsessions. I painted a series of small trompe l'oeil oil paintings, in a vaguely Tanguy/Ernst/Dalinian style. My tutors, however, were more impressed by my chart, which they took into their office and which I never saw again.

During an early tutorial at Leeds my tutor asked: 'do you want to be a monkey eating bananas, or a Buddhist monk seeking paradise? If your art could be you and the clothes you wear, you really would be an artist'. I cannot exactly remember much of the conversation prior to this remark, but I do recall one of the tutors' saying something along the lines of 'do you think this is *therapy*?' I can only suppose that having been being asked why I was doing art I had replied something to the effect that 'because it makes me feel better'. This episode has come to mind particularly on those occasions when I have considered my *behaviour* as falling within the category of art – whether anyone else might have seen it that way or not; in fact, other people's *not* seeing my behaviour as art was often the central point – whether or not my stance was an excuse for being obnoxious. I have also remembered that tutorial when I have felt that the work I was doing involved a deployment of human and political resources analogous to the deployment of materials when making art of any kind. That is, I think of myself (when I feel charitable) as a conceptual artist – often (I reflect when feeling less charitable) without the art and, sometimes, without the concept.

By the end of my second year at Leeds I was spending most of the time in London with my partner who was at St Martin's. I was making collages critiquing the insensitivity of the media of the late sixties, at the time when one began to find a photoshoot of eviscerated victims of the My Lai massacre inside an Observer colour supplement on the cover of which was a woman pouring champaign down her bikini top. By this time no child of eleven could be unaware of images of human degradation. This desensitisation was the theme of my partner Adrienne's DipAd dissertation *War Photography*.

A delegation of students from Hornsey visiting Leeds were impressed that we already seemed to enjoy the freedoms for which they were struggling (Students and staff of Hornsey College of Art, 1969). However, their spirit of rebellion emboldened us to exit en masse from the history of art exam at the end of our first year. Towards the end of the course, however, I was virtually living in Crouch End and assiduously *not* writing my thesis - in a spirit of fatuously impotent protest at the knowledge that my friends were buckling down to theirs and to their final shows, the better (in my view) to get the teaching jobs they sought and I did not want. The irony is that the subject of my thesis, *American Steam Locomotives from 1850 to 1900,* was a topic close to a heart which persistently and regressively sought channels of communication with its childhood. I completed the thesis, but only for myself. I had been offered a year's extension which I casually ignored until the period had expired; but then I never submitted it. Ten years later I lent it to the editor of the British Road Haulage Association Magazine, for whom I was doing design work. He kept it some years then died and I never got it back. I can sometimes persuade myself that this was in the spirit of Marcel Duchamp driving the *Large Glass* over that bumpy road from Brooklyn to virtual destruction (Jean, p.108); the action that gave Richard Hamilton the opportunity to recreate the *Glass* for the Tate's Duchamp retrospective (Tate Collection). At others, I see it as shooting myself

in the foot whilst everyone is looking out of the window; was this my own take on Camus' *L'Etranger?* (1961)

A week before the Leeds final shows – which I had no intention of contributing to nor of attending - I received a letter with small polaroid of my friends, thumbs up, sitting underneath a table above which they had installed my abandoned work. Moved to tears I attended the final events after all. I was awarded a DipAd provisional upon submitting the thesis within twelve months – which, as I have said, I had no intention of doing.

As part of their final show some students staged a dark ceremony of red cowls, candles and chants; a pagan ritual of import I didn't understand but which reminded me of Ku Klux Klan and Nazi rallies. In contrast, two friends and I presented a puppet show in which our made-up naked arses danced as three figures to the Goons' *Ying Tong Song*. We were inebriate cynics. College days ended with Patrick Heron giving each student a signed pencil.

Two years later I went to the opening of a show at the ICA by the then final year students from Leeds. The tutor who had asked whether I considered art therapy commented that I was among a small minority of our year still producing and exhibiting work. Some months earlier I had begun a period of painting and exhibiting around the north west. By now we had a son and were about to buy a small house in Bolton when the sale fell through and the estate agent asked if we would be interested in helping to set up and run a new arts centre in Chorley, Lancashire.

WORKING WITH PEOPLE

My life had become a sequence of drifts; bouts of animated, vigorous and enthusiastic energy invested in driftwood opportunities that rose up or washed towards me, and in which I may have glimpsed opportunities to do something to fulfill the drive to do something different or differently. Drifting among these seas of chance I floated into a late career in arts and health; but it was only under protest that I started working as a hospital artist. Only gradually did I find a commitment.

The Gillibrand Centre was to be housed in a magnificent Jacobean tithe barn rescued from dereliction by the Chorley Arts Trust, a consortium of local businessmen comprising our estate agent, a solicitor, and an architect. The Trust converted the Barn's former ostler's quarters into a flat, where we lived rent-free as cold unpaid caretakers-cum-curators with an infant son.

The Barn opened as the 'Gillibrand Community Arts Centre' in 1973, at a time when community arts was an innovative concept. I was officially appointed 'Curator', on £15 a week, and chair of the management committee. But the Trust never had any money; overheads, for heating particularly, were prohibitive. Gillibrand closed after eighteen months, having staged a programme that ranged from prestigious music performances (in accordance with the trustees' dream of a mini-Glyndebourne) to community events such as rock festivals and summer playschemes.

A high point of the Barn's brief life was a residency by Welfare State International. Boris Haworth led the State's creation of *The Garden of the Missing Bird*, a circular earthwork (in progress, left) on the theme of the Noah story, with a raven outlined in gritstone gateposts, and snowdrops planted, optimistically, in the form of the dove. Unfortunately, the snowdrop bulbs migrated downwards, to flower in the spring of 1975 as a pretty but shapeless clump at the base of the inner rampart. John Fox created a candlelit tableau inside the barn with earth and twig and grass figures.

I had booked a chamber orchestra for a Saturday evening during the Welfare State residency. The approach to the Barn was by a pot-holed track that became clogged with mud whenever it rained as heavily as it did that day. The car park was a quagmire churned up by the Welfare State earthworks. The rain was torrential, and the Welfare State members who were living in tents and with children were obliged to come through the Barn, weaving among the concert-goers during the interval, for hot water. The encounter of characters, artforms and attire was memorably surreal and good humoured.

As Gillibrand floundered in a sea of mud and debt, my wife gained a place to study for post-graduate art teacher's certificate. We left for Brighton in September 1995.

I spent the summer of 1976 as one among the army of Brighton deckchairmen (many or whom were women) plagued by clouds of ladybirds flying in across the channel and driving families in panic along the prom on August Bank Holiday Monday. One of the seafront buskers was a man in his 50s who was said to have had his teeth removed so he could sing like Leadbelly[19]. Every morning Gordon[20], a six-foot African-Caribbean who spent nights in the centre of our deckchair stack, would climb out to the top of the stack behind us while we crouched frying mackerel, jump backwards over our heads with a bottle of cider in each hand to land facing us, arms outstretched for applause. Raymond Briggs[21] used to stop and chat whilst walking his dog. We got unionised and worked to rule for overtime pay and the reinstatement of a pitch that had been cut by the council. The deckchairs floated out to sea and we won the action the next day.

I looked after our son while my wife was at college. I filled two walls of a snail and woodlouse infested basement with a creeping map of Gormenghast and every evening I made a card section of castle for my son. I made a series of filigree miniature drawings of Brighton's two piers, with rampant fish, helter-skelter, deckchair and bottle of wine, in various combinations. I left these in a gallery when we moved back north the following year. When I returned to Brighton two years later the gallery had closed and my work was untraceable.

On qualifying for Art Teacher's Certificate my wife took up a post in New Mills in the High Peak of Derbyshire. We moved to Hayfield, nearby. One of her colleagues, a potter, and I were commissioned for a ludicrously high fee to design a series of cartoon fruit heads for Swizzels Matlow, the local sweet factory. These heads were to be filled with sherbert. After the first batch we were asked to design a further run, with instructions from the company's MD to design them with blunter features 'so we can make the plastic thinner - then the cost per unit will be virtually nil'. We couldn't reconcile the money with the exploitation and we declined.

Late in 1978 I applied to be caretaker at my son's primary school. I didn't get the job, but one of the interviewers invited me for a drink afterwards.

Over pints Peter Senior told me about a group of volunteer artists he had brought in to work in a Manchester hospital. The more he told me the more sanctimonious the project sounded. In my application to be school caretaker I had mentioned my curatorship at Gillibrand, an experience that interested Peter in that he hoped to develop a more participatory approach in the hospitals.

A few weeks later Peter rang to say he had acquired funding through the government's Job Creation Programme (JCP) to employ out-of-work artists. Although not particularly interested, I was becoming curious. Several days later he rang again, offering to give me a lift to an interview that had been

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[19] **Leadbelly**: Huddie William Ledbetter (1885–1949), *American folk and blues musician, notable for his clear and forceful singing, his virtuosity on the twelve string guitar, and the rich songbook of folk standards he introduced* (en.wikipedia.org/wiki/Leadbelly)

[20] several names have been changed; see introduction for discussion on anonymity.

[21] **Raymond Briggs** (1934 -), *British illustrator, cartoonist, and author who has achieved critical and popular success among adults and children* (en.wikipedia.org/wiki/Raymond_Briggs)

planned for the following week. My wife persuaded me to accept the offer, so I went to an interview for a job which paid hardly more than the dole and in which I had not the remotest interest.

I was offered the job. My wife suggested I try it for a month. Drifting again; going with the flow, the line of least resistance.

The first six weeks at St Mary's Hospital were difficult (Coles, p.18). I suspected I had been appointed on the strength of my 'community arts' experience and because I could paint figuratively. Peter and the lead artist Brian Chapman were primarily abstract painters.

I had joined the hospital's second JCP team of artists. The first team of recent graduates had kept for the most part to the studio in the abandoned kitchens of St Mary's and pursued their own painting with little regard for the context within which they found themselves. The artworks they made were installed along corridors, and they painted the occasional mural; but whilst these murals might relate structurally to the architecture, they related only superficially to the social context of an institution in which so many people were oppressed by fear and anxiety.

I was concerned with the context. Aware that some of my work might be considered disturbing, I agonised over whether and how my work could contribute to stemming the tide of human anxiety that I felt surrounded us. As an experiment in adapting my style and technique towards a content arising from and relevant to the context, I planned a painting for the waiting room in the nearby Foot Hospital. I researched and consulted users in the design of a work which targeted an 'average patient' of 60 years of age.

I worked intensely on this canvas for six weeks. The painting featured a section of fireplace and wall, with an assortment of objects and images on the mantlepiece, some of which were easily identifiable, others of which were clues for objects elsewhere in the painting. There were trompe l'oeil framed silhouettes of local buildings, portraits of renowned citizens of the region, domestic objects, and a Manchester City tie.

I was relieved be able to apply my figurative painting skills to a social purpose, and relished my investigation of the most effective combinations of household emulsion and artist's acrylic to achieve these ends. But the experience became increasingly awkward as I appeared to be working in a bubble of isolation. I reverted to my first student days and started to take days off. When I braved the hospital studio to work on the painting I would be conscious of the other artists standing behind me saying absolutely nothing. Paranoia interpreted this as unexpressed disapproval or disappointment.

Receiving no feedback, my anxiety reached such a pitch that I stormed into the office to resign; if Peter and Brian (Brian is far left) did not appreciate my work but were too embarrassed to say so, then I was leaving. They looked embarrassed and said they were impressed by what I could do, but as neither of them had any experience of figurative painting of the kind I was attempting they did not know what to say. I decided to stay.

Fireplace was installed in the Foot Hospital in 1978. It was well received and remained there for many years until the Hospital was refurbished.

I made smaller paintings that related to some extent to the hospital settings. I continued to re-examine my own work to find ways in which my own experience and practice might impact on the hospital context, and revisited a number of themes I had addressed at earlier times of my life.

I have related how I often re-visited a world of childhood and memories that merged with received stories and dreams. I began a series of paintings that externalised the more gentle of these memories, as in a series which merged the piers and helter-skelters of Brighton in 1976 with a fairground by a headland on the magical periphery of childhood dream and recollection. I made large paintings of piers among high slate-blue seas and low skies, with brightly heraldic fish in the air. I felt and absorbed the desire for flight, the longing to soar above fear and distress. I related these feeling to what I suspected was the experience of a mass of fearful humanity I felt around me. A retired senior consultant gynaecologist commented on the appropriateness of my work within the hospital context of apprehension and powerlessness; he considered my work not to be bland like 'hospital art' was often expected to be, but bracing and 'liberating' (Fitzgerald, c.1979).

In the Manchester Royal Infirmary (MRI) I found a site upon which I felt the arts team could work together and make a powerful impact on a focal area of the hospitals.

The team agreed that I should prepare designs for a series of murals within a series of arched recesses in the MRI. These spaces suggested 'rainbows' - a theme that had not at that time attained the clichéed status lampooned in Channel 4's *Green Wing* (*03.09.04*), in which a hospital administrator passing a mural shouts into her mobile: 'not another *fucking* rainbow! I want something *done* about it - *now!*' Although, in the light of the publicity that attached to the MRI Rainbow murals, I acknowledge some responsibility for the prevalence of the hospital rainbow cliché, my own research and regard for the environmental and social context of the work were more thorough than I suspect has been the case in many hospital murals.

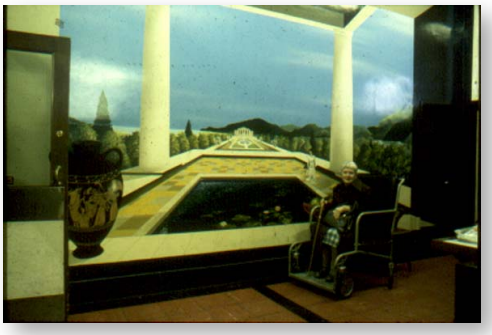
This corridor was used by patients and visitors entering the hospital, by staff going to the canteen or the wages office, and by visiting dignitaries. The rainbow motif as symbol of promise was appropriate; but the murals would not be designed or made in an 'anything goes' way that characterised many community arts projects of that era. As professional painters we wanted to create an apprentice-style learning opportunity for the non-painters on the team. The murals would also be a way for the team to lay a benchmark for quality in hospital arts practice; we hoped they would give the hospitals confidence in artists generally and in our abilities in particular.

The upper segments of the seven arches comprised the rainbows, the colour sequence of which cycled throughout the series. The lower two thirds depicted water in its various states with attendant fauna and flora. Peter suggested we begin to work on one recess to test audience reaction.

The Joint Consultative Committee (JCC) of unions and management reacted immediately, objecting that the mural 'destroyed the majesty of the corridor'; the management would have preferred portraits of former matrons and administrators. We were told we not to continue with the work.

We set up a petition on the corridor and within the afternoon received over a hundred signatures of staff, patients and visitors who wanted us to continue. The JCC relented, and we completed the seven arches over the summer of 1978 (Coles, pp.16,47).

This had not been conceived or executed as a community arts project. The members of the arts team who were inexperienced painters, or who were not artists, were involved in the painting to begin with, but there were difficult negotiations wherever their work was not of the quality we had set ourselves overall. This caused an 'us and them' split that never healed within that particular team. Our 'apprenticeship' model had foundered, largely because of our inexperience as mentors and our own anxieties about working in unfamiliar media in a publicly exposed manner. We realised that sensitive planning would be needed to create a framework within which participants of all abilities could make their own valid contribution to such a work. There was one instance of public participation, however. A staff member asked if she could 'have a go', and we artists hovered over her as she bravely made a few brush-strokes to a leaf. As we were working another staff member asked of the mural in all seriousness 'is it real or did you buy it from a shop?'



One of my next projects was the design of a trompe l'oeil mural on a classical theme (left) for the cramped entrance lobby of the outpatients' department of Crumpsall (now North Manchester General) Hospital. The viewing angles for any work on this site were complex and restricted, necessitating a perspective designed to work accurately from the single viewpoint of the sister's station. The distortion from other viewpoints was therefore extreme and rendered the work boldly abstract from certain angles. A porter whose job entailed waiting in the entrance lobby for any patients needing a wheelchair. He inevitably spent some of his time sitting in the wheelchair himself and watching the artists at work. One day, when there were only three of us working on the mural, a patient asked the porter 'how do they manage to make it look so three-dimensional?' 'Ah, that's 'cause there's three of them' he replied.

After the JCP we received funding from North West Arts' newly established community arts budget, and we also received an Urban Aid/Inner Cities award for three years. These grants allowed us to develop community work in and around health centres in the inner city. The team's textile artist and I worked with a group of older people attending a day centre in Beswick, a deprived area which had been redeveloped during a 1960s slum clearance programme when families had been offered the choice to stay in the rebuilt district or relocate to the sprawling Hattersley overspill. By 1980 those who had chosen to stay already found themselves in decaying low-rise properties ready for the wrecker's ball.

The theme of the Beswick piece was to be the variety of reasons for which people walked: Whit Walks, the hunger marches of the thirties, and the CND marches of the sixties. Whilst the elderly people with whom we were working were clear as to what they wanted us to depict, they were equally clear that they saw us as the artists whom they expected to work under *their* direction. This wasn't what we'd expected, nor was it what we felt was expected by the community arts ethos to which we felt we should be aspiring - if only to satisfy our funders. To what extent were we to inveigle the centre's attenders to paint if they had no intention of doing so? I felt theirs was a response we should respect. We were their guests, after all.

In the event the combination of community consultancy and professional arts practice worked well. The 2M square *Bradford Walks* (left; named for the electoral ward in which Beswick was situated) combined textile, construction and acrylic, with a central canvas panel depicting, in the upper third, a cityscape with well-loved but in several instances demolished buildings, and, in the foreground, a large batik and appliqué of marchers and banners. A stumpwork frame incorporated shaped recesses, in each of which I depicted in acrylic my interpretation of stories that users of the centre had related. On completion *Bradford Walks* was installed in the local health centre.

ART AND MENTAL HEALTH

Meanwhile a day centre for older people was nearing completion at the MRI. I was asked to make a large calendar board (left) for this unit. I was concerned I might not be able to take on this project as I had also been asked to liaise with the planners of a new psychiatric service that was being set up on the site. The latter was a project in which I was interested for two reasons: firstly, my long-standing interest in surrealism had fueled a naive desire to experience at first hand artworks by those whom I assumed were not totally ruled by the rational; and, secondly, I saw this project as my entrée to an environment through which I might gain understanding of and release from anxieties from which I had suffered for so long.

My solution to the timing dilemma was to propose that the calendar board (left) be taken on as a project within the occupational therapy department of the new psychiatric day hospital, which by this time was housed in a group of prefabricated buildings whilst its new premises were under construction. The staff at both units were happy with the idea of a collaborative project involving patients and staff from different departments in the design and making of the calendar board. Both these new units were striving to become established in a traditional mainstream hospital, and, particularly in the case of psychiatry, the calendar project could be a way of integrating the department and its users into what was perceived as a less than welcoming environment.

In this way we began a series of collaborative projects, gradually integrating professional arts practice within a hospital department, and eventually into community oriented work. Other members of the team were taking similar steps and, by the early 1980s, hospital arts projects were being launched elsewhere, for example in Salford (as part of an Art Therapy department) and on the Isle of Wight.

The design and production of the Platt Day Unit calendar board attracted a core of patients who represented an eclectic mix of interests and skills. These contributors became a team, and in turn influenced the design and the calendar project as a whole, as well helped lay the foundations for future projects and approaches. People attending hospital represent all walks of life and an unpredictable array of skills and experience – neither of which count for much in the normal routine of health care; a remarkable omission which is counterproductive to the process of healing which, if it is to be effective, must take account of more than a person's symptoms and overt behaviour.

The occupational therapy room became a design and production studio. Regular groups of up to fifteen people took part in sessions, and there was always something to contribute by people with

such a wide range of experience and skills; whilst those who felt themselves to have comparatively little ability found they had unexpected talents that they became keen to develop.

This project brought me into contact with a number of creative and potentially creative people with whom I came to work in a number of long-term mentoring relationships. Spin-offs from the calendar board project included individual patients making murals or producing exhibitions for other sites around the hospitals.

I encouraged one patient to exhibit his De Chiricoesque A4 felt-tip drawings on the corridors. We collaborated on a triptych (left) to his design for the lobby of the hospital. Another patient held an exhibition in the MRI Outpatients' Hall of oil portraits of friends, staff and patients. This collaborative approach was described by a Senior Occupational Therapist as a 'therapeutic alliance' (Hughes). I described it as giving a creative social purpose to the work of the Department.

An auxiliary nurse, Steve Lyons (2nd from left), worked with Hospital Arts' photographer Jack Sutton to set up a darkroom at the Day Hospital. They built a team of budding photographers and devised *Camera and Canal*, a project in which staff, patients and artists escaped for afternoons to explore and record the city's waterways. This group produced a large exhibition and slide presentation for the MRI Outpatients' Hall, which had functioned as a venue for exhibitions since the first arts team in 1976 and which delivered to exhibitors a monthly audience of thousands.

As artists we were developing our awareness of context, content and technique, but some of us were concerned about the long-term threat to individual creativity and artistic development posed by the novel situation in which 'hospital artists' found themselves, working nine to five, five days a week, on permanent full-time contracts in a monolithic institution. For the first few months I had been a member of the Arts Team we made works for the hospital corridors, and only rarely and tentatively did we venture beyond the floor on which the Hospital Arts Centre was situated. Gradually, though, as we began to work harder at encouraging others to engage in the arts, we found less and less time and energy to do so ourselves.

A colleague and I proposed a scheme that would enable the team's artists to take a month's annual 'sabbatical' to pursue their artistic development away from the pressures of the health service environment. Peter Senior was apprehensive about the proposal, fearing such a scheme might not be understood by the hospital administration for whom artists were perceived as overly free spirits, but the proposal was accepted. In order to 'officialise' the scheme, the sabbaticals operated under the banner of 'training and professional development', and we gave them the rather pompous title of 'Intensive Work Period'. Our proposal required that, following each sabbatical, the work produced should be exhibited in some form in the hospitals.

Head for the Hills

In the summer of 1984 I spent my first Intensive Work Period drawing, photographing and painting the rock formations on the edges of the Kinder Scout plateau in the Peak District. This work (example left) was influenced by Max Ernst, Yves Tanguy, and the pantheism of Wordsworth. I exhibited the resulting paintings, drawings and photographs that September in the MRI Outpatients' Hall, after which I was invited by veteran trespasser Benny Rothman[22] to exhibit the following month at New Mills town hall as part of a fund-raising event for the National Trust's purchase of Kinder Scout.

Following *Camera and Canal*, my Kinder Scout sabbatical, and a series of projects I had run at the Day Hospital after the *Calendar Board*, Jack, Steve and I discussed collaborating to combine the making of a major work for the new psychiatric day hospital (by now under construction) with the theme of 'getting out and about' which had informed both *Camera and Canal* and my sabbatical. Inspired by Benny, I also wanted to share my discoveries on Kinder Scout with those who rarely if ever were able or inclined to visit the wilderness on their doorstep.

Head for the Hills offered opportunities for users and staff of Central Manchester's mental health service to discover and respond creatively to the wild landscapes of the Peak District, the Lancashire Moors and the Lake District, and to engage in the movement to increase access to open land and to campaign against the privatisation of water. *Head for the Hills* would work with activists such as Benny (left, with Lilly Rothman and the author) in these campaigns, and would make group and individual artworks inspired by these experiences and in pursuit of campaign goals.

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[22] **Benny Rothman**: leader of the 1932 Mass Trespass onto Kinder Scout, an action which led to his imprisonment and was seminal in the establishment of the Peak District as the first of Britain's National Parks

Head for the Hills launched in January 1985 to impel the emerging 'escape from psychiatry' theme and to explore 'combining the enjoyment of the countryside with the enjoyment of art' (Brown & Sutton, 1987). Jack's former experience as National Union of Public Employees (NUPE) shop steward at the Manchester Royal Infirmary, and my contacts with countryside activists such as Benny, gave this project a political direction that would cause a problem later. It was only with hindsight that we fully appreciated the extent to which people disempowered by mental problems and social pressures could gain in confidence as a result of actively engaging in quite different and, we hoped, more liberating issues than the daily ward round. This was an instinctive philosophy we came increasingly to apply in our working and social relationship with staff, too; cultivating a spirit of partnership on equal terms in pursuit of artistic and social ends.

Head for the Hills ran from 1985 to 1992, spanning the period during which I moved from Hospital Arts to become Director of START. Sadly, by 1992 *Head for the Hills* had virtually ceased as a project - a process of decline presaging my own journey from 1994 through overwork, burnout, breakdown and early retirement. The launch of START meant that my ambition for *Head for the Hills* to become a sustainable and distinct project in its own right had to be shelved. But *Head for the Hills* had been a pivotal event in the development both of the arts in mental health in Manchester and of my own practice; this is why it occupies an important place in this chapter.

The main achievement of *Head for the Hills* was a mosaic mural (left) in the reception foyer of the Rawnsley Building, headquarters of the local mental health services. The mosaic stands as a monument to the positive shared experience of a group of people who had only come together through common negative experience of psychic stress.

We also made an exhibition from the large quantity of photographs, texts, sketches and documentation accrued over the period of the project. The *Head for the Hills* exhibition, with the subtitle *An exhibition about getting out and about*, was shown at New Mills Town Hall, at Hayfield library, and at the launch by Benny of the *Head for the Hills* mosaic at the Rawnsley Building in August 1986.

This event gave rise to the problem to which I referred earlier. The opening of the *Head for the Hills* mosaic and exhibition took place on August 6; Hiroshima Day. As a mark of remembrance we had included a small exhibition organised by the Medical Campaign against Nuclear Weapons, featuring paintings by children depicting how they imagined the world when they were grown up (it is sobering that these 6-10 year olds are grown up at the time of writing and that the world has

changed in ways that would not have been predicted in the mid 1980s). The head Occupational Therapist formally complained to the management that we had used the hospital for a political activity, namely the anti-nuclear display. The use of NHS premises for political purposes was a serious disciplinary offence, but one to which we happily pleaded guilty. We explained to the head Occupational Therapist that the mosaic and the exhibition themselves were political in that they concerned a campaign for access to the countryside. Without waiting for summons we reported to the management office, where we found the floor strewn with carpet samples from which the manager and the senior nurse were choosing carpets for a hostel ward in the premises that was to include the base for START. 'We knew we were going to be on the carpet but we didn't think we'd have a choice of carpet', I said. This defused what remained a serious situation; it was clear the manager was embarrassed at being obliged to instigate disciplinary procedures over this incident. The crisis was resolved when a consultant psychiatrist, a member of the Medical Campaign against Nuclear Weapons, pointed out that nuclear war and mass destruction were first and foremost a health issue.

Together with other humorous anecdotes in this chapter, this episode illustrates the potentially humanising and integrative impact of arts practice and approaches within a monolithic health system.

Searching for lost maps

The ethos of *Head for the Hills*, which would inform to a great extent the first years of START's progress until common ground began to split, was integral to my own personal and artistic development. It is therefore now appropriate to revisit my own history.

My earliest memories are of the Coniston fells. For my second and third Hospital Arts sabbaticals I returned to these hills to explore the abandoned slate and copper workings whose caverns and precipices had terrified and fascinated me in my childhood.

It was not merely the natural beauty of the Lake District that awed me. My parents had friends among slate quarrymen. I recall my mother and I (about four years old) clutching onto a lurching rusty narrow gauge wagon pushed by my father and a quarryman through a dank tunnel, from which we emerged into a vast slate cathedral whose deep shadows were pierced by shafts of intense green light shining through a small hole that opened onto a sunny mountainside high above.

Coniston and Tilberthwaite conceal a hollowed world; copper and slate had been mined beneath these hills since the Roman occupation. Wandering from a path in Little Langdale to have a pee in the summer of 1999, I found a mining level. My fascinated terrors returned and, with a nod to a **DANGER** sign, I felt my way with heart thumping along a narrow tunnel and emerged into a closehead, a man-made cavern. Whether this was the viridian cathedral of my childhood I cannot say; if it was, it had shrunk from the vastness of my memory; but with its monumental, slanting central pillar of residual slate and the shafts of rich green light the place was awe-inspiring.

The rusting wind-scoured relics of an industry and the terrifying pits of Hodge Close and Coniston Old Man resound as deep as ever within me; and coming across them again today among the high mists or valley woods still affects me deeply. These rediscoveries throw into more elevated relief the beauty of a landscape preserved relatively unchanged since the late 1940s of my early memory; these rediscoveries set up unbearable and irresistible resonances with the memories themselves. And nowadays these places puzzle me all the more for the mocking dilemmas they pose about the way we exist at one and the same time both within and outside of our world.

As an eighteen-year-old I had been deeply affected by Wordsworth's (1770-1850) explorations of the relationship between nature and the human soul. His description of a crag that appeared to rear up the higher the further he rowed a stolen boat out onto Esthwaite Water at night, the crag seeming to berate him for the theft (*The Prelude*), echoed in some tangential way the terrors and dreams provoked in me by Coniston's man-made pits and caverns.

Head for the Hills thus had a provenance that was of profound significance to me as an artist and a human animal.

I have described how *Head for the Hills* spanned the period in which I moved from the Hospital Arts Team to become Director of START, an arts centre for people being discharged from mental health services. This transfer period led to a delicate situation in which I found myself having to negotiate with my old Hospital Arts colleagues to gain recognition both for START and for *Head for the Hills*.

START

In 1988 BBCtv announced a national competition to reward excellence and innovation in community development in Britain's cities. Unknown to each of us until the forms had been sent, Brian Chapman (by now Artistic Director of Hospital Arts) and I each submitted *Its My City!* entries independently on behalf of our respective projects. The judges decided that one of our organisations should win first prize in the visual arts category – but it was up to us to decide which would be named as the prize winner. I was unhappy about this; but we were told that the prize would go to another group if we did not choose. But it was clear to me that the reason for the award was *Head for the Hills*, which

had involved both organisations as it took place during my moving from Hospital Arts to START and involved the same participants throughout this period. After much discussion and some brinkmanship on all sides the BBC relented and awarded first prize jointly to Hospital Arts and START. It may be concluded that the assumption that it was *Head for the Hills* that gained the award had been correct. The above photograph shows members of START with a copy of the *It's My City!* cheque.

START was founded jointly by senior consultant Dr. (now Professor) Francis Creed; Director of Arts for Health Peter Senior; and myself. START opened in October 1987, and by 1990 had grown into a network of arts and crafts studios offering photography, textiles, pottery, painting, mosaic, stained glass and music. As START members gained in skills they took part in projects and commissions to make works for community, commercial and health service sites. We subsequently launched START OUT, an outreach section whereby more skilled members were able to earn fees for taking part in projects and commissions.

By 1990 START was well established, with three full-time artists in post, several part-time artists, up to seventy members (ex-patients), a growing waiting list, and a relatively secure income from grants and the NHS Trust. START's credibility was high following recognition by the BBC, government and North West Arts Board.

This recognition generated a growing number of requests for information and advice from individuals, groups and organisations around the country interested in setting up similar schemes. Responding to these requests became a major part of my work, which I felt free to pursue as the individual studios that made up START appeared to be functioning in an increasingly autonomous way. I failed to recognise that both the artists and the Trust expected me to retain a more hands-on management role than I felt it necessary to provide.

Spa Arts

Our family had moved to Buxton in 1987, the year after START was launched in Manchester. At that time Buxton was served by the Devonshire Royal Hospital (DRH), a remarkable building with an immense atrium spanned by a magnificent Victorian dome. In 1991 I began working with Chris Agnew, a former Hospital Arts colleague who was now local Community Education Coordinator for the High Peak, to set up Spa Arts at the DRH. This was partly a START OUT project, in which four experienced START members received fees to work in Buxton with local people and patients in photography and textiles. We also set up a major project to design and make of a series of mosaic panels to clad a specially constructed 3M high column at the centre of the dome. In a reciprocal project entitled *Head for the City*, Connect 90, a group of disabled people from Buxton, travelled with Chris to Manchester to take part in a photography project led by Jack Sutton at START's News and Photography Service (SNAPS), which had been set up in 1987 with an Inner Cities grant.

The *Spa Column* (left) was designed as a temporary structure to function as a focus for discussion as to what should be sited permanently at the domes' centre; suggestions included a water feature and an immense canvas mobile. However, a senior consultant - who had not attended any of our open consultancy sessions - objected to the column as soon as its carcass began to take shape. He launched a petition the result of which went against the *Column*. Our aim at Spa Arts had been to engage local people and groups in the hospital, in line with the emerging government policy to generate community engagement in health services – and yet the hospital management only permitted the hospital's staff to sign the petition, which we therefore declared to be invalid as it negated the aim of the project and the role of the community. However, the hospital was administratively a unit of Stockport NHS Trust, whose Chief Executive disallowed the petition. This resulted in the ironic situation in which the *Spa Column* (left), planned as a temporary structure from which the mosaics would be moved within a couple of years to sites around the hospital, and a piece for which as an entity I had no affection, remained in its original position for ten years until the building was sold to the the University of Derby.

I had already seen the possibility and benefits of creating a permanent link between START and Spa Arts; an arrangement that, subject to funding, would have had an additional personal advantage in that I could divide my time between Manchester and Buxton, as the traveling was beginning to contribute alarmingly to a growing exhaustion. On at least two occasions I had been dangerously tired and had hit the curb on the last stretch of the drive home.

Leaving START

Spa Arts was the means by which several arts and health projects were established in Stockport[23]. I was closely involved in advising and setting up these, as I was in a number of boroughs in the Manchester conurbation and further afield.

Meanwhile, difficulties arose at START as a consequence of this development work. START was invited to exhibit at the Trongate Gallery (left) in Glasgow as part of the city's 1994 Mayfest . This I saw as an adventure for a number of START members as well as recognition of the work of the membership and artists. But there was resistance by some of the START artists who felt this outreach work was not helpful in terms of the cohesion of START; they felt they were left running sessional programmes whilst I was free to act as I chose. The fact that I had attempted to discourage the establishment of regularly timetabled sessional work did not seem to be the point. I insisted the Glasgow exhibition went ahead. I did not want START to become an institution.

I was convinced that, for the growing number of START members involved, developmental projects such as Spa Arts and the Glasgow exhibition were beneficial in terms of personal and artistic development, and that these outreach projects were also helpful to START in that the recognition and enhanced prestige generated by a process of triangulation contributed to the security of the project; the more that Central Manchester Healthcare NHS Trust was aware of the impact and influence of its arts centre, the less it was likely to cut its funding.

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[23] **Stockport Arts & Health** coordinates the arts in Stockport's Health Services, engaging artists to work with groups in hospitals and in the community. Stockport Arts & Health is the base for the Arts on Prescription and works with other local arts in mental health projects. It has organised projects in - and commissions for - new local mental health centres with the additional aim of engaging local communities in overcoming stigma and 'nimbyism'. Stockport Arts & Health employs artists to work with staff on their creative development as part of Stockport's Staff Health Initiative programme. Stockport Arts & Health works with people disadvantaged by physical, emotional or economic circumstances to foster and share empowerment through creativity.
ARC (Arts for Recovery in the Community; formerly **MAPS**) is a charitable arts company whose members are coping with mental ill-health in the community. Members are actively involved in developing links and innovative ways of working.
ARC aims to

- encourage creativity and promote well-being through participation in the arts
- counteract low self-esteem by building confidence in abilities and keeping members out of hospital and in the community
- build a sense of community and social skills by involving members and volunteers in all aspects of the project
- enable members & volunteers to gain skills & experience leading to employment
- promote a positive image of people with mental health needs.

the Arts on Prescription is an arts project to which people are referred by GPs, health visitors or self referral.
The project 'prescribes' the arts as a means of restoring emotional well-being whilst feelings of distress are relatively manageable, hopefully preventing admission to mainstream mental health services. The Arts on Prescription helps to identify opportunities for participants to take up further arts and leisure activities after their time with the project. Groups meet at the Stockport Arts & Health Centre, which offers a gallery space where Arts on Prescription members can exhibit their work alongside that of other artists.

Whilst I failed to fully appreciate until too late the strength of feeling of the other artists on this issue, and the extent to which the situation was exploited in certain quarters, the other artists failed to appreciate the extent to which the reputation of START outside the Trust contributed to its continuity within a mainstream psychiatric service. Of course, this is not to deny that the NHS Trust appreciated the positive impact of START upon its members (see, for example, Colgan *et al*, 1991); but the triangulation effect was critical in preempting the risk to an innovative project of not being recognised in its own locale.

These conflicts on the team were the cause of escalating stress during 1994. My response was to take on more and more projects in all directions. It had always been a struggle to retain for START a workable semblance of independence from the cocooning culture of a mental health institution that by this time was our main funder, and I was often in trouble over what managers perceived as the unpredictability of an arts project that was now officially a department within an NHS service. Some of START's more creative and wilder artists moved on, and an era of stability evolved into an increasingly institutionalised educational ethos - a situation that emerged through an unconscious collusion between those arts project 'staff' who favoured a more structured approach and the mainstream psychiatric service. Several of the original START members and I were very unhappy about the way things were developing, and some members were eventually to form the nucleus of Pool Arts[24]; whereas I just broke down. In the event, once I had left, the educational model ascended and has been phenomenally successful under the leadership of Wendy Teal.

One of the many projects in which I had been involved in 1992-94 was to advise on setting up arts and health projects in Oldham[25]. In 1993 Oldham Metropolitan Borough Council commissioned me as Director of START to produce a consultation document, facilitated by a writer working with mental health service users to describe and celebrate their experience of arts projects, and to make recommendations for future arts in mental health development in the borough. The launch of the book, *Art and Soul and the Cold Blue Walls,* took place at a seminar on arts and health in 1994, which I arranged in association with Arts for Health.

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[24] **Pool Arts** is a user-led group, based on the principles of advocacy and inclusion, seeking accessible and sustainable studio spaces where artists from diverse cultures who have experienced emotional distress can work independently. Members may have attended other arts groups and will be clear about the direction of their work. Pool Arts will link to the wider arts community through mentoring, residencies, visiting artists, placements, exchanges and exhibitions. Pool Arts is seeking space in the proposed Healthy Living Centre at the old Victoria Baths on Hathersage Road. During the summer of 2000 Alison Kershaw and Pool Arts worked at the Baths to make a series of site related artworks. The residency culminated in an exhibition in September: 'Remember to Breathe'. St Luke's Arts Project and Central Manchester User Partnership are coordinating the meetings to formally establish the group.
Pool Arts was formed by artist members of START and of **St Luke's Arts Project**, which is based in a church community centre - though it is not linked to the church in a religious sense. The Project offers an open art studio where people come to pursue their own practice or get involved in group projects. The work mainly consists of drawing and painting. Group projects include carnival and street theatre work involving *Gegants* - giant processional figures. Project members hold exhibitions, go on trips, take part in festivals and events. The Project encourages those taking part to develop their practice towards professional standards , at their own pace. There are no formal entry criteria and there is no formal referral system.

[25] **Connected** is not so much a 'group' as a partnership/consortium of Oldham NHS Trust and Borough Council's Social and Arts Services, working together to develop creative opportunities for adults recovering from mental health problems. The work is mainly done through a part-time arts coordinator based in the Occupational Therapy Department of the Royal Oldham Hospital and supported by a steering group of the project's stakeholders.

At the same time START member Lincoln Green (left) and I exhibited at the Insight Gallery at High Elms. I was also arranging a return visit for the Trongate Studios artists to exhibit at the Insight.

My self-imposed incremental workload might have been sustainable were it not for two tragedies.

One of the START artists had left the previous year to return to Eire and raise her new child on the west coast away from inner city conflict. She and her son were kidnapped and held by several days before both were murdered by their captor, a young man with mental health problems. This shocked everyone at START most deeply. I organised a memorial event at High Elms. The murders became the basis for Edna O'Brien's novel *In the Forest* (2002), the publication of which was distressing for everyone who had known the victims, and especially for the family.

That year too a young consultant psychiatrist and enthusiastic supporter of START and with whom I was becoming friends, had suggested we co-author a book about the arts and mental health and START. After a period of hesitation, arising from a disinclination to be associated with a profession about which I had strong reservations, I finally agreed to the collaboration. A few days later he suffered a stroke from which he never recovered and from which he died six months later.

It became psychologically impossible for me to persevere effectively with addressing issues at START or the direction in which the project was heading. Soon before Christmas 1994, with the support of my line manager, I set about trying to bring START back to a member-driven, arts-centred approach, and to tackle some of the obstructive practice that my manager and I saw as impeding the development work that I considered essential. We proposed an agenda for a series of radical planning meetings. But by the New Year of 1995 I was exhausted and, instead of seeing this process of change through, I left START altogether.

At new year 1995 I was psychologically incapacitated, unable to do much more than lie in bed until after Neighbours, then get up and roam aimlessly around the house. At the beginning of January I had attended the opening of the exhibition I had organised for the Trongate Studios artists at the Insight Gallery, but I was clearly unwell. During the meal after the opening I almost fainted, my vision blurred, the room tilted and I had to leave for a nightmare train to Buxton. I went on long term sick until I took early retirement at age 50 in the spring of 1996.

At the end of the meeting in which the terms of my early retirement had been agreed, the then manager of the Psychiatry service sighed reflectively and said, not without a slight sense of regret, I thought: "well, I suppose the maverick days are over" (Butler, 1995).

BEYOND START

Research, consultancy, crisis

During 1995 (the year leading up to my retirement), once I had emerged from the most intense period of distress and hermithood, I gradually recovered to the point where - by arrangement with my managers, who were very supportive – I was able to pick up on and extend the development work in other locations, particularly (and happily) in Salford[26], where I had already helped establish a START project with support from the Kings Fund and with Bernadette Conlon as artist/ manager.

During 1995 I also began planning to write about my experiences in and my reflections on arts and health. Revisiting the suggestion of my psychiatrist friend who by this time had died, I spoke with ex-Hospital Arts colleague Dr Linda Moss, who was now North West Arts Board's Disability Arts Officer, about the possibility of a joint project in which I would write up my practical experience and personal view of the arts in mental health, and she would research and write a parallel academic commentary.

Getting off the Buxton train on my way home from this meeting I bumped into Chris Agnew (with whom I had set up Spa Arts five years previously). When I told her about my discussion with Linda she said 'why don't you do the academic stuff yourself too?' 'Oh come off it, Chris!', I said. But when I got home I realised the idea might not be as ridiculous as it sounded.

When Arts for Health advertised for a post-graduate researcher in arts and health, I submitted a proposal which was accepted, and I enrolled (without a first degree) and began a decade of intermittently academic life.

In late 1995 I had become a founder member of the steering group for the national Arts in Mental Health Forum, helping to plan and deliver the first Residential Forum (closing ceremony, left) in the autumn of 1996. This event took place in Loughborough and placed the arts and mental health on the national agenda. The forum demonstrated a robust solidarity between artists and users of mental

[26] **START in Salford** is a community arts project offering free access to quality arts provision for people experiencing severe and enduring mental ill-health. START in Salford provides a flexible and responsive range of studio, outreach and one-to-one sessions.
Users participate in a wide range of activities including visits to galleries, exhibitions and sketching trips. Salford Art Gallery and Museum hosts an annual exhibition of work by Start in Salford. Users play a major role in shaping the direction and emphasis of the work and serve on the management board.

health services and survivors of mental illness. In 1998 the Forum was reborn as *i am* (Inspired Arts Movement). A second Loughborough residential, *i am***Live**, was held in 1999, and regional and local *i am*s began to take shape. I produced a national directory of organisations, projects and individual artists working in the arts and mental health, a text version of which is included as Appendix 1 to this thesis.

Through *i am* I became friends with Aidan Shingler and Tricia Durdey. Aidan is a conceptual artist whose work conveys the positive aspects of schizophrenia, with which he was diagnosed at 19. Tricia is a dancer and (at the time of writing) Arts and Health Officer for Amber Valley Borough Council in Derbyshire. Our experience had revealed a pressing need when people are in emotional crisis for a response quite different from that of the psychiatric system; we argued that an environment is called for whose fabric and atmosphere is spiritually uplifting, where practical creative opportunities are the *central* engine of healing; and where, of their own volition, people are able to enlist the support of psychiatry and allied professions when desired. In 1999 we set up a research project *Cry for Sanctuary*[27].

In February 1999 my brother-in-law was diagnosed with schizophrenia and was admitted to a mental hospital in Bolton. We sat long afternoons in a shabby dayroom whose window overlooked a blank courtyard across which a sign indicated the electro-convulsive therapy ‘suite'. I thought 'why would anyone in their right mind *choose* to come *here* if they weren't in their right mind?’ I wondered what it would be like when we are in distress to be able to think of a place and say ‘now *that’s* where I've a mind to go'.

My brother-in-law would not stay in the hospital to begin with and we understood why. It is hard to express how miserable it was to try and persuade someone that it might be best to stay in a place that made the soul heave. He stayed there as an in-patient (impatient) for about three weeks. How did he make it tolerable? He cannot read. He asked for his guitar and he started to teach other patients to play. He mended a staff member’s car.

He took things into his own hands. The staff welcomed his initiative (he had fixed one of their cars). At this time the hospital engaged LIME to commission artists, including myself, to explore creative options for change. But *Sanctuary* would argue that a more fundamental change is needed, and that the existing institutions cannot simply be patched up.

In 1997 I had been invited to Slovenia to represent Britain at the last in a ten year series of UNESCO Arts in Hospitals Conferences. At this conference I proposed that Arts for Health be

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[27] **Cry for Sanctuary** was founded on the recognition that people in emotional crisis are likely to find themselves in an alien environment, a ‘case’, encountering a response that values neither the significance of nor the opportunities within emotional crisis, but rather seeks to suppress its more uncomfortable aspects.

Cry for Sanctuary was set up to explore the potential for creating more inspired and holistic healing environments for people in emotional crisis. We began this process by asking people with experience of such crisis – together with their families, friends and carers - what they want and need in order to respect and honour their experience and to stimulate and support the healing process. Our aim was to generate creative and practical options for change that were based on the aspirations of the experts; that is, those with personal experience of emotional crisis and of society’s means of dealing with it. *Cry for Sanctuary* was launched at *iamLive* in 1999 and is currently ‘in the fridge’ until we have the capacity to take it forward.

asked to host a world conference to pick up the baton from UNESCO. The MMU too was considering an arts and health conference, and under UNESCO's aegis we planned and delivered the World Symposium on Culture, Health and the Arts (CHARTS 99). My UNESCO experience convinced me of the extent to which health was a cultural issue in which the arts had a crucial role to play; see, for example, Kjell Austin (2000) on the Norwegian *Culture is Health* Pilot Project.

In 1998 I was commissioned to map arts and mental health work in Trafford and consult and devise a development strategy. This forms the basis for the case study in Chapter 6.

I was in increasing demand to speak at conferences and seminars, as well as to run projects and undertake arts commissions in mental health settings. Although there was always something more pressing to do than writing up a thesis, I would always try and find a way in which a project might contribute to the thesis.

Over the summer of 2002 I spent two idyllic months writing the background sections to prepare an application for transfer to PhD. I successfully made the transfer – but then immediately began work on two of the most exciting projects in which I have been involved. This necessitated, firstly, reverting to MPhil status and, secondly, as the final deadline approached, to my offering to hand in everything I had done so far to the Arts for Health archive at the University, with a covering essay to summarise and suggest further avenues of research. 'So if I give all this stuff to the university for archiving – and if I get a GCSE out of it - I'll be happy', I said. But I was persuaded into submitting for MPhil.

The first of these exciting projects was Pathways, in which artists work at neighbourhood level with people at risk of mental health problems. It was a pleasure to be working with Brian Chapman again at LIME. I devised and ran an action research programme to consult and devise a pilot scheme in Wythenshawe. I subsequently oversaw and contributed to the evaluation of the pilot. Pathways is described fully in Chapter 7.

The second exciting project was Bridgehead.

Rebirth: Bridgehead

The impact of Bridgehead upon the questions raised in this study is discussed in Chapter 9. Bridgehead responds in part to the need for artists (especially those who have spent careers facilitating others through teaching, community arts or arts and health, for example) to work together to recharge their creative batteries and explore new collaborations and directions. I had already been concerned about this problem as a member of Hospital Arts when a colleague and I had set up the intensive work periods (above, pp.141-2). Later, as Director of START, I set up a *Rusty Artists' Group* for artists from arts and health projects around the Manchester area. This was successful as far as it went – but the attending artists all had problems with the time this took

from their respective projects. As for myself, during the period of this course I was so busy that I was only able to attend a few sessions.

Bridgehead was the initiative of Doug Agnew, husband of my old colleague Chris, and with whom I had worked off and on over the years. In 2003 we gathered together a group of Peak District artists in a range of disciplines across the visual, performing, digital and written artforms. We were awarded Arts Council Lottery funding to run an action research programme to investigate the processes of working together in an exploration of the basics of the arts – movement and gesture, mark and making, voice and sound. We are now developing collaborative projects and workshops for further potential 'cohorts' of Bridgehead members, with a view to rolling the project out across the Peak Park and beyond.

A fellow Bridgehead director commented that she thought I was the company's 'best all-round artist'. Although this comment was well–intentioned, I took it as two-edged; Jack of all trades? master of none! My son was charitable enough to say that perhaps I was on the way to becoming a polymath; but I have already admitted that I have always been something of a dilettante when it came to what others may have perceived as my vocation as a visual artist. As I approach my seventh decade I feel more accepting of a butterfly mind that occasionally metamorphoses into a limpet; I believe this not a bad way to be, although it has caused considerable anxiety in the past. Discovering and releasing new, rediscovered or previously unknown creative skills, abilities and sensibilities and enthusiasms has give me more insight into what it must be like for people with little or no experience of the arts who find themselves working alongside artists in arts and health projects. In Bridgehead we constantly step outside our comfort zones, and many of us are heading down unanticipated paths. And yet we are all artists, whatever our native artform - we all have something in common, just as we have differences; but we are willing to stretch ourselves, to face anxieties in pursuit of both common and individual purpose. The permission we now give ourselves – to be creative, to play, to show off, to make fools of ourselves - has been the most therapeutic experience in my fluttering artistic career; far more so than the professional pride and self-esteem arising from the successful arts and health projects I have described in this chapter.

SUMMARY

This case study set out to position the author within the research frame. After relating his role in the development of the field of study, and the circumstances of his retirement from the NHS as a result of stress, the chapter described the evolution of the ideas that drove the author's commitment to the arts in mental health.

The dual childhood traumas of boarding school and the Belsen newsreel had instilled a bewilderment and guilt which had informed the author's relationship with the mental health field; his engagement in which had had an expiatory function insofar as he identified with those he saw as victims of a world that was insane.

A drift into art college was described, and the subsequent emerging of an artistic vocation following the discovery of Dada, Surrealism and alcohol in the bookshops and bars of a seaside town. The author had begun obsessively to paint, feeling as if in free-fall from inauthententicity into truth.

His yearning to reconcile the surrealist concept of desire with a life that was authentic and compassionate led to recurring excursions across the borderlines of dream and reality.

Referring to the author's arts practice, however, a tutor once asked: 'do you think this is therapy?'

The development of the artist's desire to work in social contexts was described, beginning with the curatorship of a pioneering community arts centre, and moving on to his engagement as a hospital artist where, seeking ways in which his experience and practice might impact on the hospital context, he made paintings externalising memories on the periphery of childhood dream and recollection and which symbolised a longing to soar above fear.

A failed attempt to create an apprentice-style learning opportunity for non-artists on a hospital murals team was described. This model foundered because of the artists' inexperience as mentors and their anxieties about working in such public surroundings. Awareness had followed that sensitive planning would be needed to create a framework within which participants of all abilities could contribute to arts projects.

The author went on to identify two reasons for his interest in working in a new psychiatric service: an interest in surrealism and its advocacy for the art of the 'insane'; and a chance to work in an institution that might provide opportunities to resolve his own anxieties.

A series of collaborative projects was described, one helping integrate a new psychiatric department within a traditional infirmary, others integrating professional arts practice within hospital departments, and into community oriented work.

An occupational therapy room had become a design and production studio, where patients had been found to represent a mix of interests and skills. These contributors had become teams,

which in turn influenced the course of projects and helped lay foundations for future developments. It was observed that people attending hospital potentially represented all walks of life, all skills and experiences; yet these were too often ignored within traditional mental health care; an omission, it was suggested, counterproductive to healing.

The author had observed that the more artists encouraged others to engage in the arts the less they had opportunities to do so themselves. He described the introduction of an annual 'sabbatical' for hospital artists to pursue their own artistic development away from the pressures of the health service environment.

The author's first 'intensive work month' was described, in which he had investigated the surreal rock formations on the edges of a high wild plateau. This had given rise to a desire to share the exploration of these discoveries with those with whom he worked in the inner city.

Head for the Hills was cited as a pivotal event in the development both of arts in mental health and of the author's own practice. This major project in a new psychiatric unit had enabled users and staff to respond creatively to their adjacent yet unexplored wildernesses, whilst contributing to political campaigns for *the freedom to roam*[28] and against water privatisation, and to make public artworks and touring exhibitions inspired by these experiences.

An observation followed concerning the extent to which people disempowered by social pressures were seen to gain in confidence as a result of actively engaging in symbolically liberating issues unrelated to mental illness, and in the cultivation of partnerships on equal terms in pursuit of artistic and social goals.

Head for the Hills had resulted in a large mosaic mural which stood as a monument to the positive shared experience of a group of people who had only coalesced through a common negative experience of psychic stress.

The author reminisced about childhood memories of abandoned slate and copper workings, and how revisiting these sites continued set up resonances and dilemmas about the way we exist at one and the same time both within and outside of our world.

The genesis of START was then described, and its rapid growth into a network of arts and crafts studios. As studio members had gained arts skills, they took part in START OUT projects, in which they earned fees for their contributions.

START had soon gained recognition and credibility. Responding to requests for advice on setting up similar schemes elsewhere had become a major part of the author's work; but this process had been found to leave a management vacuum at the centre.

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[28] see www.ramblers.org.uk/freedom

A major outreach project had become the locus for staff disaffection at START. The author had been instrumental in establishing Spa Arts at a hospital in Buxton, engaging local people and groups in pursuit of an emerging policy of encouraging community engagement in health services. Whilst Spa Arts had led to the author's setting up of several arts and health projects in Stockport and further afield, the difficulties that had arisen at START were a direct consequence of this development work.

Although in no doubt that these outreach and development projects were beneficial to START members in terms of self-worth, and to START itself in terms of prestige, the author had found that the conflicts between himself and his team were causing untenable stress levels. When an era of stability had evolved into what the author had seen as an increasingly institutionalised educational ethos, some members broke away to form Pool Arts whilst the author broke down.

Emerging from an intense period of distress he began to write about his experiences. With a former colleague he had discussed a possible collaboration in which he would write his personal view of the arts in mental health, and she would write an academic commentary.

But when Arts for Health at the Manchester Metropolitan University had advertised for an arts and health postgraduate studentship, he successfully submitted the proposal for this study, which he saw as an opportunity to combine academic research with autobiography.

The formation of the Arts in Mental Health Forum was described, which for the first time demonstrated a national solidarity between artists and users of mental health services and survivors of mental illness.

Cry for Sanctuary was described, which researches the need when people are in emotional crisis for an environment whose atmosphere is uplifting, where creative opportunities are the engine of healing, and where people enlist the support of mental health professionals when desired.

The author represented Britain at a UNESCO arts and health conference where he became convinced of the extent to which health was a cultural issue in which the arts had a crucial role to play; this gave rise to his involvement in the planning of CHARTS 99, the first World Symposium for Culture, Health and the Arts, held at the Manchester Metropolitan University.

Bridgehead was described, an artists' company which responded in part to the need for artists (especially those facilitating others) to work together to explore new collaborations and directions. Bridgehead was a group of artists in a range of disciplines conducting an action research programme to explore the basics of the arts – movement and gesture, mark and making, voice and sound, and developing collaborative projects and workshops for further potential 'cohorts' of artists.

These experiences had given the author insight into the experience of people with little experience of the arts when working alongside artists; for the Bridgehead artists constantly stepped outside the comfort zones of their own artform in pursuit of common and individual goals. The author confessed that Bridgehead had been a far more therapeutic experience than that of working in arts and health projects; the focus is emphatically upon the art.

DISCUSSION AND CONCLUSIONS

In describing the pathways that led up to and beyond *Head for the Hills* and the circumstances of the project's eventual demise, its legacy and that of START Studios, and the experiences of Pathways and Bridgehead, I have hoped to illuminate a number of issues central to this study:

- the importance of engaging in real issues in the real world
- the importance of experiences beyond the clinical world
- the importance of mental health service staff and clinicians sharing these experiences on an equal footing with users
- the importance of shared positive experience
- the importance of the artist / coordinators of projects being emotional stakeholders rather than disinterested technicians or formulaic animateurs
- the importance of uncovering those skills, which may not be seen as relevant to clinical practice, that will be inherent in any cohort of service users
- the importance of achieving a balance between, on the one hand, the needs of artist/ project leaders, service users and staff including those who emerge as aspiring artists, and, on the other hand, the expectations of those to whom the group offers its services in terms of responsibilities as activists, commissioned work and exhibitions
- the importance of recognising and responding positively to the need for artists to maintain and develop their creative practice in order to continue to work effectively in environments that tend to militate against - if not stifle - creative flexibility
- the importance of humour and irreverence
- the breaking down of boundaries
- the primacy of the art in successful arts in mental health work

CHAPTER 6

ADHOC ART

unplanned arts and mental health provision in a metropolitan borough

CONTENTS

INTRODUCTION

In 1998, following my registration for MPhil and less than a year after the election of the first post-Thatcher Labour Government, I was commissioned by Trafford Metropolitan Borough Council and Salford and Trafford Health Authority to audit arts and mental health activity in Trafford.

The Audit now constitutes a snapshot of a particular time and place and activity. It has provided useful data for analysis in support of this thesis, and material for comparison with coordinated development elsewhere (Ch.7), and the attempt (Ch.8) to clarify distinctions in practice and outcomes between arts activities as a therapeutic tool on the one hand, and non-therapy oriented arts activity on the other.

The Audit reviewed current and past arts activities in Trafford involving people with mental health needs, throughout the range of mental health services provided by the voluntary, NHS, Social Services, Education and Employment sectors. It is not necessary to list these activities in full here; rather, I present those findings relevant to the aim of this chapter, which is to explore the views of users, providers and purchasers of mental health services, in a locality with no planned or coordinated provision, on the benefits of engaging in the arts.

BACKGROUND

Trafford in 1998 was typical of many boroughs in that, whilst there was some arts activity in mental health services, provision was sporadic, amateur for the most part, with indications of a growing demand that was not being met.

A preliminary survey by the borough's Arts Officer had found:

- Waiting lists of people wishing to take part in arts activities in some centres.
- Reports from arts providers in other boroughs (such as the START projects in Manchester and Salford; and MAPS - now ARC - in Stockport) that they were regularly contacted about or by people from Trafford with an identified need to take part in arts activities which was not being met within the borough and to which the neighbouring projects were unable to respond because of their own remit and demands.
- Direct requests to the Borough Arts Service for input and involvement in the provision of arts services, especially for young people. (Keogh, 1997)

After reviewing current and past arts activities in the borough involving people with mental health needs throughout services provided by the voluntary, NHS, Social Services, Arts, Education and Employment sectors, the 1999 Audit concluded that

> *imaginative use of resources from several budgets, together with match funding, would significantly enhance professional arts input in the mental health field in Trafford, enabling people with serious and enduring mental health needs to engage in self-empowering creative activity, initiating a long term cultural strategy for mental health promoting communities, and enriching the artistic and cultural vitality of the Borough.*

TRAFFORD

Trafford is one of the ten Metropolitan Boroughs making up the County of Greater Manchester. With a population of 200,000, Trafford encompasses the civic centres of Altrincham, Hale, Old Trafford, Partington, Sale, Stretford, Timperley and Urmston. Each of these former urban boroughs has its own distinct character; from the inner city industrial heartland of Old Trafford to the leafy suburbs of Altrincham.

Most of the other metropolitan constituents of Greater Manchester, such as Stockport, Bolton or Rochdale, are centred on distinct and long established (in some cases ancient) urban centres. On its inauguration in the early seventies Trafford, like Tameside to the north-east of the conurbation, found itself without an identifiable cultural centre analogous to that in many of the older boroughs.

For those living in the north of the borough ‘going to town’ usually meant going into Manchester’s City Centre. For those living along the efficient public transport spokes radiating from the metropolitan hub, access to cultural activities in Manchester was straightforward. For those living in more isolated communities, such as Partington in particular, transport was infrequent and lethargic; indeed, deprivation levels in Partington indicated that there was greater need there to develop cultural provision generally, and the Audit recognised this in its recommendations. Accessibility to arts activities was further compromised throughout the borough for people with mental health needs on account of attendant factors such as anxiety social stigma, low income, or combinations of these.

Trafford Metropolitan Borough Council’s Arts Service had a strongly participatory approach, as demonstrated by its public art policy of engaging local people practically in the commissioning, consultation and making of public art. To fulfil its role as advocate for the arts as an integral part of community life, the Arts Service was forging links with other Borough Departments, in particular Planning, Environment, and - as in the case of the Audit - Social Services.

METHODS USED

Information was gathered by a cumulative range of methods including unstructured interviews (some by telephone), snowball sampling, group discussions, participant observation, desk research into documentation, and generally 'hanging out' around the borough.

The audit involved consultation across a range of council and voluntary sector services and drew upon the experience of member organisations of the Trafford Mental Health Forum.

Background information and perspectives provided by the Borough Arts Officer, by the Borough Mental Health Services Commissioning Officer, by the Trafford Users Group (TUG) and other members of the Trafford Mental Health Forum, delineated the starting points.

Over a four week period in the Spring of 1998 I visited key centres, projects and organisations in Trafford and Salford. I had conversations with users, staff, managers, team leaders, borough officers, artists, and representatives of community and environmental agencies. I arranged a number of group discussions and a half-day fact-finding seminar, with an exhibition of local and national practice, at Stretford Public Hall. This seminar was attended by 40 people, most of whom were users of mental health services.

I conducted the research with a grass-roots-upwards approach starting with service users and voluntary sector workers. In order to gain a modest degree of first-hand experience of life in Trafford for the people with whom I was working, I traveled within the borough on public transport and arranged to stay in staff accommodation at Trafford General Hospital during the week. Public transport is the only travel option open to many mental health service users who were on low incomes. In the case of Partington this approach brought home the geocultural isolation felt by residents who lived on this immense overspill estate bounded within a triangle formed by the Manchester Ship Canal, the Carrington oil refinery and agricultural land. Shortly before my first visit vandalism and drug dealing in Partington had reached such a pitch that the last of its pubs had been closed.

I set out to identify the range of artistic approaches in the borough and their rationales, and to assess weaknesses and opportunities. I listened for common themes with a view to identifying an emergent consensus on people's aspirations. To do this I felt it was not enough for me to remain a passive observer; I frequently found it helpful to describe my own experience in the arts and mental health field in order to facilitate people's awareness of wider contexts and experience, and of the range of options that may be available for the future. This process also enabled arts workers struggling in isolation to place their own work in that wider context.

I was aware of the varying expectations of those commissioning and contributing to the audit; of how, for example, a popular arts or crafts activity in a day centre may have been of therapeutic and social value regardless of the artistic merit of the finished work; or of how a project involving professional artists may have failed therapeutically because the process had not fully engaged

the participants. The key to this dilemma was training, for staff and for artists, and this issue was addressed in the Audit.

An issue of particular concern in the research for this case study was the question of confidentiality. The anonymising of informants took on a particular significance in Trafford, in that it applies in the most cases to mental health managers and staff. Informants imparted confidences regarding their views of their work, their clients, arts project participants, their management, their staff, and the policies in place that impacted upon their work.

A poignant and deciding example was the case of the manager of a local mental health centre on a deprived council estate. As implied above, my approach of relating my own experience as a means of eliciting material from informants frequently led into a sharing of experiences of dilemmas, impasses, and areas of contention within the mental health system. Upon reading the transcript of our conversations, the manager in question was unwilling to be named in the study. There were, on reflection following her angry phone call, several informants who were - or whom I anticipated could be - unhappy to have their views recorded for posterity.

It is for this reason that this case study does not make named reference to informants, except in a very small number of instances where a person's willingness to be named I have ascertained without doubt. The transcripts, records, dates and locations of conversations, and the names of the informants, are all documented in the author's diaries, notebooks and transcripts. For the most part these, for the reasons stated here, remain confidential.

Suffice to state that the Trafford interviews and conversations took place in 1997 and 1998.

ARTS IN MENTAL HEALTH IN TRAFFORD

The arts and a local mental health strategy

The Trafford Metropolitan Borough's 1996 *Strategy to Promote the Mental Health of Adults in Salford and Trafford* (the *Strategy*) had been the outcome of consultation between the health, social services, voluntary sector, and service users.

In defining the *Optimum Service* (pp16-17) the *Strategy* specifically identified the need for social contact via *arts-based activities* (p17).

The *Strategy* pointed to other areas in which it could be argued that the arts might play a role in achieving the borough's objectives, in particular the fostering of *mental health promoting communities* (p8). Aiming to provide services to help people return to their usual living circumstances (*ibid*, p8), the Strategy emphasised the need to develop employment and problem solving skills (p8).

Salford and Trafford Health Authority's Project Leader for Mental Health, responsible for overseeing the implementation of the Mental Health Strategy, was open to new ideas and the need to challenge existing and outmoded systems, believing new initiatives should be embraced as opportunities for change on the ground; 'good money will follow good ideas'.

But he acknowledged the difficulty, in a climate of 'evidence-based services', of persuading purchasers such as himself to adopt the arts and other 'touchy-feely' (*sic*) approaches when there was little more than anecdotal evidence of their positive outcomes. The arts were not a priority – which meant that in the absence of solid evidence of their effectiveness there was a risk that they would be continue to be seen as peripheral.

Voluntary sector

42nd St

A community based resource offering support to people aged 15-25 living in Salford, Trafford and Manchester experiencing stress and/or emotional problems, 42nd St offered one-to-one support as well as group work.

The arts were an important part of the project's work. The group I met at the 42nd St drop-in at Sale Youth Centre enjoyed the arts activities in which they'd taken part. During a lively and thoughtful discussion we identified different approaches, ranging from popular crafts-based activities such as découpage, candle-making and quilling; to issue-based projects such as working with the Community Drugs Team on designing postcards about substance abuse, and the

making of a video about the problems young adults may find in accessing mental health and social services.

The postcard project highlighted the way in which the potential of the arts may be lost if the process is not adequately resourced through to completion. A member of 42nd St had designed a postcard but was unhappy about the finished work which had been 'taken away' to be completed by a professional designer – thus undermining his confidence.

The group had also made a video about accessing services and this was presented at a MIND Conference in London. As a result the group has been commissioned to make a video for Kensington Social Services. 'What d'you think about that?' I asked. 'Brilliant', they replied.

Trafford Young Carers Project

Based in in Sale, this project was part of a nationwide service provided by NCH Action for Children for young people who support relatives with illness, disability, mental health needs, drug or alcohol problems, HIV/Aids. Although its primary clients were young people, the project is included here as it illustrates several issues relevant to adults; furthermore, many of the young people attending the centre were caring for parents with mental health problems.

The Borough's Drama Animateur had facilitated a video made by the young carers about their responsibilities and about the Project itself. As a product the video was important for communicating not just the issues involved but also the sense of achievement of participants. It had been shown to the public during Trafford Mental Health Week and was used extensively as a training resource for professionals both in Trafford and nationally.

The video included a series of black and white photographs by one user of the project. The images were captioned with phrases and poems expressing his feelings about caring for his mother. In one photograph he holds an enlargement from a dictionary entry of the words 'trauma; traumatic; traumatise'.

The Manager of Trafford Young Carers Project saw the arts as integral to the Project's activity and would use them more if resources allowed. Indeed, she believed that many of the issues faced by the young people served by the project could only be addressed through the arts: 'the practical stuff facing [young] carers is often easy to resolve; it's the private stuff that's more difficult', she said; 'it's about what you create in your head, then how you express it. We're about equipping; helping to use those few centimetres that are in our head. I can't think how we can link emotion and the outside world *other* than by the arts'.

She offered an example of how engagement in the arts can enhance self esteem. A mother with mental health and alcohol related problems, and who needed to be looked after by her children, had been encouraged to realise an interest in art by painting a series of murals at the Project's base on Washway Road. Whenever she felt under pressure she would come to the centre and

work on the mural. Her work, her time, and her skills were thus given value to herself, to users, to staff, and, significantly, to her children.

WFA Media and Cultural Centre

WFA's animation and video artists had facilitated several projects in Trafford with groups of young people which had included those with learning difficulties, physical disabilities, mental health problems or combinations of these.

Again, this project is included in this study because the findings illustrate issues applicable to all age groups; and it illuminates the collaborative approach of artists working in the health and social fields.

WFA worked in close partnership with the agencies that engage its services. 'I see myself as a video worker, not a social worker', said one of the artists. WFA insisted that care staff were fully involved in projects, which always began with training sessions. These were a two-way process in which staff learned about the conceptual and creative skills involved in media work, and WFA workers learned about the issues involved in working with particular groups.

WFA were happy to work with a group such as 42nd St to consult, devise and create a practical strategy to engage people to explore issues of access to the arts and with the aim of fostering the skills and confidence to move into the social milieu of their peers. The issue of support needed to be addressed by and for people as they engaged into newly created opportunities in their community.

African-Caribbean Mental Health Services

Based at the Zion Centre in Hulme, this service worked with and for African-Caribbean people when in mental distress, to promote mental health issues in the community, to help individuals make informed decisions about their care, and to encourage and to assist local statutory agencies to develop culturally appropriate and sensitive services.

Arts and cultural activities - without too much distinction between the two, and with an emphasis on awakening a sense of pride in African and Caribbean culture - took place for the most part at the Zion building and were thus accessible to people from the north of Trafford.

The ACE (African-Caribbean Expressions) Drop-in at ZAP (Zion Art Paintbox) offered people with mental health problems the opportunity to explore the meaning of black culture through various art forms, interaction on joint projects and individual works which enabled them to acquire various skills.

Other drop-ins offered drama, poetry, video making, literature, music, meals, textiles, dress and fashion, claywork, painting, craftwork, and cultural studies.

The Service's Trafford case worker, who had a base at Broome House, was originally from Zambia and spoke inspiringly of the seamless merging of art and life in her home village; from the wrapping of a head-dress to the rhythms, stories, gossip and songs that were part of the rituals of grinding maize and preparing meals, to the social embrace within which a person died. 'Art is the way we talk', she said; 'our gestures, the way we dress, the way we laugh'. Her descriptions of village life concurs with Dissanayake's view of art as the 'making special' of our experience (above, Ch.1).

She believed the arts helped people find the mode of expression most suited to them. She saw the arts as offering the possibility of reducing medication, promoting positive mental health, and fostering a sense of belonging. We discussed how the arts were a way of making, finding and understanding ourselves, others, and the world in which we live - with an added potential to challenge and play a part in changing the world for the better.

The manager of the NHS Moorside mental health Unit at Trafford General Hospital saw the arts as the key to encouraging men from the African Caribbean community to engage with mental health services when experiencing mental health difficulties (see below, pp.170-1).

Following the Audit, clients and workers of the African-Caribbean Mental Health Services designed and made one of a series of mosaics for the exterior of Broome House. These works, made by four of the groups using the centre, proclaimed the building's purpose, asserted the cultural identity of each participating group, and provided common purpose and shared experience.

Trafford South Asian Mental Health Project

This project was a branch of the Manchester-based Asian Mental Health Project which offered advice to people of the South Asian community on a range of issues including welfare rights, immigration, family welfare, child protection, women's issues, probation, mental health, violence, single parents.

The project's Trafford worker was keen to develop arts activities that supported and integrated the local cultures. She explained how South Asian communities had a strong cultural identity in the north of England. This culture was evolving. One noticeable example of change - and one within which several cultural factors interwove - was the closure since the 1950s and 60s of many cinemas showing Asian movies. There had consequently arisen a thriving video market for Asian films which enabled families to see movies at home. This family-based entertainment was more acceptable culturally than going to the cinema and, taken together with the Asian ZeeTV channel, offered more choice. Alongside this home-based entertainment, however, an increased population meant that by the 1990s there were many more reasons to go out for real-life social and religious events such as marriages than there had been in the 50s and 60s.

An Asian Women's Group at Broome House offered embroidery, sewing and cooking. My informant told how in Pakistan and India there was little or no distinction between art, crafts, and making things for domestic use, from meals to clothes to decoration. Women were accustomed to 'making their own things' so that extending the scope of creativity to embrace a spectrum from furniture restoration to painting, for example, did not comprise such a cultural 'leap' as was often experienced by members of the native English culture where 'art' was likely to be seen as peripheral if not irrelevant to people's lives.

She said that, whilst the stigma of 'mental illness' was especially strong in the South Asian Community, there was correspondingly a strong spiritual element attaching to mental health issues in Asian cultures that suggested options for creating a more positive model of understanding and response than those based on or evolving from western medicine.

Trafford Users Group (TUG)

TUG was run by and for users and ex-users of mental health services. TUG coordinated user-representation in the borough and the running of self-help groups, and was playing an increasingly central role in the planning, delivery and monitoring of mental health services.

TUG's Coordinator had strong views on the value of the arts:

> *The arts are a good way of providing stimulating activity, and they work across all boundaries; gender, ethnic background, age, and so on. Because of this they are ideal for joint working and making links across groups.*
>
> *Providing a wide range of arts activities is important because people like a change, and a chance to do something new and different. Arts activities should be provided at different levels to allow all service users a chance to participate.*
>
> *I believe that the arts can be very useful in promoting mental health, especially because of the way they can challenge people without pressurising them. The wide range of possible activities provides opportunities for some very imaginative projects.*
>
> *I have been working on plans for a Healthy Living Centre and these ideas include a wide range of components, and certainly the arts would have a part to play.*
> (letter to author, 1997)

The Trafford Association for Mental Health

The Association worked to combat the stigma of mental illness, offering users, their friends and families opportunities to live full lives in the community.

The arts were one important plank in a raft of activities, from sports to walking, promoted by the Association, which was particularly active in Trafford Mental Health Week every July and had involved poet Mike Gary and Gegants made by members of the St Luke's Church Arts Project in Manchester.

The Bridge, Broome House

This service, based at Broome House, worked in partnership with TUG, the Trafford Association for Mental Health, the African Caribbean Mental Health Project, the Asian Mental Health Project and North Trafford Women's Group to enable users to integrate into the local community.

An art group at Broome House worked in silence, in contrast to a more common scenario where an arts group's primary role would be to function, therapeutically, as a catalyst for 'socialisation'.

Richard attended this group and explained why he appreciated the silence; 'it helps me to concentrate and takes me away from my problems. I don't know where the time goes!' (interview, 1997). As a result of taking part in the group Richard had redecorated his flat in a vibrant range of primary colours, providing an example of how the arts can kick-start an appreciation of one's surroundings and the incentive, confidence and ability to influence and change them.

The Acting Coordinator of Broome House stressed the value of this silent approach as an opportunity for people to commune with themselves via a 'dialogue between the person and the picture'.

The Deputy Coordinator of the Bridge drop-in described his vision to integrate the activities at Broome House; but 'it needs an artist as a catalyst', he said. He had worked with the artist at the St Luke's Arts Project in Longsight and knew at first hand the potential of a 'hands on' artist in such a setting. He stressed the need for commitment in an artist; the arts have 'massive potential', he believed, but it was the approach that was important, not the outcomes. He believed that it may not have been necessarily right, at that pioneering time for Trafford, to have a discrete project such as START (see above, Ch.5); 'hands on' coordination with flexibility should come first.

Health sector

Moorside, Trafford General Hospital

Moorside opened in 1992 as the NHS in-patient unit for people experiencing acute mental health problems. The unit's Therapy Centre comprised a multidisciplinary team offering intensive therapy with the aim of returning people to support in the community as soon as appropriate. Users attended the unit for an average of three to four weeks.

Although recently built, Moorside retained the institutional ethos that still clung to many older hospitals. Bland wallpapers of florals and faux-Victorian dado strips epitomised the 1980's reaction to the pea-greens and magnolias of the past but once again conveyed, by the late 1990s, an institutional tone. Paintings of exotic holiday locations – kitsch oils specially purchased and illuminated in the waiting areas, corridors and stairways - bore no relationship to the cultural experience of those using the unit's services.

The Head of Moorside's Therapy Centre felt that people did not attend the hospital long enough to justify arts activities. Other staff felt that the arts could certainly be of catalytic value in this institutional environment. A Senior Occupational Therapist who had worked with START in Salford on a mosaic project at the Meadowbrook Unit was enthusiastic about the role the arts could play, both in the enhancement of participants' quality of life, and in humanisation of the hospital's atmosphere.

Stressing a firm 'orientation to the community', the General Manager of the Trafford Healthcare NHS Trust Mental Health Directorate tacitly acknowledged his own discomfort with much of what Moorside represented. He valued the arts as a means of unlocking people's potential, and as an impetus to exploring different possibilities for creative living. He was uncomfortably aware that the paintings failed to reflect the cultural diversity of Moorside and saw no reason why arts projects at the hospital should not generate works to redress this balance. He thought that such projects, however short their duration, or possibly engaging a succession of user cohorts, would furthermore be valuable 'tasters' for activities that people could pursue when they leave the unit.

Moorside was not to be entirely the 'lost opportunity' to which a senior planner had referred (conversation with author, 1997); indeed, incorporating the arts into the process of looking at how such an institution reflected the more numbing effects of the mental health system could be the first steps towards creating an ethos that revealed and realised the aspirations of both users and staff. (see below, p.183, for description of LIME's subsequent work at Moorside)

Queen's Road Day Care Unit, Urmston

At the time of my visit this was a run-down, institutional-looking conversion of a domestic house in a residential street. No sign announced its function; an omission on users' wishes to avert stigma, and

because of a preconception that neighbours might be concerned about the possible devaluation of their property although, in the event, most neighbours had been sympathetic and supportive. The decision not to have a sign was felt by the staff to be a mutually beneficial arrangement in which the needs of both neighbours and users were met, for apparently different reasons.

The Charge Nurse and Unit Manager of Queen's Road felt that the unit had become 'cocooned' over the years; staff had found it difficult to change their way of working from hospital to community. They were short staffed and it was difficult bringing in outsiders such as artists when staff were 'stretched'. But he recognised that the unit needed to integrate within its community and, whilst the idea appeared novel to him, he could see how art might function as a vehicle for positive interaction with the community. He told me that Queen's Road was about to launch a user-led newsletter, and that this could be an important step out of the 'cocoon'. The unit was also due to be redecorated and he hoped that this would alleviate its uncared-for appearance.

A crafts room run by a Nursing Assistant was the venue for a well organised and popular activity producing a range of kit-form artifacts such as Teletubbies, weavings, painted flour dough figures. There was, however, a more enterprising line in restoring religious plaster figures by a user whose father was a professional in this field. The crafts group occasionally sold its work at craft fairs. At one time traditional rag rugs had been made and sold to customers on the narrow boats on the nearby canal; but staff had become concerned that growing commercial pressure might have generated additional stresses for participants, and so did not pursue this opportunity.

The Nursing Assistant saw the arts and crafts as 'diversional' and believed it was important for there to be no pressure on participants to produce anything. The atmosphere was free and easy, with background music. And whilst everyone produced *something*, it was the group itself which was more important, as a catalyst for socialising and diversion.

My informant thought it was important to keep the arts and crafts activity 'low key' and fairly basic: 'few people are capable of more than that'. However, she was cautiously interested in artists helping to extend the range of skills; but she gave the impression she found the thought somewhat intimidating; she was concerned that 'experts' must be sympathetic and insightful.

The need for more effective advocacy for the arts became starkly apparent during discussions at Queens Road. There seemed to be an unconscious conspiracy at work at this unit. Wasn't there a risk of perpetuating stigma by hiding from it? There is more to each of us than our problems: given less than half a chance we are creative beings; and it is on the basis of shared creative experience that we can forge relationships and a social cohesion that is based on positive shared experience rather than on the stultifyingly negative concept of mental illness. This was borne out in Manchester and elsewhere, particularly at Broome House where users were to make a series of exterior mosaic signs actually celebrating their presence in their building.

St Annes Day Hospital, Altrincham.

The newly appointed as Occupational Therapist at St Annes was an active enthusiast for the arts since working with Brian Chapman and Stuart Webster of Hospital Arts (now LIME) at the Edenfield Secure Unit in Prestwich.

She believed the arts were ‘a priority; they should be seen as a viable alternative to other forms of therapy’.

She was keen to develop creative activities in the community and had contacted Hotbed Press in Salford with a view to arranging workshops in Altrincham. She hoped to develop links with similar projects in Trafford. She was also contacting local galleries to try and find arts studio space for service users in the area; an embryonic START.

Social Services Sector

Cedar Road Mental Health Resource Centre, Partington

The base for the local Community Mental Health Team, Cedar Road operated from an ordinary terraced house on one of Partington’s two large housing estates.

Partington was developed as an overspill by Manchester City Council in the 1960s. The housing stock was now managed by Manchester and District Housing as one of the key partners in the Partington and Carrington Single Regeneration Budget (SRB).

The Centre’s Acting Manager recounted her positive experience of a six-week art course run by two professional artists: service users had been fully engaged and, although initially lacking in confidence in using the arts as a form of expression, quickly gained confidence as the course progressed. The process stimulated illuminating discussions around self-confidence, identity, and participants’ previous experience of education and the arts.

Chapel Road Day Centre, Sale

This was a busy, purpose built mental health centre near the centre of Sale. The centre’s manager was aware of the potential of the arts, having considered studying Fine Art but opting instead for psychology.

The centre ran two user-led arts and crafts groups offering embroidery, sewing, knitting, salt dough work, spoon painting and mask making. An accumulating selection of the masks made by this group were on permanent display around a high pot-rack in the panelled boardroom at Broome House, bestowing a watchful talismanic atmosphere to proceedings.

A textile and embroidery artist from South Trafford College ran a City & Guilds course *Preparatory work in Designs* at Chapel Road as part of the College's outreach programme. She emphasised that her role was the fostering of achievement; 'it's not simply therapy!' she volunteered, with considerable emphasis. Her colleague ran a ceramics course in the Centre's small pottery room.

These courses were flexible and responsive to the needs of participants. Whilst encouraging people to attend the College, the tutors were sensitive to the difficulties that people with mental health needs may experience when entering unfamiliar surroundings; The textile artist was concerned that people should not be expected to attend college without appropriate and, ideally, tailored support systems.

One member of her group felt she could not compete at the same level as others on a course - whether at the college or elsewhere - not because of her schizophrenia itself, but because of the drugs which affected her concentration and made paperwork and deadlines difficult. She was glad that she could do the course at Chapel Road, where there was plenty of the support she needed.

The Centre Manager was concerned that arts projects raised expectations and were greatly valued but that they could rarely be sustained within the current financial climate. A creative writing group at the Centre had ceased after two years when funding ran out. 'Lots of people still mention it - they really miss it'. Some years previously a staff member, an accomplished musician, set up a music group and a number of people surprised themselves by learning to sing. 'When he moved to another post after five years the group finished and, again, people were disappointed. We should have approached North West Arts Board to continue with the music. What we really need is someone to look for funding to make sure we don't lose out on these opportunities'.

The Centre Manager gave me her 'shopping list':

- training for staff in the complementary therapies
- finding resources for trained arts therapists
- finding resources to engage professional artists as animateurs, facilitating projects and training staff and users - in eg issue based or environmental / site-specific work

Education sector

South Trafford College

South Trafford College's Community Liaison Coordinator was involved in mental health issues including Trafford Mental Health Day; the Strategy for Lifelong Learning within the Partington/ Carrington SRB; and the mental health services' Daytime Opportunities working party.

He enjoyed what he saw as his 'maverick role' in broadening the interpretation of what he saw as the further education system's over-emphasis on qualifications. In this way he believed the

college could attract those who were difficult to engage, such as people with mental health problems, whom it wished to attract onto its City and Guilds, BTech, Arts Foundation courses. He recognised the additional stresses faced by such students and saw the outreach work, such as at the Social Services' Chapel Road Day Centre in Sale, as an important element in the college strategy. Tutors from the college offered design and ceramics at Chapel Road and several of their students there were aiming for City and Guilds qualifications. The College liaised closely with Chapel Road and was aimed to offer unobtrusive support for people who felt ready to move from the healthcare into the educational environment.

The College had recently appointed a 'Community Arts Development Officer', thus demonstrating its commitment to creative, education-based community development. Acknowledging that the postholder would not necessarily be an experienced community artist, my informant said the College would welcome further skills training for its staff from professional artists by means of workshops, courses and residencies.

SUMMARY

This chapter examined a range of ad hoc, uncoordinated arts and mental health activities in a particular location of Trafford in Greater Manchester.

The author had been commissioned by the local authority and NHS Trust to audit arts and mental health activity in the borough. The resulting Audit was thus a snapshot of a particular time, place and activity and provided useful data for this thesis.

After describing the locality concerned, and the methods used in the case study, the chapter discussed the opportunities for arts activities within the mental health strategy for the locality

The chapter went on to review current and past arts activities in Trafford involving people with mental health needs, throughout the range of mental health services provided by the voluntary, NHS, Social Services, Education and Employment sectors. The author explored the views of users, providers and purchasers of mental health services on the benefits of engaging in the arts.

DISCUSSION AND CONCLUSIONS

The range of arts provision in mental health settings across the voluntary, health and social services and joint sectors in Trafford was found to comprise:

- **amateur arts and crafts**
- **art, design and crafts education**
- **therapies using basic arts-related techniques**
- **projects involving professional artists**

Amateur arts and crafts

Usually run by volunteers such as users, ex-users, staff, students. Activities included drawing and painting, candle making, découpage, quilling, knitting, weaving. Art was usually seen as 'diversional' and as a catalyst for socialising. In one instance however, at Broome House, the art group was a 'no talking' zone' of total creative engagement; 'Talking spoils it'.

These groups tended to emphasise the process rather than the product; 'it doesn't matter what people come out with'. Emphasis on processes can sometimes be used as a mask to disguise a lack of confidence in skills. Everyone to whom I spoke who ran these groups would, with varying degrees of caution and enthusiasm, have welcomed further skills-training from professional artists.

- regarding art as ‘diversional activity’ downplays the potential benefits of engagement in the arts
- an emphasis on ‘low-key’ activity reflects low key aspirations
- aspirations can be raised by drawing out the creative potential of staff and users. The approach should be non-threatening and build on existing work at the centre by offering opportunities to extend skills
- South Trafford College could play an important bridging role in this process. As a result of the Audit, contact had already been made between an art tutor from South Trafford College and the Nursing Assistant who ran the Queens Road crafts group
- the ‘rugs-for-narrow-boats’ job seemed too good an opportunity to let it wither on the vine. Such a real, creative, practical means of social engagement with the local community offers so many opportunities for further development in terms of employability, social and leisure activities that ways should be sought to revive the project

Art, design and crafts education

As part of its assertive approach to engaging with the community, South Trafford College hoped to attract people with mental health needs onto its arts and design courses; but the College recognised the additional stresses faced by these students and was liaising with other services to explore ways of providing appropriate and sensitive support.

The outreach work of South Trafford College could also be seen as preparing the ground for non-educational and issue-based work facilitated by practising artists.

The College welcomed the possibility of skills training for its tutors in community arts, and in arts in mental health issues, from professional artists by means of workshops, courses and residencies.

- The textile tutor had asserted ‘I’m a professional artist!’ But whilst the College may have been providing students with an effective grounding in the basics upon which further arts projects could build, its educational and vocational remit militated against a truly open, flexible and project-based artistic approach by its tutors. This was recognised spontaneously by the College’s Community Liaison Officer. Nevertheless, the College was potentially a bridge in creating a continuum from amateur arts and crafts and therapy to professional arts input
- South Trafford College could play an important bridging role in this process. As a result of the Audit, contact had already been made between the textiles tutor from South Trafford College and the crafts room organiser of the Queens Road crafts group

Therapies using basic arts-related techniques

No arts therapists were employed in the mental health services in Trafford, although several mental health workers spoke of the therapeutic or clinical value of arts-related activities, and some would have liked arts therapists to work in their services. In many cases it was apparent that no distinction was being made between art and Art Therapy.

Further discussion of findings related to art and art therapy can be found in Chapters 8 and 9.

Projects involving professional artists

Although there was comparatively little involvement by professional artists, what involvement there had been was highly spoken of by users, staff and carers.

Many users and staff, as members of the public, took part in arts activities and attended exhibitions and performances in the normal course of their lives. But for those engaging in the arts perhaps for the first time since being at school, the experience had been challenging and rewarding. This applied equally to care staff; for those who had witnessed the arts in action needed no convincing that the arts should be an indispensable component in the fostering and maintenance of mental health. This was in marked contrast to the response of those staff who had had no contact with professional artists in their work experience: they were often either sceptical, cautious, or felt threatened.

The revelation that an artist may have considerably more to offer than practical skills or arty eccentricity was reflected in a statement by the Manager of Trafford Young Carers Project, that the Borough's Drama Facilitator 'really understands the issues. Drama enables the young people to express their feelings as well as to formulate and solve problems in a group'.

Professional artists' input, then, such as that of the writer at Chapel Road Day Centre, was deeply appreciated. But when the often creatively and fiercely won funding for such work could not be maintained then a raft of enriching opportunities was lost. This was to the detriment of the mental health services: users were deprived of opportunities to extend those very skills and adaptive resources which they might need to help integrate their experiences and express themselves effectively once outside the mental healthcare system; and staff were deprived of a means of fostering creativity and well-being.

Analysis charts of the Trafford findings

Perceived benefits: the arts…	examples	page
... help formulate & solve problems		166
... explore possibilities		171
... are a way of understanding the world in which we live		168
... are a way of re-creating ourselves		168
... are a way of understanding ourselves in relation to others		168
... cross boundaries	'the arts ... work across all boundaries; gender, ethnic background, age ... Because of this they are ideal for joint working and making links across groups'	169
... link emotion and the outside world		168
... can play a part in changing the world		168
... animate	the manager of a day centre wanted to engage artists as animateurs	173
... inspire & facilitate autonomy, decision making and personal change	inspired by taking part in an arts group, one participant decorated his flat in vibrant colours	170
... foster & impart skills		170
... facilitate communication		170
... enable people to commune with themselves		170
... enable expression of difficult feelings		166
... enable people to surprise themselves	members of a music group 'surprised themselves by learning to sing'	174
... equip to unlock and fulfil potential		166
... enable participants gain confidence		173
... foster a sense of belonging		168
... proclaim & validate achievement	a mother looked after by her child made mural at a day centre	166
	work exhibited by users	166
... help people to work together		168
... provide common purpose		168
... offer opportunities for shared experience		168
... are a catalyst for socialising		172
... stimulate discussion	the creative process had stimulated discussions around issues such as self-confidence, identity, and participants' previous experience of education and the arts	173
... help people find the mode of expression best suited for them	Although initially uncertain about the arts as a form of expression, service users had quickly got involved in arts activities at a day centre	173
... can be an impetus to creative living		171
... foster cultural pride	one service worked towards awakening a sense of pride in African Caribbean culture	167
... help create culturally appropriate & sensitive services	African-Caribbean Mental Health Services aimed to develop 'culturally appropriate and sensitive services', working towards awakening a sense of pride in African and Caribbean culture by offering people with mental health problems the opportunity to explore the meaning of black culture through the arts	167

... Can be a catalyst for interweaving culture and daily life and well-being	did not exist to such an extent in white European culture and this lack might not be conducive to individual and community mental health	168
... support and integrate local cultures		168
... reflect cultural diversity	a proposed mosaic project aimed to reflect the cultural diversity of a centre's users	170
... epitomise & demonstrate the value of creativity to mental health	a fashion show had been a hook on which to hang group members' achievements, emphasising the creativity of participants - rather than their problems	168
... encourage access to mental health services	following their making of a successful video about accessing health and social services, young users had been commissioned to make a video on the same theme for social services elsewhere	166
	the arts were the 'key' to engaging men from the African Caribbean community in mental health services at need	171
	more input from artists would enhance the range of options available to clients	166
... help prepare for the world outside hospital	arts projects could function as tasters for activities that people could pursue on leaving hospital	171
... may reduce the need for medication		168
... offer a catalytic role for change in mental health services		165
... help integration of & within services	to integrate all the activities at a centre 'it needs an artist as a catalyst'	170
... create a positive image of a service	for example, by proclaiming the purpose of a building	
... enhance the clinical environment		171
... offer creative ways to break out of the 'cocoon' of institutionalisation		171
... can help promote mental health	they enable users to generate effective health promotion and training material: one group had made postcards and a video addressing problems faced by young people in accessing services	165/6
	A video by another young people's group was used as a training resource locally and nationally	166
	the arts can be 'very useful in promoting mental health ... the wide range of possible activities provides opportunities for some very imaginative projects'	169
... 'work'	there was a conviction among several mental health worker informants that the arts were of benefit to people with mental health needs	166
are a priority	'…a viable alternative to other forms of therapy'	172
... would be used more if resources were available		172
... have 'massive potential'		170

problems facing the development of the arts in mental health care...		
	examples	**page**
... arts would be used more if resources were available		172
... persuading purchasers	there were difficulties in persuading purchasers to support the arts in a climate of 'evidence based' practice	165
... lack of evidence of effectiveness		165
... time	one senior staff member felt that people were not at the hospital long enough to justify longer-term arts projects	171
... staff shortages	it was difficult to engage outsiders such as artists when there were staffing shortages	171
... Managerial ability	there was scepticism about the ability of managers in the statutory and voluntary sectors to prioritise the necessary staff time to facilitate such things as drop-ins	170
... sustainability	sustaining arts activities required a higher level of staff commitment than currently existed	170
... funding	the potential of the arts as a means to achievement could be undermined if the work is not adequately resourced and followed through	166
... low expectations	arts and crafts sessions were 'diversional'; it was important to keep activities 'low key' and fairly basic; few people are capable of more than that'	172
	'difficult to get funding for the staff to train'	174
... accessibility to further education	further education was an essential option but the system put people off by placing too much emphasis on the acquisition of qualifications	174
... arts are seen by some as 'diversional'	An arts and crafts group was seen as a diversion from problems; activities should be 'low key' and basic: 'few people are capable of more than that'	172

opportunities facing the arts and mental health...		
	examples	**page**
... Strategy to Promote the Mental Health of Adults in Salford and Trafford	'it is appropriate that we support the provision of ... arts based activities'	165
	committed services to support local people in 'developing their own ideas about how to promote the mental health of their community'	165
... Health Action Zone	offers opportunity for change	165
... SRB	could provide opportunities for local people with mental health needs to take an active role in regeneration.	182,n.2
	SRB Capacity Building should unearth, nurture and realise the creative talents of mental health users	182,n.2
	arts had a role to play in SRB strategic themes of Capacity Building, Health, Employability, a Better Environment, and Learning for Life	182,n.2

what was needed…	examples	page
... more professional artists	young people's group welcomed professional artists input	166
	a manager wanted to engage professional artists as animateurs, to train staff & users, & facilitate projects	174
	a manager would have liked to engage arts therapists	174
... commitment in artists		170
... sympathetic and insightful artists	With regard to users and to staff	170
...emphasis on approach not outcomes		170
... 'hands on' arts coordination		170
... a flexible approach	'should come first'	170
... organic evolution/development	'important to 'let things develop'	170
... a wide range of arts activities	people like a change; chance to do something new & different.	169
... arts input at different skill levels	'arts activities should be provided at different levels to allow all service users a chance to participate'	169
... partnerships between arts projects and health, social services and cultural sectors		172
... studios	for service-using artists and emerging artists	172
... continuity/sustainability	one arts group ended when funding expired	173
... someone to look for funding		174
... silence?	Working in silence valued by some but not available for all	170
... short projects in hospitals		171
... alternatively, engaging successive user cohorts with volunteer ex-users		171
... high staff commitment	required to sustain arts activities	170
... let people know what their choices are	it was important not merely to extend choices	170
... open & flexible approach	two informants relished 'hanging out, making connections, putting ideas, people and things together'	170
	this was recognised as an approach shared by the artist	170
... integrate arts into existing programmes	to make unfamiliar activities/expertise accessible & unthreatening	170
	one member of a college-run group at a day centre felt she could not compete at the same level as others on a course and was glad she could do the course at a day centre	173
... the arts should be challenging	the arts could be 'very useful in promoting mental health, especially because of the way they can challenge people without pressurising them	169
... education & training	train staff and users, and to facilitate issue-based and site-specific projects	174
... staff training in creative therapies		174
... staff training in complementary therapies		174
... arts training for college staff working in mental health and community arts fields	workshops; courses; residencies	174
... flexible/responsive/supportive further education courses	tutors were sensitive to the difficulties that might be experienced by people with mental health needs when entering college; there was a need for support systems that were appropriate and tailored	174
... joint working / training for staff	one arts organisation insisted that care staff were fully involved in projects, which always began with training sessions – a two-way process in which staff learned about the conceptual and creative skills in media work, and arts workers learned about the issues involved in working with particular groups	167
... cultural relevance	paintings specially purchased for a hospital bore no relationship to the cultural experience of those using the unit's services	170
	there was no reason why arts projects at a hospital should not be established to generate works to reflect the cultural diversity within the service	171

POST-SCRIPT: LIME at Moorside, blueSCI at Broome House

LIME at Moorside

Since the completion of the Trafford Audit, Lime has conducted a highly successful integrative project at the Moorside Unit (www.limeart.org).

The brief for the Audit had required the proposal of a pilot project. Three venues were suggested, in one of which a pilot could be implemented following the appointment of an artist / coordinator - which was the key recommendation that emerged from the Audit[29].

Options were discussed for pilot projects at:

- **Moorside Unit, Trafford General Hospital**
  to link environmental improvement with user empowerment
- **Broome House, Old Trafford**
  to support a user-led initiative for a mosaic project
- **Partington (SRB)**
  to deploy the arts in SRB Capacity Building exercise and beyond[30]

The option pursued was to support the Broome House mosaics project[31].

The Moorside option had proposed

> *arts programmes whose goals were social and environmental - rather than overtly therapeutic – as a means towards further integrating users, staff and the unit itself into the wider community, and towards involving users and the community in making artworks that more accurately assert the cultural diversity and aspirations of the people who attended and worked in Moorside. Although such arts programmes would necessarily spread over several cohorts of in-patients, experience in the field suggested that the interaction*

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[29] The Audit recognised that without the appointment of a coordinator, the impetus of any pilot might, on the evidence of experience elsewhere, be lost; it might be of value to its participants in the short term but it would not necessarily advance, indeed it might delay, opportunities for service-users throughout the Borough to participate in arts activities.

[30] The rationale for this recommendation was that SRB offered the best option for raising the money required to establish a longer-term and grounded arts and mental health project and model for the borough. The SRB was also an opportunity to demonstrate the thesis that the arts have a key role to play in regeneration; that users of mental health services had a significant role to play in these processes; and that users would benefit from this engagement in terms of enhanced self and social esteem. Although the arts could be instrumental in creating bridges between each of the five themes of the SRB programmes, it was proposed that their impact should be brought to bear initially in the Capacity Building strand.

[31] The Audit recognised a need to encourage access to the services at this centre, particularly for people from the Asian and African-Caribbean communities. TUG (the Trafford Users' Group) had prepared a proposal for user groups and potential users to make four mosaics for the exterior of the building and to make an audio visual record of the process and its outcomes. Besides TUG, the partners in this project were the African Caribbean Mental Health Service, the Asian Mental Health Project, and the Bridge drop-in. A collaborative celebration at the unveiling of the completed mosaics emphasised the project's themes of openness, solidarity and cultural diversity.

> *between professional artist, service user and staff member would facilitate relationships built securely on ability rather than pathology and enriching for the individual, the institution and the community* (Brown, 1999, p.52).

In 2001 LIME launched the Arts Café project at Moorside, which set out to demonstrate the benefits of a creative intervention for service users and staff in acute mental healthcare. The focus of the project was to convert an activity room into a user-led café and cultural centre. Artists were commissioned to work on the wards with patients and staff. This became a unique collaboration between service users, staff and City College, all stakeholders in the project. LIME was thus influential in the cultural and attitudinal change within the service that embraces users, and their carers, in the development of services; in effect, then, the LIME project fulfilled the proposal made by the 1999 Trafford Audit and which was not adopted at that time.

Artworks produced at Moorside included stone carvings with granite shipped in from India, photographs, hand castings, photoreceptive montages, painting, soap carving, mixed media, interior design, lighting design, interior decoration. The project developed a music strand led by an ex-user volunteer.

LIME artist Stuart Webster began by facilitating staff team building and arts 'taster' workshops, following which 'arty days' were held in which artists, staff, patients and volunteers redecorated the activity room.

blueSCI at Broome House

In a development gratifying to the author of the Trafford audit and the recommendations made, Stuart Webster has since been appointed Director of blueSCI (www.bluesci.org.uk), a not-for-profit organisation which is based at Broome House (see above: this page, and p.170) and which promotes wellbeing through social engagement and creative opportunities.

blueSCI promotes

> *eudemonic wellbeing, an approach that focuses on what it means to flourish and is about having a sense of purpose and direction in life, good quality relationships with others and opportunities to realize ones potential* (*ibid*, citing Ryff & Singer 1998)

blueSCI is

> *passionate about the role cultural engagement can play within a Mental Health service user's recovery, therefore offers real opportunities for social inclusion and citizenship* (*ibid*)

CHAPTER 7

INTEGRATIVE ARTS

merging art, therapy and research

CONTENTS

INTRODUCTION

This chapter draws on material gathered in 2002-04 during the planning, piloting and evaluation of an innovative arts and community mental health project in Wythenshawe, Manchester (Story & Brown, 2004); the chapter includes discussion on the potential and problems of 'arts-based research', particularly the difficulties encountered in attempting to fulfil the aim to integrate art and research within the Pathways Pilot.

Core to this chapter are descriptions and illustrations of, and stakeholders' views on, a selection of the artistic approaches that made up the Pathways pilot; these examples will be used in Chapter 9 to examine the extent to which the Pathways artists' practice had a synergy with and differed from that of Art Therapy.

In contrast to Trafford (above, Ch.6), where in 1998 arts and mental health provision was found to be ad-hoc, uncoordinated and 'sporadic', development in Wythenshawe from 2002 was thoroughly planned, piloted and evaluated. Many of the lessons drawn from Trafford and elsewhere were applied in Wythenshawe.

The author wishes to thank Dr Rae Story for much of the material here that formed parts of the Evaluation (*ibid*).

BACKGROUND

History

In 2002 I was appointed by South Manchester Healthy Living Network (SMHLN) to work in liaison with Brian Chapman, Director of LIME, in conducting action research to lay the foundations for piloting innovative referral mechanisms in arts and mental health in Wythenshawe.

Following this initial action research the Pathways Pilot was launched in 2003 to explore creative solutions to mental ill health by working with local people to find ways of overcoming emotional difficulties.

Following the Action Research phase, I was re-appointed to plan and supervise an evaluation of the Pilot. I sub-contracted psychologist Dr. Rae Story to undertake the evaluation itself, under my supervision. A guiding aim of the evaluative process was to integrate 'arts based research methods' into Pathways. Rae and I collaborated on the final report, on which this chapter is based; and Brian Chapman and I co-authored and edited an illustrated booklet which celebrated Pathways (Brown *et al*, 2004).

The Pilot ran for eight months. Pathways Phase Two started in September 2004, with a remit to extend into other areas of the city.

Pathways' mission statement was to:

> *To explore avenues of creativity within the community and show how the arts through creative activity can play an important role in* [militating] *against mental ill health* (ibid, p.7).

Drama specialist Phil Burgess and photographer Irene Lumley were appointed as lead artists to develop new ways of engaging people in need of emotional support who were traditionally hard to access, and to work with mental health issues that participants raised. The practice of these two artists, particularly in respect of their interest in and experience of psychodrama (Phil) and Art Therapy (Irene), gave rise to illuminating discourse around the parallels with and contrasts between their modes of practice and that of the therapist. Part of this discourse is reproduced and discussed in Chapter 8, where it will become clear that whereas in Trafford there had been little or no distinction made between 'art' and 'art therapy', among the Pathways artists, managers, funders and researchers there was deep knowledge and strong views on this topic.

There had already been arts and health projects in Wythenshawe (see, for example, 'Tree of Change' on the *pathways* CD-Rom, LIME, 2003), but it had been found difficult to sustain this work without a solid foundation of research and evaluation and sustained resourcing.

The partners in the research, planning, piloting and development of Pathways were:

Manchester City Council (MCC)

Pathways was funded through Neighbourhood Renewal Fund (NRF), a government initiative aimed at improving and mainstreaming services in the 10% poorest electoral wards in the country. Pathways was part of a *Culture for All* (Regeneration) project managed by MCC's Art and Regeneration Manager within the City's Cultural Strategy Team. This post was primarily concerned with the strategic delivery of NRF and assisting in the delivery of Manchester's Cultural Strategy.

LIME

LIME (formerly Hospital Arts) was an award winning arts in health organisation which had been developing people-centred arts projects within healthcare since 1974. LIME delivered high quality collaborative and consultative arts practice aimed at addressing health issues and integrating the arts into healthcare.

Pathways was an important initiative in LIME's quest for innovative methods to evaluate the processes and outcomes of community-based arts in health. LIME (previously Hospital Arts) hoped thus to establish effective and embedded research and evaluation strategies and that findings would enlighten policy makers and inspire advocates of arts and health.

South Manchester Healthy Living Network (SMHLN)

SMHLN addressed health inequalities through community involvement and bridge-building between the statutory and community sectors, bringing people together to improve health in the community, making services more accessible, enhancing well being and enabling people to have more control over their health. SMHLN established a series of Discovery Teams to assess and respond to local health needs.

A Steering Group set up under the chairmanship of MCC Art and Regeneration Officer Richard Michael initially comprised SMHLN Coordinator Wendy Henry, Brian Chapman (Director of Lime), David Haley (representing the Manchester Institute for Research and Innovation in Art and Design – MIRIAD - at the Manchester Metropolitan University), and Sally Carr of the MCC's Joint Health Unit (JHU). At a later stage the group was augmented by John Lucy (Director of Public Health, South Manchester Primary Care Trust [SMPCT]), Polly Moseley (Arts and Health Officer for Arts Council of England North West) and Dr Ceri Dornan (GP Mental Health Lead for the SMPCT Board), and myself as arts and mental health consultant.

NRF funding of £47.5K for 2002-03 was awarded to run the Pathways Action Research programme. Further NRF funding was awarded for 2003-04 to run a Pilot Project, with artists Phil Burgess and Irene Lumley, in the wards of Benchill and Woodhouse Park. In 2004-05 NRF funded the consolidating and development of this work, and the exploration of options for rolling out Pathways into the Hulme, Moss Side and Longsight areas of the City.

Action research 2002-03

The objectives of the preliminary Action Research phase had been:

1. to conduct action research into referral mechanisms into national and local arts and mental health projects;
2. to make recommendations as to models of good practice in respect of these mechanisms;
3. to develop a brief for a pilot arts/mental health project to explore the referral mechanisms developed;
4. to lay foundations for a specific referral mechanism for arts activities;
5. to focus on two NRF target groups: older people and young people.

This chapter focuses on the fulfilment of objective 3: the pilot arts/mental health project.

On joining the Steering Group following my appointment as researcher I familiarised myself with the local environment and the political networks developing at that time as part of the MCC's Local Strategic Plan (LSP)[32], and in particular the Community Forum for Manchester (CN4M), I convened an Arts & WellBeing Focus Group (AWFG; for the complete record of the progress of this group, see Chapman & Brown, 2003; on file and available on request) which defined its mission as:

- to drive and inform the research process;
- to evaluate the emerging findings;
- to inform and co-devise the pilot project.

The Focus Group met three times over the winter and spring of 2002/03. The exercise generated many discussions by email and telephone (copies and transcripts respectively available on request), and coalesced into the foundations on which to build the approach and philosophy of what was to become Pathways. The deliberations of the AWFG called for the new arts project to:

- work 'where people are';
- provide clear signposting to other services and opportunities;
- ensure that referral 'pathways' become embedded within overall provision;
- facilitate 'joined up thinking';
- foster cross-generational work;
- co-devise a pilot project.

The first proposal I suggested that arose from the Action Research Phase was to set up a photography pilot project, *TimeExposur*e, which would engage with people at neighbourhood level. The rationale for this proposal was provided by the story of a young man with whom I had worked at START in the 1980s and who had been described by his psychiatrist Dr (now Professor) Francis Creed as having been 'cured by photography' (conversation with author, c. 1986); an inordinately shy person, this man had used the camera as a mask behind which to approach the world, and to engage in the repartee required to make a series of photographs of

[32] comprehensive spider diagrams of the LSP and its relationship to other local and national networks and initiatives are on file (on large sheets of paper) and available on request.

Longsight Market. This project had proved to be a liberating experience for the photographer, who went on to curate a lively exhibition for the outpatients' waiting area in the Manchester Royal Infirmary; a venue with an audience (at that time) of over 3,000 people a week.

The final decision to appoint an artist in drama as well as a photographer arose from the search for a more embracing way of fulfilling the AWFG's recommendation that the new project should engage with people 'out there', in the community, at neighbourhood level. Brian's and my experience in the field had suggested that combining drama and photography might most effectively meet the need to engage people with emotional issues and to explore these in a way that would:

- generate arts processes and works of high quality and deep significance to both participants and audience;
- offer the skills and resources to document professionally and innovatively the creative processes involved;
- provide affirmative visual evidence of outcomes.

The Action Research report (on the Pathways CD-Rom; Chapman & Brown, 2003) stated that Pathways would seek to employ artists who would

> *undertake sessional work as well as peripatetic 'fact & feeling' finding missions, through which participants engaged 'on the streets' will be creatively supported in identifying and exploring issues.*

Informed by the findings of the Action Research (*ibid*) the advertisement for the Pathways artists' posts (2003) set out the aims of the pilot project as:

- to pilot research and practical methodologies for pathways into the arts for users of mental health services and for people at risk;
- to develop an Arts in Mental Health Network for South Manchester;
- to create the conditions for a full-time Arts and Health Coordinator's post for 2004 to 2006.

The advertisement stated the objectives of the pilot project as:

- to commission two artists, one with specialist skills in community photography and one with specialist skills in community drama;
- to deliver participatory arts practice with communities in South Manchester addressing mental health issues;
- to research this pilot project and demonstrate the impact of artistic practice within the field of mental health and well being in the community;
- to research and embrace an experimental referral network for those suffering mental ill health;
- to engage targeted communities in Wythenshawe at and through existing venues (Tree of Life, Family Action Benchill, Signpost) in creative projects from which people can find support, learning and meaningful activity;
- to focus on younger people and older people.

MANCHESTER AND WYTHENSHAWE

Wythenshawe is a relatively recent Manchester City community built on former farm land some six miles from the city centre. Whilst the subject of the previous case study, Trafford, abuts Manchester's city centre yet is itself is a discrete borough within the Manchester conurbation, Wythenshawe is a district of the City of Manchester situated some distance from the city's centre.

Wythenshawe was planned as an innovative garden city suburb to replace a 1930's phase of slum clearance in central Manchester. A further phase of building took place after WW2 to accommodate families made homeless by bombing. Since then Wythenshawe had suffered, partly from its isolation from the older communities from where its original residents came, and partly as a result of a decline in the maintenance of housing stock. Nevertheless, for a relatively new population, Wythenshawe people have a strong determination to make their communities work despite the difficulties; a determination attested by the staff, volunteers and users of the projects described in this chapter.

The City of Manchester was found to include communities suffering some of the highest levels of crime, poor health and poor housing in the UK. Despite the city's transformation from an industrial to a dynamic, international centre, 27 its 33 electoral wards were among the most deprived 10% nationally, and unemployment at 9.1% was almost twice the national average.

Manchester residents experienced the highest levels of mild to moderate mental health problems in England. A stark indicator of this was that, compared with national averages, people in Manchester were 66% more likely to commit suicide.

In general, morbidity and mortality rates are higher in neighbourhoods that experience problems associated with economic and social deprivation; and Benchill, one of Pathways' two target wards, was, at the time of writing, the most deprived electoral ward in England.

Wythenshawe was facing the serious social and economic issues of:

- high unemployment;
- communities suffering from low incomes;
- high levels of ill-health;
- poor housing;
- crime and vandalism;
- children not achieving their full educational potential.

Manchester City Council (MCC) was trying to reverse the cycle of decline and to build a strong, sustainable city by actively involving local people and developing strong partnerships.

statistics from the Manchester City Council's website www.manchester.gov.uk *(2004)*

METHODS USED

Values and Principles

Drawing upon the experience of the researchers – Rae Story's at the Zion Centre in Hulme and at the St Luke's Art Project in Longsight, and the author's at START & elsewhere (as described in Chapter 5) - the following research values and principles were drawn up, proposed, agreed and shared by the Pathways team:

> **On art**: creativity is one of the essential dimensions of well-being; by nurturing our creativity we make progress in all other dimensions of our lives.
>
> **On people taking an active role in their own health:** people know essentially what is good for them and with encouragement and guidance can explore their own journey to well-being.
>
> **On integrating the evaluation**: recognising that people using services are the best people to evaluate those services, we would encourage people to take an active part in the evaluation of a process and not just be 'the evaluated'. The evaluation itself would be an integral part of the creative process.
>
> **On counting what counts**: *Not everything can be counted that counts, and not everything that counts can be counted* (attributed to Albert Einstein: www.quotationspage.com/quotes/Albert_Einstein/31).
>
> **On dynamic feedback**: at all times we would maintain effective feedback channels to let our findings influence and inform others. In particular, we were concerned that this process should enable smoother communication between players at community and professional levels.

Aims of the evaluation and measures of success

The research strand set out to enable the continuous monitoring and evaluation of progress, with the researchers, artists and participants working together to:

- Assess the effects of arts intervention on well-being, quality of life and statutory service targets
- Evaluate effectiveness of the referral pathways and signposting.
- Evaluate the Pathways Pilot Phase against its stated aims.

There were inconsistencies, however, between the various texts claiming to set out the overall aims of Pathways. Seeking consensus, Rae therefore circulated a *Narrative Grid* (see below,

Appendix III) within which players might agree aims, objectives, methods of verification and so on. The initial Grid content was compiled and sent to all parties for amendment or comment - with only one response forthcoming; so we somewhat uncomfortably agreed to proceed on the assumption that the aims as set out on the Grid were consensual.

During the early stages of the project the researchers and the artists discussed how the work could be focused in order to achieve the project's aims and to integrate the research within the creative process. Following a suggestion by Phil Burgess, it was decided to determine whether and to what extent the arts might play a role in improving emotional capacity and literacy in relation to three fundamental questions:

Who am I?

What do I feel?

Who are you?

These questions are considered by psychologist Moreno (Marineau, 1989) and others to be the three most important elements affecting human development.

Guided by these underlying questions, the artists were able to run the sessions with an open approach, where anything was possible so long as a safe environment was maintained.

Case studies, focus groups, questionnaires

As well as arts-based methods of evaluation, conventional evaluation techniques were used to compliment the new approaches. Initially, it was planned to carry out focus groups with each of the Pathways groups, with the artists identifying one participant from each group whom they thought would be interested in having their 'pathway' or journey mapped in the form of a case study. Unfortunately, it was not possible to carry out focus groups for all of the Pathways groups on account of time constraints arising from insufficient funding, the long-term illness of one of the artists, and other work commitments among the artists and researchers. However, in place of focus groups, a questionnaire was prepared for artists to use with participants, which set out to elicit the same data as the focus groups.

All of the above methods were inspired by the *Appreciative Inquiry* approach (Mayoux, 2003; Cooperider, 2000) which adopts an appreciative stance rather than engages in problem solving. It was felt that this approach would compliment the work of the Pathways artists; benefit the participants; and lend itself to the continued journey through and beyond the project. For the purpose of the evaluation Rae developed a condensed version of the *Appreciative Inquiry* (below, Appendix IV).

The artists archived the progress of particular participants during their sessions in order to create case studies for the evaluation. It was decided that, as these case studies emerged from the

artists' sessions, it was best not to try to write about them, but to exhibit this element of the evaluation in the Pathways exhibition at the Zion Centre in Hulme in May 2004 – which, for reasons discussed elsewhere, fell outside the timescale of the evaluation (see below, Postscript: Zion Event, p.207).

Towards an arts-based evaluation

When the researchers met with the two lead artists to discuss possible 'arts-based' methods of evaluation it was decided to incorporate techniques already in use by the artists and to attempt to use these to elicit and monitor change in health and well-being; the artists would incorporate this research element into their sessions in a creative and interesting way. The techniques in question were *Lifelines; Social, Cultural and Personal Atoms;* and *Tree People*. These techniques encapsulated the Pathways themes and it was felt that they would provide valuable data with which to monitor participants' changes over the course of the Pilot Phase.

Data collection

Data for the evaluation was collected up to the end of the research funding period on 31st March 2004. As this date preceded the actual culmination of the project at the Zion Event in May 2004, and fell at a time of intense activity in which the Pathways artists were engaged in preparation for this event, there was inevitably a significant gap in the data available for analysis (see below, p. 207: Postscript - the Zion Event).

Two other factors contributed to the lack of sufficient data: the illness of one of the artists - an eventuality for which there had been no contingency commensurate with the artists' workload; and the lack of a coordinator for Pathways – an omission which was a major contributor to the communication difficulties and which militated against effective team working on all levels.

Co-author's statement of interest

Story & Brown's (*op cit*) evaluation report was designed to be read in conjunction with *Pathways to well being through the arts* (Brown & Chapman, 2004)*,* the booklet illustrating and celebrating the achievements of the Pathways Pilot, and presenting much visual material not included here. The booklet includes the CD-Rom (Chapman & Brown, 2003) featuring a digital presentation of the preceding Action Research Phase with had consulted widely to generate the philosophy and framework for Pathways, and which proposed the six-month pilot project - the subject of this chapter. The CD also includes documents and papers relating to the evolution of the Pathways concept.

In the preface to the evaluation report I acknowledged that there may have appeared to be conflict of interest in respect of my position both, on one hand, as lead researcher and co-author with Rae Story of the evaluation, and, on the other, as co-author with Brian Chapman of the celebratory booklet. The former document strove for some measure of objectivity (insofar as such a state is achievable); the latter was by intention a celebratory and promotional publication. I stated that my role had been to maintain an overview of the evaluation process and to contribute in certain areas, in particular with regard to the preparatory action research and the devising of referral systems.

ARTS IN MENTAL HEALTH IN WYTHENSHAWE

arts activities indicative of therapeutic intent

Lifelines

Artist Irene Lumley described *Lifelines* as 'reference point[s] to drama sessions, and a drama in themselves'. Objects chosen by a participant – toys, ornaments, mementoes, etc - were used as symbols and metaphors for significant moments and relationships within that person's life. The way in which these objects were spaced along an imaginary line also drew attention to the importance of spaces and their relationships with each other and where they occurred in that person's life.

Social, Cultural and Role Atoms

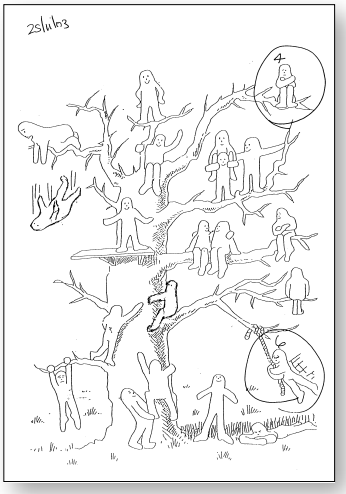
The *Social*, *Cultural* and *Role Atoms* were based on the work of psychologist and founder of psychodrama J.L.Moreno (see eg Marineau, 1989) who argued that the human being's survival depends on the health of their position in the social and cultural web of relationships that gives individuals a sense of belonging and perspective.
As a starting point, members of the group experimented with their own roles. This fostered understanding of each individual and of each other and provided an opportunity to reflect on the underlying Pathways questions of 'who am I?', 'how do I feel?' and 'who are you?'.

The Social Atom charted the people we related to, in order of closeness. This enabled participants to reflect on whom they would want to draw closer, and who was moving away.

The Role Atom gave participants the opportunity to recognise the roles they played and took on, were given, and created in their lives - for example, cook, singer, victim.

The Cultural Atom was composed of the influences that contributed to one's sense of belonging in the world, and its nodes could act as reference points that gave meaning to one's life. Once this meaning was understood, one could further enrich one's life through the choices made, and nurture one's sense of identity and spiritual well being. Working with the Atoms provided the groups with an opportunity to understand themselves, share thoughts and feelings with others and talk through the choices made and the solutions proposed.

Tree People



Tree People began with a given drawing of a tree with a number of genderless people depicted in different positions sitting on branches, lying beneath the tree, jumping up to a branch, etc. Participants chose which Tree Person most closely mirrored how they were feeling at that time. Options were to circle it, jot down some words, or draw on the image.

The Tree People exercise was used in a variety of ways;

- At the beginning and end of a day's workshop, to demonstrate qualifiable (but not quantifiable) change.
- Each week during a course of sessions, to provide a self-evaluation, which could then be cross-referenced with other tools and work.
- To encourage someone to talk about why they identified with a particular Tree Person, which one they would have liked to identify with, etc. This process could open a relatively safe discussion about the person's situation.

Common features of the activities were identified as follows:

- A focus on externalising and expressing internal feelings.
- Opportunities for discussion if the participant wanted to engage in dialogue.
- Accessible and engaging activities that could be done as a group or as an individual.
- Activities that could be documented by either photographic or text records.
- Activities that allowed participants to reflect on their actions and feelings, and how these related to their current situation.
- Use of metaphor as a tool to investigate personal feelings.

Views of informants

There follow statements from the original evaluation which relate to personal experience of the potential of engagement in the arts to combat emotional distress and enhance emotional well-being. This selectivity will identify data to enable analysis of the contiguity of the Pathways artists' approach with that of the arts therapies.

The researchers facilitated focus group discussions at *FAB* and *Tree of Life*. The responses selected here relate to therapeutic experiences and outcomes.

- *Getting to know myself.*
- *Finding it easier to explain myself.*
- *More confident about expressing myself.*

- *Making new friends.*
- *Finding out about people's different emotions.*
- *Learning not to blame myself.*
- *First time I'd talked about my Dad since he died, without getting too upset.*
- *Found out how to just be myself and not worry about upsetting people.*
- *How to understand different emotions.*
- *Getting to know different people.*
- *Having some freedom from my kids gives me the opportunity to talk to adults.*
- *I don't have to try to bottle it all in.*
- *People say I've changed – I'm putting my foot down more!*
- *Learning how to say 'no' –now I am doing that!*
- *People say I'm too assertive!*
- *I've come out of my shell, it has increased my confidence.*
- *Gaining more independence.*
- *Learning to be more assertive.*
- *In the session when Langley came, both Langley and Phil commented on a drawing that I had done as being a 'piece of artwork' and I was really chuffed, because art is not something that I do.*
- *Empathy – "I always had it bit now I have more – but this word empathy doesn't encapsulate it all, I am in tune with people's feelings.*
- *Before Pathways I was lacking direction, everything* [is] *more worthwhile. I've got something to contribute.*
- *I was lost before Pathways, I didn't have a purpose. I am more inclined to let Heather talk for herself.*
- *Before Pathways I wasn't active, I was just watching TV. Now I am doing meditation, I have lost* [several] *stone without even trying, just walking the dog.*

Respondents were asked to share their hopes for the future:

- *To use skills within me to help people develop.*
- *Giving more – I'm not sure what role but I want to develop.*
- *Whatever I do I want it to be voluntary because of my commitment to my partner.*

The Development Worker for Family Action Benchill wrote:

> *The people who have taken part have come on leaps and bounds. They seem to be different people having gained a huge amount of confidence and self awareness and ability to express their needs and ideas.*
>
> *Five out of a group of eight have signed up to other courses we are offering at Family Action Benchill and all are showing much more control over their lives.*
>
> *The individuals and the group have become more assertive since they started the project. As an organisation we place a high value on the benefits of the Pathways work in building strong links to the community and empowering community members.*
>
> Letter

The *Tree of Life* Manager remarked upon the speed at which change had happened for some of the group members:

There have been some very positive outcomes to the Pathways projects here. Three of the participants have identified that their lack of literacy skills was holding back their development and have asked me to support them by finding an appropriate tutor. This is just one indicator of their increased confidence. One of this same group has asked me to find them a placement working with children with special needs. The participant will start in the near future a supported placement. Several participants have also engaged in an NVQ for volunteering and have been racing through that. …

It is as though the seeds have been planted and nurtured during the past several weeks and we are already starting to see wonderful and unexpected outcomes. Letter

The Pathways Team

A questionnaire was devised for the Pathways team of Steering Group members, lead artists and researchers. The following extracts relate to the evaluation process and to issues around the concepts of 'therapy' and the 'therapeutic'.

Among the responses (Story & Brown, pp.47-49) were a number of comments on the planning and research:

- *Data was not pulled out for the researcher in time for the research deadline so there has been no evaluated pilot of 'arts-based methods of evaluation'*
- *More defined aims and outcomes* [were needed] *that relate to artists and groups experience.*

Several respondents commented on the way Pathways had the potential to effect change by working at individual level within a broader social context:

- *A small group process with a safe environment, where individuals are empowered through freedom of choice and where they have the opportunity to experience a variety of creative ways to express their uniqueness and their shared humanity.*
- *Also the 'out there / on the streets' approach developing – with artists using the support/mentoring resource to the full.*
- *Self sustaining – people in communities becoming impassioned and defining their own ways forward.*

One respondent cited a need to seek out and provide opportunities for 'appropriate therapeutic training' to support artists.

Engaging participants

The Action Research (Chapman & Brown, 2003) envisaged the varied pathways by which people might engage in arts activities in terms of:

*Pathways **in**:* *people's routes **into** arts projects.*
*Pathways **through:*** *the support people might need **during** their journey.*
*Pathways **beyond**:* *people's options for moving on **from** Pathways.*

A central principle was that these pathways should be supportive for participants, non-participants and the artists:

*for **participants**:*

- *laying out & signposting a network of support options.*
- *ensuring gateways are open into these options.*

*for **non-participants**:*

- *alert and responsive to potential divisions between those chosen to participate & non-participants.*

*for the **artists**:*

- *working in … unusual or difficult situations required a supportive management framework.*

(*ibid*)

The Pathways Pilot exceeded by three the NRF target of 50 attendances, despite teething troubles in generating referrals from the SMHLN Discovery Teams and GPs; it had also been assumed that people would join Pathways from among the existing groups attending established centres and projects such as the *Tree of Life*, *FAB* and *Signpost*.

Engaging people through existing community centres

It was more difficult than anticipated for the artists to engage people through the Tree of Life, FAB and Signpost, with the result that the groups formed at, and via, these centres were quite small. One significant benefit of this, however, was that participants in these groups bonded well and worked in considerable depth both creatively and emotionally.

Referrals via the Discovery Teams, GPs and community settings

The degree of liaison with GP services and the SMHLN Discovery Teams necessary for this system to work was not achieved during the Pilot. I offered twice to organise a presentation and discussion on Pathways with the Benchill and Woodhouse Park GPs, but the offer elicited no response. This was particularly depressing, and we concluded that any such presentation would be better coming from a coordinator – had we (on my suggestion) not decided against appointing one for the pilot phase in order to focus on the arts input!

Engaging with people 'out there'

> The *Arts and WellBeing Focus Group* had called for Pathways to engage with people 'where they are'; out on the streets, in the launderette, down at the shops, in the old people's homes. We had anticipated that the artists would be able to use the *Tree of Life*, *FAB* and *Signpost* as bases for their expeditions into the community but this did not happen to the extent desired. We concluded that outreach work would take more time to become established, however; and we anticipated that such specialised work would require more resourcing and more effective support mechanisms for the artists than were currently in place.

On the first week of the artists being in post I received a frantic email from Phil saying that no-one had turned up to one of the first sessions; 'were the artists expected to drag people in off the streets?' (*email from Phil Burgess; available, on file*). In a way, of course, we *had* expected that this would be the case – but we hadn't made it clear; had we done so, the artists would no doubt have told us that this was an unrealistic expectation, particularly in view of their limited working hours.

It became clear at the start of the Pilot, then, that the 'on the streets' approach was over-ambitious at this stage. In the absence of a coordinator during the Pilot Phase (a proposal suggested - rashly, in hindsight, by me in a café in Withington and agreed by Brian Chapman and Wendy Henry - so as to release more funding for hands-on artists), it transpired to be unrealistic to expect the artists to undertake peripatetic work without adequate support. Contributory to this pressure were two other factors: firstly, although the Action Research secured agreement in principle for Pathways to operate at and out of the community centres, it was the artists themselves who had to negotiate the details and work out the new relationships in practice; and, secondly, the illness of one of the artists throughout much of the Pilot Phase placed an additional burden on the project and the remaining artist. The former would have been facilitated had there been a coordinator; the latter was an inevitable limitation.

'Embedding' referral mechanisms

We were nevertheless confident that the 'embedding' of the referrals mechanism would happen in time - once the Pilot and its evaluation had demonstrated that there was something of value to embed. This confidence was boosted when, in a critical 'top-down' development during the course of the Pilot, the South Manchester Primary Care Trust's Community Health Officer John Lucy and GP Mental Health Lead Dr Ceri Dornan were co-opted as members of the Pathways NRF Advisory Group; this opened lines of communication from grass roots to senior level. It was now a matter of making these channels work for Pathways; at last it looked hopeful that the groundwork and principles put in place by the Action Research and Pilot Phases would now progress effectively.

The Action Research had found that where an arts project was embedded within existing mental

health services (Manchester START, for example), referrals operated more or less smoothly. These mechanisms were usually based on existing referral systems that were weighted towards the type of clinical data required by professional NHS staff. A preponderance of clinical detail might not necessarily have been seen (by the author, for instance) as appropriate within an arts context by those artists who see themselves offering creative and empowering antidotes to clinical systems, for it forces compromises between clinical expectation and artistic aspiration.

Where a project was community oriented and independent from NHS structures (such as St Luke's Arts Project and Pool Arts, see Directory, Appendix 1), the ways by which people engaged were found to be flexible and user-driven or (as in the case of Pool Arts) artistically-driven; these mechanisms were informal and non-pathologising.

Seeking the most effective and sensitive means of recruiting participants, Pathways initially looked to the existing *exercise on prescription* and *arts on prescription* schemes, such as the pioneering examples of these approaches in Stockport; but in Stockport, too, referrals had become a problem for *Arts on Prescription* (AoP). Such schemes require the clinically-based referrer to make a leap of faith from a world of evidence based medicine into the uncertainties of art. In Stockport this had resulted in a lack of referrals from GPs to AoP. In order to survive, then, the service had balanced its numbers by engaging participants with more serious and enduring mental health needs, thus placing it in competition with MAPS (now ARC, from 2005), another local scheme whose remit was to work with such clients. The Stockport *Arts on Prescription* had thus to some extent compromised its original preventative remit. Indeed, it was for this reason that the Pathways ‘out on the streets’ concept was proposed, and my offer was made to give focused presentations to the Wythenshawe GPs.

Catch-22? In contrast to exercise, whose benefits in terms of physical and mental health were generally acknowledged - art was likely to appear to the GP under pressure as a woolly variable, a waste of resources – in effect a risk. It was a sobering - though not entirely hopeless - realisation that, for potential referrers to be willing to refer their clients to an arts project in the absence of the type of clinical evidence desired, would require the sort of knowledge of and confidence in a project that could only come once the project had established itself and mapped out a pathway along which its pioneers had trod. Pathways had just begun constructing its own path, but this would not be built in a hurry. Here was one of a clutch of chicken and egg scenarios that had to be faced in planning and piloting Pathways!

SUMMARY

Drawing on material gathered by the author and a colleague during the planning, piloting and evaluation of an arts and community mental health project in Wythenshawe, this chapter concerned a development that was found to blur boundaries between art, therapy and research

In contrast to Trafford, where arts and mental health provision had been ad-hoc, this later development was comprehensively planned, piloted and evaluated. Many of the lessons drawn from Trafford and elsewhere were applied in Wythenshawe.

Pathways set out to develop new ways of engaging people in need of emotional support who were traditionally hard to access. A Focus Group called for Pathways to work 'where people are'. Two artists were appointed: a photographer and a community drama worker.

The locality was described, and it was noted that for a relatively recent population Wythenshawe people had a determination to make their communities work despite serious social and economic issues faced by the district, with Benchill, for example - a Pathways target ward - being the most deprived electoral ward in England.

A discussion of methods began with a statement of research values and principles, going on to describe the use of case studies, focus groups, questionnaires, and the quest to incorporate arts-based evaluation methods.

The arts methods used by the artists incorporated the research element into in creative ways. The following techniques were described: *Lifelines*; *Social, Cultural and Role Atoms*; and *Tree People*; techniques that encapsulated the Pathways themes as well as addressing three fundamental questions: *Who am I? What do I feel? Who are you?*

After identifying the common features of these activities, the chapter examined the views of participants, managers, community workers and the Pathways team.

Then some of the difficulties surrounding referrals to Pathways were discussed. Engaging people through existing community centres had been was more difficult than anticipated; referrals via GPs and community settings were not achieved during the Pilot, and engaging with people 'out there' needed more support for the artists than was available. These were seen as teething troubles, and the Pathways teams were nevertheless confident that the 'embedding' of the referrals mechanism would happen in time - Pathways had merely begun to construct its own path.

DISCUSSION AND CONCLUSIONS

Impacts on targets

A full discussion of the impacts of the Pathways Pilot can be found in the Evaluation (Story & Brown, p.55). Here, discussion will be limited to consideration of the impact of the Pilot on those targets that relate in some way to the themes of this study, namely:

- **contrasts and synergy between predominantly artistic and therapeutic concepts and practice; and:**
- **Merging research and arts practice**

Contrasts and synergy between predominantly artistic and therapeutic concepts and practice

Pathways aim:
to *deliver participatory arts practice addressing mental health issues* *among older and younger people in Woodhouse Park and Benchill, Wythenshawe.*

Although 53 people took part in Pathways (exceeding the NRF target by three), several members of the Pathways team felt that the number of participants within the individual groups was disappointingly small. Nevertheless, these smaller numbers allowed for more in-depth working. By definition, Pathways entailed working with people directly with regard to their emotional issues; consequently, by working with smaller numbers, the emphasis inevitably became more intensive. This then intensified those questions concerning the extent to which the intention of Pathways, as an *arts* project, was explicitly *therapeutic* in its approach to creativity, well-being and quality of life.

Pathways aim:
to *improve well being & enhance quality of life* *in the two target groups of young people and older people*

At the Tree of Life and Family Action Benchill participants reported improvements in their quality of life and well-being. These improvements included:

- The social interaction of being part of the group.
- Increased self confidence, self esteem.
- Participants' noting other people's perceptions of how they had changed – for example: family, partners, friends, community leaders, etc.

Pathways aim:

to uncover meanings for terms like 'well-being' and 'quality of life' *among the target groups.*

Indicator of success:

- *Documentation of differing views & perspectives from the local community, and Pathways participants artists, management and partners.*

We asked participants, workers and management what they understood by the terms 'quality of life' and 'well-being'. This exercise was illuminating insofar as it highlighted the fact that views differed markedly between workers and participants, both in the way they understood and responded to the question, and in their answers. It was clear that when using such terms researchers should be careful that there is agreement about their meaning among workers and participants. If used, such terms need to be 'operationalised' and clear and agreed methods should be used to measure them. Alternatively, the wording could be changed to emphasise improvements, or positive change**.** These findings could be revisited, and emerging patterns and definitions agreed that are perhaps more meaningful to participants. It is noteworthy that both terms were used in the Pathways literature - and yet neither appeared in any of the feedback given by participants. From this it may be deduced that they are terms that did not arise in the vocabulary of the people with whom Pathways had been working. This did not mean that these terms were meaningless, nor that the issues signified by and contained within them should not be addressed; but it did raise pressing questions about how this might best be done.

Merging research and arts practice

Pathways aim:

t*o develop creative practice as part of an innovative research & referral development project in community mental health*

Indicators of success:

- *Artwork & research co-mingling and complementing one another.*
- *Artists working in collaboration with the communities, researchers and steering group to develop creative approaches to dealing with mental health issues.*
- *Using participatory methods of evaluation.*
- *Engaging, supporting and signposting participants by innovative routes.*

The Pilot fell short in its aim to embed the research strands of the project and use arts-based methods of evaluation.

Both lead artists were highly experienced with a thorough awareness of community mental health issues in addition to their arts credentials. However, the researchers felt that pressures to attain targets, mismatched expectations between researchers and

artists in respect of the research requirements, and insufficient funding to allow the time to set systems in place for the arts-based methods of evaluation, may have restricted the full potential of the creativity of both artists and researchers in exploring and integrating research methods that would have provided the most effective data for analysis.

We acknowledged that 'arts-based methods of evaluation' need to be further developed in order that more creative avenues of research and evaluation can be explored than was possible given the barriers that arose during the Pilot.

Support for artists: time, resource and management issues

Edited version of a section by Brian Chapman and myself, with contribution from Rae Story. The full version may be found in the evaluation report (Chapman & Brown, in Story & Brown, p.61).

The section on routes into Pathways (above) demonstrated the commitment of the Pathways team to create from the outset a fully resourced, caring and supportive environment for everyone involved at every level. Supervision for artists was thus seen as central and essential to the sustainability of the project and its stakeholders. A budget was therefore allocated to each artists to use upon whatever mentoring and/or supervision each desired. The lead artists opted for mentoring and supervision by an Art Therapist and a psychodrama specialist.

Management, mentoring and monitoring responsibilities for the Pathways artists were allocated as follows:

LIME: arts practice, arts project management and support.
SMHLN: networking and mental health related issues.

In addition, a budget was allocated to the support and mentoring of the individual artists. This option has been taken up by the lead artists in the form of mentoring from trained arts and psychodrama therapists. This input has been found to be valuable and was considered desirable if not essential for artists working in potentially stressful situations (see below, Ch.8).

As is often found to be the case, it was the delivering organisation and the artists who carried the project forward with passion, in the process committing more time than for which they were paid, in pursuit of success and the highest artistic quality. This was more than a matter of artistic integrity; for the artists recognised that such dedication and professionalism was the best route towards securing realistic funding for the next phase. Assuming that the Pathways process may eventually be shown to militate against mental ill health, and hence - as could be quite reasonably argued from the evidence provided by Pathways to date and which we have documented here - reduce the burden of cost for other support and acute health services, then further problems loomed in the form of the ending of NRF funding for the project, overstretched PCT budgets, and any threats that might arise from changes in social strategy priorities and political agendas. And yet an innovative project such as Pathways required additional and ongoing financial support, for three years at the *very* least, if it was to provide the evidence sought by government policy making departments – and by the commissioners of an evaluation.

Conclusions

Whereas in Trafford there had been little or no distinction made between ‘art’ and ‘art therapy’, among the Pathways artists, managers, funders and researchers there was deep knowledge and strong views on this topic.

Pathways had to some extent been planned to reflect the author’s view, supported by that of Gablik and others (see above, Ch.2) that arts in mental health projects should look to the wider society beyond the therapist’s room; the aim was for the artists to follow an outreach, community oriented approach.

It was therefore a challenge to the author, and to his co-researcher Rae Story, to find that the Pathways artists who were appointed both had particular interests in pursuing what appeared to be a more therapeutic agenda that the researchers had envisaged.

However, in the event this situation provided richer material for this thesis than had been anticipated, as an illuminating conversation with these artists demonstrates (below, Ch.8).

This particular case study has generated many further avenues of research, several of which are outlined in some depth in Chapter 10.

POSTSCRIPT

Being There - The Zion Event

The artistic outcomes of the Pathways Pilot Phase were exhibited at the Zion Arts Centre in Manchester in May 2004. The exhibition was curated with full participation of the groups at all stages from conception to installation. Unfortunately, the short timescale for the Pilot Phase meant that the Zion Event had to be staged after the research period had ended, with the result that it was not possible to discuss or analyse in the evaluation the defining climax of a Pilot which may have furnished significant evidence of the cultural impact of the project.

Rae expressed reservations concerning what she perceived as the low level of involvement of the Pathways participants in the design and staging of the Zion event, particularly around the means by which participants may have been consulted regarding the possible effects of public exposure of deeply personal issues. This discussion centred on a mobile (*illustrated above*) made from enlargements of Social, Cultural and Personal Atoms. Rae stressed that her concern was not so much a criticism of the artists' approach as a reminder of the need for awareness that the way a suggestion was phrased could influence its outcome.

On the other hand, I was impressed by the success of the Zion Event in communicating and inspiring, in engaging the dynamics of the inner and the outer, and in making manifest intangible inward processes, by elevating the resulting work into the public domain as exhibition and performance.

Pathways[06]

An evaluation of Pathways' post-pilot year, by Judith Sixsmith and Carolyn Kagan of the Research Institute for Health and Social Change at Manchester Metropolitan University (RIHSC), reports a number of findings relevant to this thesis and to the Pathways case study, particularly in respect of:

1. art or therapy?
2. support for artists
3. art based research / research based art

Art or therapy?

Because participants were clear that they were doing art, and not undergoing therapy,

> *they felt they were a person, not a problem to be dealt with*
> (Sixsmith and Kagan, 2005: p.2)

Support for artists

The need for counselling for artists was unresolved during the evaluation period and the artists had developed 'buddying strategies'. In May 2005 - after the evaluation period but before publication - an Art Psychotherapist was appointed, thus *establishing LIME as a healthier workplace* (pp.4/5)

Art based research / research based art

The quest, described in this chapter, to link art and research continued through this phase of Pathways and made some steps forward, with some of the difficulties facing both researchers and artists resolved, albeit to a limited extent.

The evaluation concluded that

> *evaluation cannot be fully planned at the outset, but is emergent in relation to the dynamic of the workshops and the participants in them* (p.5)

a group which perhaps could be assumed to include the artists.

CHAPTER 8

ARTISTS AND THERAPISTS

Experience, conversations, debates, correspondences

CONTENTS

INTRODUCTION

Following a narrative which incorporates discussion of the author's experience of the debate on the relationship between Art Therapy and non-therapy oriented arts practice, this chapter presents three short case studies which together illustrate both divergence and convergence in philosophy and practice between non-therapy artist and Art Therapist.

The first case study records and discusses a telephone conversation held in 1997 between the author and Guernsey Art Therapist Gary Ayers. This respondent's views neatly encapsulate many of the topics, correspondences, synergies and demarcation issues both within Art Therapy itself, and between Art Therapists and non-therapy artists. One may wryly acknowledge that this conversation reveals a lack of insularity that may arguably be more representative of Art Therapy than is generally attributed to the profession by non-therapy artists working in the mental health arena.

The second case study concerns a series of spontaneous discussions that arose from the Pathways evaluators' perceptions of and concerns regarding the desirability or otherwise of a therapeutic intent within Pathways (above, Ch.7; and see Story & Brown, pp.63/4). Following discussions between herself and the author around this issue, Rae Story conducted an informal interview in 2004 with the Pathways artists Irene Lumley and Phil Burgess, after the completion of the Pathways Pilot Project (for the complete interview, see Story & Brown, pp.33/34).

A substantial extract from this conversation is reproduced and discussed below (pp.227-234), for it offers insight into a particular approach by two skilled and empathic artists seeking to merge healing and creative agendas whilst aspiring to the highest of standards in each of these domains. It is this symbiotic approach that makes Pathways a revealing route by which to reach some conclusions about the relationship between therapy and non-therapy based arts practice.

This conversation also reveals the artists' reflections upon their own journey of discovery, and their relationships with the support mechanisms upon which they drew along the way. This leads into the third case study which centres on analysis of an open letter that had been posted on the National Network for Arts in Health (NNAH) website by Malcolm Learmonth and Karen Huckvale of the British Association of Art Therapists (BAAT). Hedged with dire caveats regarding non-therapy artists who might venture into an explicitly 'healing' role, this letter proffers the experience of Art Therapists as potential supervisors for non-therapy artists working in the health field.

Chapter 8 ends with a brief discussion on some of the issues raised and sets the scene for the final discussion and conclusions of Part IV.

ART AND/OR THERAPY?

The author's experience of the debate

Chapter 2 described how the Art Therapy was founded in the 1940s, achieved professional status in the 1960s and became recognised by the NHS as a *Profession Allied to Medicine* (PAM) in the 1990s. The intake, which began in the 1970s ,of non-therapy trained artists into the health arena was described, as was how the approaches of Art Therapy and non-therapy arts both grew out of a common urge among artists at different times to apply the arts in a social milieu. Art Therapists had sought acceptance from the 1940s through integration into their chosen settings, firstly through the education sector, then through the health sector. This chapter may help to cast a small amount of light on why the clinical respectability thus achieved by the profession may not be so highly esteemed by the non-therapy artists, nor indeed by some Art Therapists themselves.

This section forms an account of the author's experience of actual and potential conflicts between the approaches in question to using the arts in mental health care, in the hope of clarifying and resolving (in Part IV) the differences to the point where these practices may more effectively work together in enabling the arts to take a fuller role as a catalyst for the mental health of the individual and society.

When the NHS recognised Art Therapy as a PAM in 1980 Peter Senior was consolidating the Manchester Hospitals Arts Project he had launched in the mid 1970s. Since then, as has been seen, there has been an exponential growth of non-clinical arts activity across the NHS (Ch.2).

The arts in hospitals projects of the mid seventies were initially perceived as a way of brightening up dingy institutions by means of paintings, exhibitions and murals. By 1978 there was still little engagement by the Manchester hospital artists in the human life of the hospital, let alone the clinical. An early attempt, by the author, to introduce a classical guitarist had been greeted by staff with puzzlement and resistance. It has been seen in Chapter 5 how the first large mural was initially stalled by the Joint Consultative Committee; once the committee had relented, the *Rainbow Murals* (Ch.5; Coles, pp.16,47) became milestones in the reintroduction of art into hospitals. Once the ice was broken, more ward sisters wanted murals or musicians.

The number of signatories to the *Rainbow Murals* petition demonstrated that the artists were more welcome in the hospitals than they had realised: it was time to descend from the ivory tower of their studios in the abandoned kitchens high in the old St Mary's Hospital and take part in the life of the hospital below. During that heyday of the community arts movement a participatory approach was spurred on by regional arts development monies, which in turn generated projects in health centres and clinics as well as direct work with patients in hospitals. Artists began working on the acute wards: textile artist Margaret Blackwell plied male surgical wards with the *Flying Shuttle*, a trolley of fabrics from which, for example, a scaffolder with a broken leg made a weaving that was anchored to the traction equipment that arched over his bed.

An early misunderstanding concerning the relationship between art and the clinical arose on a neurosurgical ward. The author was working with a young man recovering from head injury. Struggling with perspective, this man had drawn an ascending staircase in Escher[33] style. The sister worried that the paradoxical perspective of the drawing indicated disordered perception and she showed it to the consultant. The artistic relationship and trust were being compromised around what I knew to be the common artistic problem of perspective: the artistic activity was self-evidently a positive antidote for the patient to the passivity of hospitalisation, an assertive step away from the necessarily clinical atmosphere. But I felt that this innocent drawing had become a clinical tool that was open to misinterpretation. The artistic relationship can be a healing factor; but one which may be obstructed by clinical interventions which misunderstand artistic processes. Here, however, was an instance of a cultural dissonance between a young artist with no experience of hospitals, and a nurse with little or no understanding of art. This early experience suggested that mentoring for artists and better advocacy for arts practices may be desirable.

When opportunities arose for artists to work in psychiatric services, questions about the inter-relationship between art and therapy were thrown into relief. By the early 1980s a growing number of artists were using the arts as a way of enhancing the social aspects of hospital life, working in a spirit of partnership with patients and staff in making artworks that would give a social and aesthetic purpose to, for example, the activity of an occupational therapy department. Process and product gained equal status through the application of artistic, as opposed to clinical, methodologies and criteria; quality was a goal, and increased pride, self esteem and purposefulness - as well as a more attractive environment - were tangible by-products that impressed clinicians and management. This tripartite collaboration between artist, therapist and patient was described by a Senior Occupational Therapist as a *therapeutic alliance* (Ch.5).

Yet the requirements of therapy were often at odds with the aims and practice of the arts. Whilst both may have been at odds with the persisting bureaucracy and hierarchical ethos of the NHS during the 1980s, the non-clinical arts were in a better position (perhaps because their practitioners had less professional security to lose) to challenge what sometimes appeared to the artists (such as myself) to be clinical insensitivity, professional arrogance and the unintended administrative disregard for the individual that is often characteristic of an institutional system. The tyranny of a patient's programme appeared inimicable to a free-ranging, liberating artistic development. I was often intrigued by the extent to which a therapist often seemed to know what was best for a patient; as someone with a persisting disinclination to shave daily and a history of ineptitude for any game requiring the propulsion or arrest of a sphere, the mental health worker's conclusion that being clean-shaven or playing pool was an indicator of recovery was difficult for me to comprehend; but then (to echo the closed circularity of much psychiatric thinking) perhaps my scepticism was indicative of my own susceptibility to the anxiety and depression that I described in Chapter 5.

Since the specialisation by a number of artists in the mid 1980s in the mental health field - for example at START (above, Ch.5) - the debate surrounding therapy and non-therapy art remained

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[33] **MC Escher** (1898-1972): Dutch engraver and etcher whose architectural optical illusions and trompe l'oeil images were influenced by geometry and topology.

comparatively low-key until the mid-1990s. An apprehensive politeness reigned over the two camps, with each chivalrously acknowledging the strengths, purpose and contextual effectiveness of the other, but each at the same time feeling partly threatened and partly superior when surveying a nomansland of tangled boundaries. Occasionally and more frequently, though, divisions came to the fore.

The relationship between the two modes of practice was a central area of discussion at the first national *Arts in Mental Health Forum* at Loughborough in 1997, at the climax of which the author chaired the central debate *art and art therapy* (Verrent & Roberts, pp.39-42). Douglas Gill (Director of the Studio Upstairs in Camden - where Art Therapists and mental health service users and ex-users work side by side in a non-clinical, arts-based environment) believed that art only really exists in the public domain (p.40), and that the *non-pathologising* (Gill, 1997: conversation with author) ethos of Studio Upstairs represented one way of resolving the differences between the modes of practice that are the subject of this study. Nevertheless, during my visit to the studios in 1997, I overheard an Art Therapists entering the Studio's office announce that one of the *clients* was *acting out*; here was terminology succinctly representative of the jargon of the therapist, suggestive of a clinical, judgemental attitude not shared by the majority of non-therapy trained artists - as may be attested by the author's experience both in practice and in the course of this research.

A particularly contentious part of the debate at Loughborough had concerned the taking of case notes by arts therapists. The question of who has access to information was a question of power (*ibid*). One delegate suggested that the actual artworks should function as the notes; another refreshing challenge was that clients should have control of their own notes and themselves choose to whom they would permit access. This presages the discussion on arts based research in the Pathways case study (Ch.7; and see McNiff), and begins to hint at the possibilities of linking art, research and therapy, and inner and outer experience, into a nexus of virtuous spirals.

During 1989 and 1990, several Art Therapists (letter copies on file: 19/01/1989, 01/1989, 12/1990) had asked the manager of Central Manchester's Mental Health Services to consider the employment of Art Therapists. The manager cited lack of funds and explained that arts activity already existed within the department, provided by START. These letters were forwarded to me as Director of START. The manager's reply (20/02/1989; copy on file) to the Art Therapists stated:

> *I have discussed this issue with Langley Brown from the 'START' project who says that he would be pleased to meet to discuss the proposal. Langley does employ sessional staff from time-to-time and is also involved in work with self-employed artists who have an interest in mental health. I suggest you contact Langley Brown on 276 6345 to discuss the matter further.*

My response had been to suggest a collaborative pilot scheme at START's premises. This offer was not taken up by the Art Therapists (*correspondence; copies on file*).

In 1994 the (then) Salford Mental Health Trust considered filling an Art Therapy vacancy with a non-therapy artist attached to Salford's own recently established START project. The Trust's Localities Manager asked the head of the Trust's Art Therapy Department to write a paper on the

relative merits of Art Therapy and art *per se*. Concerned about an imbalance in favour of Art Therapy, I contributed an unsolicited paper on this issue (copy on file of letter dated 14/02/1994), in which I wrote:

> *Within the context of 'social inclusion' ... the 'clinical' nature of Art Therapy may even be counterproductive in many cases, by being unduly 'problem' oriented, ie., 'excluding'. Within a certain context, Art Therapy will indeed be an effective and illuminating clinical tool – but that is what it often remains. It doesn't employ the arts as a means towards a place in the community by means of making a contribution to that community – with paintings, mosaics, video, performance – whatever the art form.*
>
> *The arts are a 'cultural' tool by which we interact with and modify the culture itself. Arts practitioners are increasingly aware of their new-found responsibilities in this area, and these responsibilities* ***start*** *with opening the doors of creative opportunity to ever widening numbers of people.*
>
> *If there is one group of people 'disabled' by alienation from society, it is people who suffer from mental illness.*
>
> *With its inevitable focus on difficulty, illness and problems, mainstream Art Therapy will not make it any easier for people to make that transition from the 'cocoon of caring' to the world 'out there'; a transition which is essential for a more effective, positive and self-directed re-integration of people who have experienced mental illness.*

This polemic from an enthusiastic advocate of non-clinical art was exaggerating the case to some extent, but the gist of the letter largely reflects the argument of this thesis and, despite its clear partisanship, points the way to the conclusion drawn (in Part IV) that collaborative working will better enable a continuum of arts practice that could potentially form an Escheresque lattice-work of virtuous circles linking inner worlds of individual torment and delight with outer worlds of social exclusion and inclusion.

The outcome of the Salford discourse was the appointment of two artists – not Art Therapists - on a job-share basis. The Head Art Therapist and I had met before the final decision and, during a difficult but enlightening discussion, arrived at some agreement that whilst there were pitfalls to the 'therapising' of art, there were serious emotional risks when neither artist nor patients received appropriate support or supervision.

Fine art is bound almost by definition to connect with and explore deep emotions and engage with wider cultural issues. It would be unfortunate (to say the least) were the Art Therapist to inhibit or deny to the non-clinical artist the exercise of this culturally integrative role in his or her relationship with people with mental health problems; and yet such denial has happened. In 2000 the Arts Therapists Board (ATB) and the Greater Glasgow Health Board delayed the start of the Glasgow *Arts on Prescription* scheme pending an *independent* [sic] *review* by a member of BAAT into concerns that the project was aiming to offer 'therapy' by artists who were not qualified to do so

(Butler, 2001). This delay was imposed despite the ATB's acknowledgement that there was *no reference in the information received to any sort of therapy per se* (*ibid*); what concerned the ATB, however, was the proposal's reference to the appointment of *arts counsellors.* This situation supports the argument that misunderstandings between therapists and artists may arise to some extent as a consequence of differing perspectives and opposed or overlapping terminologies; and yet the term *arts counsellors* was intended to mean exactly what it said. Patiently suggesting the alternative term Arts *Consultant* (a more appropriate term might have been *mentor*), the project's manager clarified the intended role of these workers as:

- *Interviewing referrals, administering simple questionnaires before/after an agreed period*
- [Helping] *the individual to choose and plan a programme of creative activities*
- [Meeting] *again with individuals after the programme is completed to evaluate what they have done and help them choose further activities which may be outwith those offered by the scheme eg. Adult education, community arts, etc* (*ibid*)

- much of which fits within the definition of mentoring; the contentious issue, of course, being that the participants in this scheme would all be experiencing mental health problems – but does that imply they should receive a more clinical or cocooned range of creative opportunities than would be available to aspiring artists outside the reach of the mental health system?

At START (see Directory, Appendix 1) the emphasis at this time was mostly on crafts-based and site-specific work, rather than on expressive work or fine art. This limited focus arose partly out of the Hospital Arts history of making decorative and distracting works for hospital sites, and partly out of my intention at that time, as Director, that START should initially set out a stall that was markedly and unprovocatively distinct from that of the Art Therapist. This was a position I took for political reasons, although it was not one with which I necessarily concurred, seeing it as an interim expediency pending the journey from mistrust, through *modus vivendi*, to a possible symbiosis between the two arts approaches of Art Therapy and non-therapy arts practice.

With notable exceptions, including *Head for the Hills* (Chapter 5) and the *Bannerama* exhibition discussed below, there was only occasional attention given during my directorship of START to issue-based work and even less to self-expression of the intensity associated with the practice either of fine art or of Art Therapy. A proposal of mine to lead a START group project on the Theseus legends was dropped because of a concern by a psychiatric nurse that the resonance between these powerful myths and the distressing emotions that might be experienced by service users might cause difficulties for both artists and START members; in other words, the nurse felt that the lack of training in mental health care could place artists in a position of care that they were not qualified to fulfill. The fact that this project was discarded at a time when a psychiatric nurse was on a placement at START is indicative of both his awareness of the potential power of art to unlock powerful emotions, and of the artists' perceived inadequacy to help people deal with those emotions once released. This example further argues the case for collaboration between Art Therapist and non-clinical artist.

After studying an exhibition of Trade Union banners at the Pump House Manchester People's Museum, START members, artists and NHS staff made individual and group banners covering wide-ranging themes such as loss, family, stigma, community care, ecology, animal rights, and

popular culture. The resulting *Bannerama* exhibition (The Manchester People's Museum, 1995) provided a political and aesthetic framework within which START members could express personal feelings and experiences. Might the broad span of personal and social themes engaged in by this project have been narrower had this been an Art Therapy programme, and therefore possibly more cautious (from the artists' viewpoint) or reckless (from the therapist's)?

That question again: art or therapy? The quest for resolution may lead to acceptance of a continuum of practice with different points of departure in pursuit of the integrative goal of individual and community fulfilment. In the Bannerama project, it was the reassurance of familiar media, particularly textiles and ceramics, coupled with an understanding of the communicative, indeed proclamatory, function of the banner, that nourished a self-assurance to deliver an exhibition of powerful individuality and cohesion. The safety net of the medium supported the strong messages of the banners, and this combination in turn fed a commitment into the work and into the achievement of a degree of quality that extended the range and depth of craft skills gained; a virtuous circle. Here the engagement with the culture, with issues outside the clinical cell, went far beyond what might be expected of Art Therapy; whilst the risks inherent in addressing personal issues were cushioned by the familiarity of the media and by the self-confidence gained through the mastery of the skills that participants needed to deploy in order to get the job done to the high standard that was achieved. But whilst it can be argued that the input of an Art Therapist might have provided both a safety net for participants and artists, as well as a deeper understanding of the psychological factors involved in artistic processes (roles suggested by BAAT and discussed in the third case study in this chapter), there comes a point (see this Chapter's first and third case studies) when people no longer actually want therapy; when the thrill of walking the tight-rope without a safety net generates the endorphins of honest self-acclaim and applause.

Whilst almost a decade earlier *Head for the Hills* (Ch.5) had engaged with a particular issue, that issue was not one normally associated with mental health, urban deprivation, or therapy. Again, and this time almost unintentionally, a way had been found to sidestep the illness dance by enabling artists, staff and patients to share the bracing, sometimes chilly and exhausting experience of the Derbyshire Peak District. Significantly, this constituted involvement in a non-pathologising issue: the campaign for access to wild places; symbolically, that is: a place *out there*. When it is remembered that the shared experience that had brought this particular group together was primarily and *ipso facto* the negative one of misery, fear and distress, then the value of the explosion of creative energy unleashed by this project can be appreciated. Nor was an adventurous sense of exploration limited to the hills; the project resulted in the highly visible and acclaimed *Head for the Hills* mosaic mural in the newly-built psychiatric department - and mosaic was as new a medium to the artists as it was to the rest of the group. The consequent sense of *being in it together* - with 'it' being not only the deep end but also a dynamic and positive experience with a realistic dose of uncertainty - was an important key to future work and to the powerful sense of community, of positive and challenging shared experience, that evolved at START.

This assertive community spirit, with its characteristic 'out'look, was to manifest itself in the determination of START members successfully to fight a series of 'real world' threats to the premises occupied both by START and the community mental health services in the early 1990s.

It is my contention that it was the members' involvement in the arts that liberated the confidence to say, in the words of one participant, f*uck the bastards*, and to turn this anger into a positive and successful campaign, whilst the shrugging passivity of the NHS staff using the premises was illuminating. I actively encouraged and supported the rebellious stance, and was asked by START members to lead the protest. At the beginning I had been accused by some health service colleagues and by management of being unprofessional. Once the battle was won however, all was forgiven; in the words of an NHS Trust Chief Executive who had previously been the administrator of Central Manchester's Psychiatry Service before being appointed Chief Executive of Stockport Healthcare NHS Trust:

> [in the health service] *it's easier to get forgiveness than permission*[34].

My approach in this episode consciously represented a de-(health)professionalising intent; *people need friends not professionals* (source unknown). This approach, eschewing as it does the professional's respect for boundaries, is not conducive to career-long self-care, as my own case of burn-out attests (Ch.5), nor is it necessarily to the benefit of those with whom the boundary-bursting artist works, as Learmonth and Huckvale point out in the third case study (below) when they write:

> *There is a helpful therapeutic maxim that if you are helping someone else in a away that is damaging to you then you can be fairly sure that you are not helping them. And equally, if we have no space or permission for reflection, there is a much greater danger that our intervention are emotional reactions as opposed to creative responses.*

It is however an approach which is (in my view) fundamentally right, but it is an approach needful of far higher levels of support than were available at that time, or may be possible now or in the future. And the answer is arguably not merely to provide the artist with mentoring support on a sessional basis; it may also be essential (if such a boundary-breaking approach is worth striving for) for the practitioner to have the time to reflect on and to develop his or her own arts practice, in ways tailored to the psychology of that individual, for example through an allocation of paid days per year to be used as best suits the practice of the individual artist (see discussion on sabbaticals in Ch.5). This idealistic view places the artist more in the position of the highly skilled and highly paid worker in a supremely dangerous profession; analogous to the steeplejack of the author's acquaintance who works six months and climbs mountains the other six.

As Art Therapist Garry Ayers acknowledges in this chapter's first case study (below), there comes a point where people no longer want therapy; this was why he called his art group *open studio*. Another Art Therapist, the Director of *Studio Upstairs* in London[35] and Bristol (see Directory, Appendix 1), goes further:

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[34] The quotation is from an encouragingly irreverent speech given to arts and mental health practitioners in a seminar organised by the author in Oldham, 1994. He also said that 'strategy' is *what you say you intended to do after you've done it*.

[35] Another Art Therapist from Studio Upstairs says (*ibid*, p.3): *When we started twelve years ago, other than art therapy and art within psychiatric institutions, there were no other arts organisations that were for well-being or mental health on the landscape that we could see where art was a priority. We were driven to set somewhere up where people could come, regardless of experience - come together to make art, come from the limits of the psychiatric institutions into the artistic community, where chaos was the lifeblood of art, and give it that credence.*

> *I want to start by dismantling the notion of art as a means of treatment. Having practised in the arts, then trained in art therapy and subsequently psychoanalysis, I now question the practice of art as therapy - and return to the origins of the work of art, irrespective of the mental condition of the one producing it* (Ings, p.8).

But under other circumstances the story of the relationship between artist and Art Therapist might not have been as awkward as has been described in this study. If it is accepted that the influence of START played a prominent role in the establishment of arts and mental health projects across the UK and further afield (Senior & Croal, p.45), then it is not unreasonable to suggest that had START began differently then these developments too might have turned out differently. It could be argued that had the potential of a collaborative relationship between Art Therapist and non-therapist artist been realised sooner, the original need for this study would have been less.

An Art Therapist worked as a volunteer on *Head for the Hills* during the period leading up to the launch of START in 1986. She fulfilled a valuable role by supporting project members when they were in difficulty or crisis. She was an integral part of an emerging team and her contribution as an artist was considerable. Her role was clear, and we all were comfortable with her clarity as to which hat, therapist's or artist's, she was wearing, when, and why. Had she not obtained a post elsewhere then many of the issues concerning the relationship between Art Therapist and artist would no doubt have been addressed during this pioneer phase of arts in mental health development and practice elsewhere might have been based on the collaborative ethos which this thesis concludes is the way forward (below, Ch.9).

Whilst START was conceived within the context of a site-specific practice within which the decorative arts of mosaic, textiles, ceramics and stained glass prevailed, a fine art ethos was more in evidence at START's *News and Photography Service* (SNAPS, launched in 1987). Here, more people engaged in personal, political and social issues. Indeed, the way in which the camera may act as a mask, an interface between inner and outer, generated powerful work and several remarkable stories of personal growth, of the cocoon broken through. The patient described so memorably by his psychiatrist as having been 'cured by photography' is a case in point (Ch.7).

Apart from SNAPS, a fine art approach was not entirely neglected in Central Manchester's mental health services; it became a central part of a second 'activities' based mental health team, the Rovers (see Directory, Appendix 1; and now integrated within START). Whilst START, on principle, employed no practising clinical staff, Rovers (for Roving Day Care Team) was headed by an Occupational Therapist and employed a mental health nurse, a joiner, a gardener, and an artist - who, on my recommendation, was a fine artist.

Alison Kershaw, Rovers' first artist, was appointed on the strength of her experience and personal qualities, and for the richness of her own work - which was powerful, sometimes sombre, mysterious, and rooted in her personal history and dreamlife. There was a high standard of engagement between the artist and the clients with whom she worked: her empathy and imagination combined to elicit remarkable work and liberated a growing number of accomplished artists. However, the constraints of the Health Service can be as inimicable to fine arts practice as

they may arguably be to mental health, and the artist moved on to become the first artist in residence at the notable St.Lukes' Church Art Project in Longsight, Manchester (Directory, Appendix 1) and, subsequently, to support ex-members of START and Rovers in establishing Pool Arts (*ibid*., and above, Ch.5).

Since the early days of START there has been a gradually increasing element of non-therapy based arts practice in mental health services that is prepared to look inwards as well as outwards; that is, there is evidence of growth in a fine art approach that holds within it the potential to open up those areas of the psyche which Art Therapy guards as its preserve. My cautious contention now – and not one that I would have argued at the beginning of this research - is that this domain is one that could effectively and creatively be shared in a partnership between Art Therapist, non-therapy artist and participant.

Evidence of an increasing desire on the part of practitioners in both camps for collaboration between therapists and artists can be adduced from two examples out of many. Firstly, as will be described below in the third case study, the British Association of Art Therapists (BAAT) has proposed that Art Therapists be employed to supervise non-therapist artists; and secondly, one of the Pathways artists, who already receives mentoring from an Art Therapist, requested the input of an Art Therapist into the project to support both the artists and participants (see above, Ch.7). These developments constitute, from the perspective of one who has been pivotally involved from the start, a gratifying development that neatly rounds off this account of the evolution of the frequently fraught relationship between artist and Art Therapist; a relationship that could have been quite different, as has been suggested above, had the Art Therapist who worked with the *Head for the Hills* team been able to become a member of the START team at its inception in 1986.

Psychobabble interlude

This section ends with an unedited response to an email (hard copy on file) that asked a series of questions about my views on Art Therapy. The enquirer's questions are in quotation marks.

The unenthusiastic views I expressed here with regard to therapy as a whole, as well as the facetiously arrogant tone I adopted, were attributable to two things: firstly, this correspondence took place during the early stages of my study when I was considerably more partisan concerning the relationship between art and therapy and, secondly, it was written late at night when I was fairly drunk. Although it arguably typifies the prejudices of a non-therapy artist at a particular time, it nevertheless indirectly illustrates the obfuscatory power of what Phil Burgess refers to in this chapter's second case study (below) as *psychobabble*.

> *hi* [name omitted] *(let me know if that's too informal; me, if we're going to scrap I'd rather be called Langley than Mr Brown!)*

If you're working on the idea that 'AT may be a positive aspect in the field of psychotherapy' are you therefore implying that psychotherapy is per se a positive thing? I don't think this is an unquestionable assumption - as a glance at Szasz, Smail, Masson and Hillman & Ventura might suggest.

Yes, I am sure that 'AT works as part of a foundation upon which other forms of research and non-research based therapy can build'; however, that presupposes an intrinsic positive value to 'therapy'; I tend to agree with Szasz, Smail & others that the concept and practice of therapy almost (but not entirely) inevitably creates professionalistic barriers of a 'doer' and 'done to/for' kind that inhibit a true liberation of creativity and recovery.

The non-therapy based artist in the field of mental health does not necessarily dismiss the role of the therapist, and in particular the art therapist. The non-therapy based artist just doesn't understand what art therapy is all about. It certainly seems to be walled in with jargon. I went to visit a well-known art studio in London run by art therapists who say they are not 'therapists' in the studio situation and are opposed to the 'pathologising' of distress - and yet they began talking about people 'acting out'!

At the 1996 Arts in Mental Health Forum on the Arts in Mental Health in Loughborough I chaired the weekend's 'big debate' which was about art as therapy / art as art. The forum delegates were mostly mental health service user/artists and non-therapy oriented artists with a minority of arts therapists. The most poignant request from the floor to the therapists on the platform was 'ok; but can you stop taking the notes on us, please?'

I would say that the non-therapy oriented artist is off the couch, off the wall and into the world. There may be (as I tentatively believe) a case for a continuum from the engagement of the arts-as-therapy to their deployment as a means of engagement with the world outside the therapist's room. I know arts therapists who would agree.

Would I agree that creativity arises as a regression in the service of the Ego? That might be an interesting question; but I haven't a clue what it means.

Do I feel that AT forms part of a triangular structure with other therapeutic practice to allow breakdown patients an effective recovery? No; firstly. I'd take issue with the 'triangular' bit - which means (only?) three. Essential as I believe even the non-therapy arts to be, I don't know whether I'd pop them in the Top Three; I'll have to think about that one. My first thought is that if there had to be a choice (as managers too often find to be the case) I'd place the non-therapy arts as higher priorities than the arts therapies because their engagement is effectively deployed across a wider spectrum of experience (including staff/punter experience) than are either individual or group arts therapies. Some mental health services are indeed redirecting therapy budgets (eg AT budgets as in Salford in the early 90s, & OT [occupational therapy] *budgets as at Bolton currently) towards non-therapy oriented arts activities. My second thought is that, yes, the arts are indeed an effective tool in the path to effective recovery and, yes, the research that's been done on*

the arts therapies confirms this; but what I'd question is whether this research actually makes clear whether it's the ART or the THERAPY that does the business? i.e. does dressing the arts up in psychojargon make them any more effective? or does it just support a divisive system? Certainly, artists no longer need to even pretend to be therapists and clinicians to get work in mental health services; if artists believe that the arts are an essential and dangerously neglected facet to our souls and our actions, and if mental health planners seeking routes out of the impasses of community care and an overmedicalised approach to human distress find themselves in accord with these artists, then, erm, why is art therapy so important? It has a place, yes; but it's the ART that's important, and I believe it works best when divorced from the strictures and hierarchies of therapy.

'Is art an effective means of communication for those suffering from mental illness?' Art is an effective means of communication. Full stop.

This has been a lot of words. I'm a visual artist. There are lots of visual images to illustrate the stuff I've written.

Hope this gives you a bit to go on & sets the scene for a continuing e-debate; I would relish having my prejudices and assumptions challenged!

Langley

I received no reply to this email.

CASE STUDY: A CONVERSATION WITH AN ART THERAPIST

Gary Ayers was trained as an Art Therapist but was not actually employed as one at the time of our telephone conversation (13/03/1997); however, as part of his job at a day centre on Guernsey he was running Art Therapy sessions. He thought the appointment of a full-time Art Therapist on the island was unlikely as it would not be justified in terms of clinical need.

Gary spoke about differing approaches within the discipline of Art Therapy itself. He described a continuum, rather than a polarisation, between the two poles of the *psychodynamic* and the *creative* approaches. He believed that Art Therapists should constantly reflect where they were positioned along that continuum; they could be at different points along it, at different times, and for different people, as circumstances required.

He said that a criticism leveled at adherents of the *psychodynamic* approach was that it was *illustrated psychotherapy*: '*where's the* art*?*'; whilst criticism leveled at advocates of the *creative* approach was that they risked ignoring the psychotherapeutic needs of people in distress.

Gary was training in family therapy, into which he had introduced Art Therapy as a new approach in that field. For two years he also ran what he described as an *Interactive Therapy Group* which had recently *died the death.* He thought this was because the members of the group were in therapy groups both immediately before and after his group and really didn't want any more 'therapy'. This response to a perceived surfeit of therapy prompted him to set up an *Art Therapy Open Studio* in which the *creative* approach was paramount: *people can come in, put the radio on and work in a relaxed way and chat*. He retained the word 'therapy' in this context in order to make it clear that therapy is a *sine qua non* of the artistic process.

But whilst Gary was clear that art has therapeutic value in its own right, he was equally insistent that artists should not call themselves therapists unless they were trained as Art Therapists. He felt it was important to distinguish between the relative roles of these two groups of artists, as a matter both of professionalism between peers, and of clarity for those mental health service users involving themselves in the arts within either context.

He felt that the art-or-therapy issue was actually a false dichotomy, in that all art is therapeutic *per se*. He was aware of some degree of polarisation between Art Therapy and non-therapy practice, but did not consider this necessarily had to mean a split between the two modes. Indeed, he was intrigued by the emergence of the non-therapy oriented artists in the mental health field; it was a development he related to his own experience that those who benefited the most from Art Therapy were those who were, or were becoming, artists in their own right.

Asked whether there was any non-therapy oriented arts and mental health work on the island, he told me about two general nursing students who were researching into the siting of artworks in the island's hospital. We agreed that such work should not be bland and should offer an element of

challenge - in the sense of *stimulation* (GA) and *frisson* (LB), without being *disturbing* (GA); he cited Soutine[36] as an artist whose work may not be entirely appropriate in a hospital setting.

I told him of an occasion in the Psychiatric Day Hospital at the Manchester Royal Infirmary in 1986 where, after much deliberation and with her full agreement, we mounted an exhibition of work by an artist who was at that time a patient. Her stark black and white drawings and prints on an overtly suicidal theme depicted guns and knives, and figures with tormented features. What in hindsight sometimes felt like irresponsible risk-taking - despite an encouraging preliminary discussion with staff and patients who said, in effect, try it and see - had turned out in the event to provoke no recorded negative response; on the contrary, several people expressed what appeared to be a sense of relief that they could see concretely that they were not alone in experiencing their terrifying thoughts.

Gary said this was an issue of *containment*; too many Art Therapists, in his view, were over-protective and would not permit their clients' work into the public domain under any circumstances. But exposure of the work depended on the individual. For many, he believed, it was the very *lack* of containment in their lives, an overwhelming of boundaries, that created and compounded their problems and militated against the resolution of difficulties. Yet, for others, the opportunity publicly to communicate through the medium of their work could be a strong catalyst for creative and personal growth and thus a significant step in the resolution of their difficulties.

Gary had been getting a strong feeling that there was 'something in the air at the moment' about the arts and health: on the day his Interactive Therapy Group closed, he had received an article from a colleague about the therapeutic value of art. He felt that there were exciting developments ahead in the broadening of the interaction between art and therapy.

[36] **Chaim Soutine** (1893-1943): Russian artist working in France; painted distorted faces and animal carcasses

CASE STUDY: A CONVERSATION WITH TWO ARTISTS

Rae Story conducted this informal interview with Pathways (Ch.7) artists Irene Lumley and Phil Burgess. The conversation demonstrates a symbiotic relationship both between the two artists and between therapeutic and artistic modes. It also stresses a need for mentoring - or supervision (see below, letter from BAAT) - particularly around the issue of boundaries.

Rae: What have you found out about yourselves during Pathways?

***Rene**: I've understood the importance of group dynamics more so than any groups I have worked with in the past. I've learnt a lot about how to give space for people to express themselves, also to be part of the group but being able to step out of the group so I've noticed the importance of playing many roles doing this kind of work and you flit from one thing to another in the duration of a couple of hours. I've sort of recognised just how many skills I do actually have that I've been able to demonstrate properly; that's given me a lot of confidence.*

***Phil**: Yeah, I agree with you on the boundaries, I'm trying to think what sort of major thing I've learnt about myself and the way I work, and I think it is the thing about boundaries. I've had some difficult times in my own supervision with like: "oh so you actually participated within the group process" – which within therapeutic work can be a big no-no, I mean you just don't do that, but because we are working together one can, so long as somebody is holding the group then the other person can then afford to be much more within the group because you are not having to be there to hold the group and look after their safety or be the facilitator you can actually be a group member. And we've actually had this feedback from group members that has actually been quite a major part. And I'm still learning about that, its not an easy one, it's a difficult one, about keeping those boundaries.*

Rae: How does Pathways use art to support the individuals and groups?

***Phil:** One that immediately comes to mind is using the Safe Space[37] idea because that's using drama, using the cards first of all to get people to look at what could be a safe place, and then to dramatise that, actually create using bits of material and whatever this safe space and then get them to be in it, and get them to visualise it, what can they see? What's going*

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[37] **Safe Space**: The Pathways artists were aware from the outset that in order to encourage full participation people needed to feel safe and have the choice to withdraw from exercises whenever they wished, without being judged or criticised.

A 'safe place' was offered in a part of the sessional room to which people could physically take themselves. This was found to be particularly important for younger people. Postcards of exotic or holiday locations were used as inspiration. The groups also explored the idea of creating an imaginary 'safe space' for people to retreat to mentally, through visualisation. This responded to the need to have somewhere where one could be alone and secure, warm and comfortable.

This led to group members creating a place within themselves to which they could retreat whenever they felt the need. On sharing ideas during a group session, there was agreement on what the safe place would be and what it would look like. The calming effects of water, the sea, a balcony, somewhere hot and sunny surrounded by flowers were common elements.

on around me? Who might be there? I was alluding to it today, the value of the Safe Space, giving them a place they can go back to, and it's almost like having created it they almost don't need to. Its because I know I can go to that safe space, I know I can step out, I've been given control I feel much more secure in doing that.

Rene: *I think it's helped in group work dynamics as well, in the responding and interacting, using the different art forms as well.*

Phil: *The other thing that comes to mind: one session, Mr. B was in a very vulnerable state which we both recognised at the previous session, which was a drama session. He had reached a point where he couldn't go any further, he was very moved by this particular moment, so the following week he came back and he was obviously in a state. We had already decided that the whole thing was going to be a photography session and there was quite a lot about technique involved in that, and throughout that session he changed and became very relaxed and at the end of the session was very excited and motivated about photography. I suppose that was a learning process for me, seeing how actually moving away from the drama for a moment and giving him some space from the drama, a new motivation, a new approach to looking at things was exactly what he needed. And in his feedback we've got the Tree* [Person] *chart* (see Ch.7) *of that week which shows exactly what happened; he responded to that, to the different motivation.*

Rene: *Yeah, we have different skills really and recognising different things, when one of you is facilitator and one of you is group member and when one takes the lead and the other one steps back etc and when we focus in on one art form. It seems to work doesn't it? We have worked separately and we have worked together but it just seems at the right time we sort of – I don't know whether it's instinctual or experience, I'm not sure and whether it's the relationship that we've built up over the number of months since we've been working with them.*

Rae: Where do you see your own practices lying on the continuum between art and therapy? And where do you see Pathways?

Rene: *Giving the participants a chance to explore and express things in ways that they haven't been able to or haven't had the opportunity to before. Working with arts and artists who use a very therapeutic approach in the way that they respond and react to individuals and to group work. So it is very personal. But I don't see it as a form of therapy, although there are therapeutic and caring elements that do come into the work we do, but I think it is about empowerment really and facilitating that persons journey and the relationship that has built, through group work and talking and guiding them into other areas to help them progress through the ladder of their life. Some of the women's group, are like "oh I'm really interested in doing this now, " I really want to learn this now", "I've joined this". It's given them the confidence and the avenues to carry on through education, or carry on improving their life, their confidence and self esteem building things they do, and also taking time out for themselves, to look at their own sort of impact, for me going in as an artist, working with*

complete strangers, doing quite deep emotional work, has been hard, it has been very challenging at times, but I don't see myself as a therapist as such, I'm not qualified as a therapist, I've got experience in therapeutic arts and I've trained in Art Therapy, but I wouldn't ever class myself as a therapist. But you're a qualified psychotherapist so…

Phil: *Psychobabble! I think its been a challenge to me, having recently qualified, the temptation was - I could have gone leaping in as a therapist, and I was very aware of that and I think everybody's aware of that, I think Brian's*[38] *aware of that as well so I've not gone in as a therapist. I think just listening to what you said Irene, the most important thing has been about empowerment and opportunity and I think what the difference I find now, going in and running a drama based project as opposed to five years ago is that I am much more informed about the impacts of the process. I was aware before that the process could have major impact on people's well-being and personal development, but I wasn't that informed about how and why and what might be going on for people, so I'm coming from a point of view of drama/the arts, but I feel very backed up by my therapeutic understanding. It's creating opportunities, but some people want to change things from the past; they've said they want to change things from the past, they want to let go; it's giving them the space to voice that and to explore that in photography or drama, and supporting them in knowing that's going to be safe and okay.*

This conversation articulates questions concerning boundaries and support for the artists. The former has been discussed in the previous section of this chapter, whilst the latter is addressed in the next case study. Both will be discussed further as conclusions are drawn in Part IV.

[38] **Brian Chapman**: Director of Lime (see Ch.7 and Directory, Appendix 1)

CASE STUDY: SUPERVISION, ANYONE?

An open letter from BAAT

> *The relationship – or rather lack of one – between arts in health and art therapies needs examination, as there are potential areas for exchange of practice and research. For example, supervision is a norm of art therapy practice and offers a model that artists working in healthcare contexts could adapt and benefit from.* (Mike White, 2004; p41)

Malcolm Learmonth, British Association of Art Therapists' (BAAT) representative to the National Network of Arts in Health (NNAH), was Senior Art Therapist at the Creative Therapies Service in Exeter and Course Leader of the Foundation Course in Art Therapy at the University of Exeter. He and Karen Huckvale wrote to the NNAH membership an open letter (see nnah.org) of such import to both the relationship between and the prognosis for the two approaches under discussion that I quote it here in full, and follow it with a preliminary analysis that could form a basis for further examination, in the light of this thesis, of the nuances within and between the lines.

> *British Association for Art Therapists welcomes the establishment of the NNAH, is sympathetic to its aims, and looks forward to increasing involvement, contributions and collaborations from art therapists to this field. There are innate connections between art and healing, but it is important to understand that offering treatment through visual arts is a very specialised, long and legally established discipline. This is a potential resource to arts in health projects. Relevant psychological expertise can be helpfully accessed by less specifically targeted arts projects to ensure that they are safe, effective, and psychologically appropriate for their contexts. Art therapists are in a good position to offer this level of support to arts in health projects. Local contacts can be established through BAAT. There are already some good local collaborations happening!*
>
> *The Arts in Health Movement will, we hope, result in more artists and arts based groups engaging with an ever-wider range of health care settings and needs. The arts are life enhancing and nowhere do we need them more than when in the presence of pain, sickness, loss and confusion. The benefits of the arts to participants and consumers are increasingly appreciated. The arts are changing hospital environments from places of sickness to places of healing, promoting health through participatory arts, and are benefiting health directly as specific modes of treatment. Across this range there seems to be a general agreement of principle on the significance of the arts to the well being of the human animal.*
>
> *This agreement is ultimately a perception about the psychological impact of the arts. It is clear that if art interventions are effective agents in Health Settings, it is because they are effective psychologically. It is hard to think what other rationale we can present. Arts interventions are part of a broadening of our vision of health and treatment to a more all embracing one. The arts are not medicine in any literal sense. If we are claiming a real role for them in health care, it has to be on the basis that they effect our whole selves, psychological, emotional and aesthetic in ways that promote the whole personality's*

resources to heal. Some of this effect is from simple, yet profound, factors like the improvements in self esteem gained from participation in the arts or from the relief of anxiety, disorientation and claustrophobia the arts can bring in the built environment.

The Arts Therapies have developed from essentially the same fertile ground as the current arts in health movement. For example in the 1940's an artist set up a painting studio in a TB sanitarium, another in a psychiatric hospital. A Psychotherapist starts making art, music, clay parts of her treatment resources, and bringing in musicians and artists as part of her team, and starts work with families bombed out of Exeter. These people went on to become founder members of the British Association of Art Therapists (BAAT). The majority of the founders of Art Therapy were artists who developed an arts practice in the context of Healthcare. As they did so they met medical and psychological practitioners developing psychological treatments, and a whole new approach to working effectively with many kinds of human distress and suffering evolved. A method which, while it took areas of practice from the 'talking cures', the verbal psychotherapies, places creative processes at the core of human adaptability.

Specifically, the arts basis of the therapies learnt an enormous amount about the power and nature of therapeutic relationships from other therapy models. Treatment through the arts demands a great respect for individuals, for the integrity of creative processes and for the diversity of both. It also requires us to be able to form effectively helpful relationships, often with difficult people in difficult circumstances. It is natural, in view of the complexity of this project, that the qualification to practice as State Registered Art Therapist, is two years of full time postgraduate study.

In talking with people involved with the arts in Healthcare and community arts it sometimes seems there is a fear that making art in a 'Therapy' context is to make it a tool of 'interpretation', as though art therapy was psychoanalysis with felt tip pens. This is a view of Art Therapy as invasive of creative processes, a method in which the art is used to pry open the patient or to reveal their innermost selves like an X-ray. Nothing could be further from the truth.

"The Art Therapist is not primarily concerned with making an aesthetic or diagnostic judgment of the clients image. The overall aim of its practitioners is to enable a client to effect change and growth on a personal level through the use of art materials in a safe and facilitating environment. The relationship between the therapist and the client is of central importance, but art therapy differs from other psychological therapies in that it is a three-way process between the client, the therapist and the artifact or image.… Art therapists have a considerable understanding of arts processes underpinned by a sound knowledge of therapeutic practice." (British Association of Art Therapists, BAAT. 2000)

Many practitioners of Art Therapy have found their way into the field from their initial art trainings partly out of a sense of disappointment with the alienation of arts practice from social needs and concerns, and out of a wish to be relevant and effective agents for the arts

in healing. Awareness as a result of experiences as art students when the clumsy or psychologically insensitive critiquing of intensely meaningful personal work - their own or others - results in distress and loss of confidence, also fuels a wish to work with profoundly personal expressions in the arts as a means of inducing positive life changing experiences.

So what does our approach, as Art Therapists have to offer the Arts in Health movement? Firstly a welcome! We are deeply committed to and engaged with the practice of art in the context of affecting helpful change, as are our colleagues in Community Arts and the Arts in Health. And secondly, our expertise and experience. As Art Therapists our specific area of expertise is psychological. Conjoining arts practice with psychotherapy thinking we work to enable psychological healing through art making, creative expression and therapeutic relationships. We are specifically offering art making as treatment, and it is this aspect of our practice that it is now illegal to offer without appropriate training.

The whole spectrum of arts interventions in health seem to be agreed that our efficacy is emphatically psychologically based, as opposed to being for example a physical treatment or formal art teaching, it seems intensely relevant to bring the psychological aspect into sharp focus then, when planning other, less specifically treatment based, Arts in Health projects.

There are some principles learned from the psychological therapies which we believe can be immediately helpful to arts in health practitioners. What we want to focus on here is the notion of supervision. We are not sure what 'supervision' may mean to you, but for us as therapists it is a process of supportive exploration and NOT a process based on authoritarian judgments. For therapeutic practitioners, it is simply a case of taking our own medicine!

Supervision in therapy practice is based on the observation that working with psychological matters is rarely a one way business. Art therapists and Arts in Healthcare workers may both be deeply involved in people's lives around times of great stress, distress and disturbance. Of course we as practitioners are bound to be affected by these experiences. This is likely to be just as true, say, for a therapist working with an abused child as for an artist placed on, or working on the environments of an oncology ward or an arts worker engaged to promote better sexual health with a macho group of men. None of these experiences will leave the artist or therapist unmarked. Whilst this may often be a positive experience it may also be disturbing, unsettling or emotionally provocative. This is especially and crucially true in situations where artists are called upon to form ongoing relationships with participants be they patients or staff.

Supervision means having time and space to specifically look at the experience and at the relationships it entails with a psychologically informed other or others, who understands the situation but is at a distance from it. Working in Healthcare exposes us to strong emotions and psychological influences. This affects our decision making and our creative processes. In delivering our best to the client or to the ward we have to look after

ourselves. There is helpful therapeutic maxim that if you are helping someone else in a away that is damaging to you then you can be fairly sure that you are not helping them. And equally, if we have no space or permission for reflection, there is a much greater danger that our intervention are emotional reactions as opposed to creative responses.

Reflection can bring a degree of clarity about what is objectively happening, how we experience it internally and how we respond creatively. It helps us to find ways of making relationships which are, in the simplest terms, therapeutic and to avoid negative and unhelpful approaches. These factors may be experienced by arts in health workers for the first time once a problem has developed or when unexpected emotions have surfaced.

Art Therapy training and practice are built around them. Art Therapy's code of practice obliges us to spend regular amounts of time working with another therapist, with peers, or with groups of practitioners, to reflect on our practice in its many aspects. Without this 'reflective practice' at best we do not give our best and at worst we may do harm to ourselves or others. The experience of this 'supervision' is in itself often intensely creative, and in our experience often gives rises to some of the best ideas. And, as in art therapy itself supervision by no means has to mean 'just talking'. Our own images open new reflections and possibilities. Supervision does not mean being managed. It means a wider, deeper and more thorough vision.

Artists and arts coordinators will, in acknowledging the broadly psychological basis of art as an intervention in Healthcare, benefit from using this model as one of the safety features of a project, as well as one of the provisions aimed at producing high quality and ethical interventions. Art therapists are well situated to explore these areas in ways that are already proving -in our experience- to be both fascinating and productive. The arts and the arts therapies have no need to fear one another. Art Therapy is wholly based on the premise that they are innately and amiably connected.

Psychological and emotional literacy are as vital to arts practitioners entering the arts in health field as visual literacy is to art therapists. In art therapy, and supervision, it is out of dialogues, especially those which embrace creative tensions, that the richest practice can evolve. We hope that such a dialogue in the arts in health field as a whole is beginning to take place.

What this will look like will need to be adaptive and flexible as the field itself. Based on our own experience, some of the avenues already or soon to be explored include bringing in an Art Therapist as a consultant in devising projects, using Art Therapy skills in training packages for artists, Art Therapists offering individual and group supervision sessions. Looking back at our own experiences as art students, art practitioners, arts educators and art therapists, we also look forward to a day when the issues that we are raising here find their rightful place in art trainings. If territoriality and mutual suspicion give way to mutual respect and cross-fertilization, then we may be at a very exciting time in the development of arts practices that make sense psychologically, socially and aesthetically.

Analysis of the BAAT Letter

The arguments of the BAAT letter are précised below and grouped narratively under headings pertinent to this study. Findings relating to the research question *Is Art Therapy?* will be subjected to fuller discussion and the drawing of conclusions in Chapter 9.

Artists and therapy: rationale and provenance

- Art Therapists work with profoundly personal expressions as a means of inducing positive life-changing experiences.
- Art Therapy correlates with arts in health in that the majority of the founders of art therapy were, similarly, artists who developed arts practice in the context of healthcare.
- As Art Therapists met medical and psychological practitioners who were developing psychological treatments, they learnt of the power and nature of therapeutic relationships.
- Consequently, a new approach to working effectively with human distress and suffering evolved which took areas of practice from the verbal psychotherapies, but placed creative processes at the core of human adaptability.
- Many practitioners of Art Therapy entered the field following their art training, partly out of a sense of disappointment with the alienation of arts practice from social needs and concerns, and out of a wish to be relevant and effective agents for the arts in healing.
- Some Art Therapists learnt during their own arts training how clumsy or psychologically insensitive critiquing of personal work can result in distress and loss of confidence.

Art and the psychological

- There seems to be a general agreement of principle between Art Therapists and non-therapy artists on the significance of the arts to the well being of the human animal.
- Arts interventions are part of a broadening vision of health and treatment to a more all-embracing one; if there is to be a role for the arts in health care, it has to be on the basis that they effect our whole selves - psychological, emotional and aesthetic - in ways that promote the personality's resources to heal.
- Artists and therapists seem to be agreed that the efficacy of the arts is psychologically based - as opposed to being a physical treatment, or formal art teaching.
- It is appropriate, then, to bring the psychological aspect into focus when planning less specifically treatment-based interventions, such as arts in health projects.

Emotional safety for artists and participants

- Art Therapists and arts in health workers may both be deeply involved in people's lives around times of distress.
- Working in healthcare exposes practitioners to strong emotions and psychological influences that may affect their decision making and creative processes.
- They are bound to be affected by these experiences, particularly when called upon to form ongoing relationships with participants - whether patients or staff.
- In delivering one's best to the client one has to look after oneself.
- There is therapeutic maxim that if you are helping someone else in a way that is damaging to yourself then you can be fairly sure that you are not helping them.
- If practitioners have neither space nor permission for reflection, there is a danger that their interventions will be emotional reactions as opposed to creative responses.
- By dint of their training and experience, Art Therapists are in a position to offer their expertise to less specifically targeted arts in health projects to ensure that they are safe, effective, and psychologically appropriate for their contexts.

Reflective practice and supervision

- Art Therapy's code of practice obliges practitioners to spend regular amounts of time working with another therapist, with peers, or with groups of practitioners, to reflect on their practice in its many aspects.
- Reflection upon one's practice can bring a degree of clarity about what is objectively happening, how one experiences it internally, and how one responds creatively.
- Such reflection helps one find ways of making relationships which are therapeutic, and to avoid negative and unhelpful approaches.
- Without such reflective practice, at best the therapist does not give their best, and at worst may do harm to themselves or others
- This process of reflective practice, learned by art therapists from the psychological therapies, is known to the therapist as *supervision*.
- Supervision for therapists is a process of supportive exploration; having time and space to look at experience and the relationships entailed, with a psychologically informed 'other' or 'others' who understand/s the situation, but is/are at a distance from it.
- Supervision does *not* mean being 'managed' in this therapeutic context; it means developing a wider, deeper and more thorough vision.
- Artists and arts coordinators in arts in health will, in acknowledging the broadly psychological basis of art as an intervention in healthcare, benefit from using this model as one of the safety features of a project, as well as one of the provisions aimed at producing high quality and ethical interventions.
- Supervision may be helpful in addressing difficulties that may be experienced by arts in health workers only once a problem has developed, or when unexpected emotions have surfaced.
- Art Therapists are well situated to productively explore these areas.

Art as ‘treatment’: a legal caveat

- Art Therapists specifically offer art making as treatment.
- Treatment demands a great respect for individuals, for the integrity of creative processes, and for the diversity of both.
- The provision of such psychological treatment is a specialised discipline.
- In recognition of the complexity of this work, the qualification to practice as State Registered Art Therapist requires two years of full-time postgraduate study.
- It is illegal to offer art as treatment without appropriate training.

The negative perception of Art Therapy as ‘clinical’

- Arts in health and community arts practitioners may fear that making art in a therapy context is to make it a tool of *interpretation*.
- This view of Art Therapy as invasive of creative processes is countered by BAAT:

> *The Art Therapist is not primarily concerned with making an aesthetic or diagnostic judgment of the clients image. The overall aim of its practitioners is to enable a client to effect change and growth on a personal level through the use of art materials in a safe and facilitating environment. The relationship between the therapist and the client is of central importance, but art therapy differs from other psychological therapies in that it is a three-way process between the client, the therapist and the artifact or image.… Art therapists have a considerable understanding of arts processes underpinned by a sound knowledge of therapeutic practice.*
> *(British Association of Art Therapists, 2000)*

Rapprochement

- The arts and the arts therapies have no need to fear one another. Art Therapy is wholly based on the premise that they are innately and amiably connected.
- Psychological and emotional literacy are as vital to arts practitioners entering the arts in health field as visual literacy is to art therapists.
- In Art Therapy, and supervision, it is out of dialogues, especially those which embrace creative tensions, that the richest practice can evolve.
- Such dialogues will need to be adaptive and flexible as the field itself.
- Examples may include bringing in an art therapist as a consultant in devising projects; using Art Therapy skills in training packages for artists; and Art Therapists offering individual and group supervision sessions
- If territoriality and mutual suspicion give way to mutual respect and cross-fertilization, then this may be an exciting time in the development of arts practices that make sense psychologically, socially and aesthetically.

A drama artist (dur.ac.uk/cahhm) felt she needed support in contending with the pioneering nature of her arts in health work. Although she *wasn't looking for therapy*, she found that the act of meeting together, as a member of a group, with a supervisor (a trained counsellor, psychotherapist and drama therapist) was

> *revelatory – giving us time and space for reflection on our working practices seems decadent, whilst in other therapeutic fields it is a prerequisite*.

Her supervision was based on a psychotherapeutic, person-centred approach. She lists the essential elements of the relationship between supervisor and practitioner as the Rogerian[39] principles of

- *Congruence*
- *Unconditional positive regard*
- *Empathetic understanding*

and advocates the incorporation of Personal Effectiveness Training into supervision, to look at achieving goals, avoiding burn-out, managing conflicting priorities and balancing personal and professional commitments (*ibid*).

[39] **Carl Rogers** (1902-1987) *American psychologist who originated the nondirective, or client-centred, approach to psychotherapy, emphasizing a person-to-person relationship between the therapist and the client (formerly known as the patient), who determines the course, speed, and duration of treatment. (Encyclopaedia Britannica 2003 Ultimate Reference Suite DVD.* Copyright © 1994-2002 Encyclopædia Britannica, Inc. May 30, 2002)

SUMMARY

Setting out to explore the central theme of this study, namely the relationship between art and therapy, this chapter has related experiences, conversations, debates and correspondences that it was felt would cast light on the study topic and enable conclusions to be drawn in Chapter 9.

The chapter began with a narrative of the author's experience of the debate. When opportunities arose for artists to work in psychiatric services, questions about the inter-relationship between art and therapy had arisen. This relationship was debated at a national conference, where users of mental health services expressed concerns about the taking of case notes by arts therapists. It was suggested that clients should have control of their own notes - which could, it was also suggested, be actual artworks - and choose to whom they would allow access.

A Head Art Therapist agreed that whilst there were pitfalls to the 'therapising' of art, there were risks when neither artist nor patient received adequate supervision. And yet, as this author argued, art engages with deep issues, and it would be unfortunate were Art Therapists to deny non-clinical artists the exercise of their practice when working with people with mental health problems. This had happened in the case of a proposal for an arts on prescription scheme.

On another occasion, a proposal for a group project on the Theseus legends was abandoned because of concern by a therapist that disturbing emotions might be aroused in participants if engaging in myths such as the Labyrinth and the Minotaur. This, and other examples, it was argued, suggested a case for collaboration between Art Therapist and non-clinical artist, rather than conflict; such collaboration could demonstrate a continuum of practice of benefit to all protagonists.

It was nevertheless recognised that artists working in difficult situations needed support, not merely in terms of mentoring, but also to ensure they have time to reflect upon and develop their practice.

An instance was described where an Art Therapist worked on a hospital arts project for a short period. She was an integral part of a team, supported participants and artists if needed, and her contribution as an artist was considerable. Users, staff and artists were clear as to her role.

Evidence of a move towards collaboration was adduced from two examples. Firstly, an open letter from the Art Therapists' national body offering supervision to non-therapy artists in the health domain; and secondly, an artists who requested that an Art Therapist be appointed to support her project's artists and participants.

This chapter continued with three case studies entailing, firstly, a conversation with an Art Therapist which encapsulated many of the issues addressed by this thesis. Feeling that the art-or-therapy issue was a false dichotomy, he emphasised that art is therapeutic *per se*; secondly, a conversation with two artists discussing a quest to merge healing, artistic and research agendas. This conversation raised the question of supervision, and thus led into the third of these short case studies: the letter offering Art Therapists as supervisors to non-therapy artists. The latter was analysed in detail, by the author of this study, with the following headings emerging:

- Artists and therapy: rationale and provenance
- Art and the psychological
- Emotional safety for artists and participants
- Reflective practice and supervision
- Art as ‘treatment’: a legal caveat
- The negative perception of Art Therapy as ‘clinical’
- Rapprochement

The issues raised in this chapter set the scene for the final discussions and conclusions of the next chapter.

DISCUSSION AND CONCLUSIONS

Whilst discussion has been integrated within the body of this chapter, there are a few additional comments to be made.

Whilst the authors of the BAAT letter welcomed collaborations between Art Therapists and non-therapy artists, they were careful to issue several explicit warnings with regard to the illegal provision of art as *treatment*. The training of Art Therapists, comprising two years' full-time postgraduate study to qualify as State Registered Art Therapist, ensures that the treatments they offer are safe, effective, and psychologically appropriate for their contexts. The word 'treatment' is critical here; in no instances have I found artists claiming to offer *treatment*, let alone *therapy*. As an arts in health worker I had become accustomed to clinical staff saying how much their 'clients' enjoyed the 'art therapy' that we provided, and we have always been at pains to explain the difference; but I have had no compunction about conceding that our work may be therapeutic - usually adding 'but that's for others to decide'.

Learmonth and Huckvale endorse the observation made in Chapter 2 of this thesis that, like 'arts and heath' a generation later, art therapy was founded by artists interested in practicing art in healthcare settings. The difference, though, is illuminated by a hint that supports the contention (*ibid*) that in order to established their position during a time of what may be considered a paradoxically unscientific faith in scientific progress, the fledgling Art Therapists absorbed the methods of those medical and psychological practitioners who were developing psychological treatments.

With regard to the BAAT offer of supervision, can non-therapy oriented artists be confident that such supervision as may be provided by an Art Therapist will tread a line that they will find acceptable between therapy and mentoring? Will such supervision constrain itself within the zone (as posited by Learmonth) of the *psychological* aspect of art - rather than the pathology of the artist?

Part IV will return to the questions arising in this and previous chapters and attempt to reach conclusions, discuss unresolved topics and suggest further research.

PART IV

CONCLUSIONS

PART IV begins in Chapter 9 with a summary of this study, before returning to the literature and to the findings concerning the interrelationships between art, mental health, mental illness and mental health care. The chapter then revisits the core question of this study: **is art therapy?**, *drawing conclusions on the experience and potential of the arts in generating a synergy between the mental health of the individual and that of the community, as well as on the role and experience of the artist working in the mental health field. Chapter 9 closes with an assessment of the extent to which the study aims have been met , and the degree of effectiveness of the methodology in fulfilling these aims.*

PART IV continues in Chapter 10 with discussions of possible avenues of research that have opened up during the course of this study. Areas that would repay further study include several methodological issues raised by this research; more in-depth and multi-disciplinary study of the meanings of and relationships between art, therapy and psychology; and the formulation of a taxonomy of the evolving practice of the arts in the mental health arena.

CHAPTER 9
IS ART THERAPY?

CONTENTS

INTRODUCTION

This study set out to examine areas of contention and common ground between Art Therapists and non-therapy trained artists practising in the mental health field. As the researcher's understanding grew during the period of the research, so too did his resolve to seek evidence to underpin co-operative working by cultivating greater understanding of the sometimes difficult relationship between these seemingly divergent approaches.

This chapter begins with a summary of the study so far before returning to the literature, examined above in PART I, concerning the interrelationships between art, mental health, mental illness and mental health care, and between the individual and society; then attempts to answer the question: to what extent do the definitions and observations derived from the literature been found to apply, or be relevant to, the findings of the study?

The chapter then revisits the title of this study to ask: is art therapy? Conclusions are drawn on the experience and potential of the arts in generating a synergy between the mental health of the individual and that of the community, as well as on the role and experience of the artist working in the mental health field.

Some of the principle threads are drawn together, with conclusions made regarding the relative merits of various modes of participation in the arts for people with mental health difficulties; the over-riding conclusion being the need to recognise and realise a continuum of practice according to the needs and aspirations of both participants and artists.

These conclusions have been drawn from those narratives and discussions that led to an understanding of respondents' perceptions of 'art', 'therapy' and 'the therapeutic' that arose during the course of the case studies. Having examined the differences and similarities - in approaches, attitudes, philosophy and potential outcomes of the different practices of art-as-therapy and art-as-art - the chapter concludes that a series of continua and virtuous circles emerge from the findings.

The chapter also reviews findings already delineated within this study (Chs.5, 7, 8) concerning the support, mentoring or supervision of artists working in potentially stressful situations; the study has recognised and addressed the concern that without support for artists such work may not be sustainable; and that a key aspect of this support must be to enable the artists to pursue their artistic star.

For the author this has been a lengthy adventure that has challenged his preconceptions and thrown up unexpected discoveries. He has compared this journey to advancing along the corridor in *Yellow Submarine*, with doors opening & closing on an unlimited number of rooms off the main corridor. Some of these additional avenues of investigation are touched upon, or merely glimpsed, in the study; some are discussed in detail in Chapter 10 and offered as topics for further research.

This exhilerating intellectual sensation of unlimited possibility is a further challenge, both to the author and to the arena of practice with which this study has been concerned. Shining a torch into the undergrowth illuminates only a miniscule and unrepresentative section of an ecology. The researcher's task is to make sense of and draw conclusions from the discoveries made, to extrapolate and to sketch out the terrain for others to explore and to map in more detail. The researcher's conclusions may then be questioned, revised or discounted in the light of future discoveries.

Chapter 9 closes with an assessment of the extent to which the study aims have been met, and of the degree of effectiveness of the methodology adopted in addressing those aims.

SUMMARY OF THE STUDY

PART I reviewed the literature concerning the interrelationships between art, mental health, mental illness and mental health care. **Chapter 1** explored theories concerning the origins, purposes, functions, processes and meaning of 'art', adopting Ellen Dissanayake's definition of art as a biological behaviour, the *making special* of our experience. Definitions of mental health and mental illness were then proposed in terms of social factors, and discussion followed on the impacts of the transfer of mental health care from hospital to community as a result of both financial pressures and the growing use of purportedly more effective medication. A survey of the arts in health in the UK included brief discussion of a division between the providers of prestigious artworks and practitioners of a community arts approach. Consideration was then given to the multiplicitous types of therapy, to critiques of therapy's propensity to disempower clients, and to the differences between *therapy* and the *therapeutic*.

The views of Gablik, Beuys and others on the emerging social engagement of the artist, and the impact of such change on the mental health care domain, were then assessed in **Chapter 2**, which linked the growing social commitment of artists on the one hand with the need expressed by the health sector to foster 'mental health promoting communities' on the other. The potential of the arts in generating synergy between the emotional health of the individual and that of the community was considered. An account of the growing involvement of artists in mental health care was followed by a brief history of Art Therapy from its beginnings in the 1940s to its recognition as a 'profession complementary to medicine' (PAM) in the 1990s. Areas of friction between Art Therapy and non-therapy oriented arts practice were introduced, and **PART 1** closed with a review of the literature and research concerning the 'therapeutic' potential of the arts in relation to the mental health of the individual and the community.

PART II began with a consideration in **Chapter 3** of research methods in the respective fields of the arts, health and Art Therapy, reviewing several authors' search for a methodology that respects and meets the supposedly conflicting needs of artist, academic, and healthcare manager. The chapter went on to give examples of research in the field, and ended by explaining the reasons for choosing a qualitative approach using case study, reflective practice and personal ethnography.

The methods used in the study were described in **Chapter 4**. A questionnaire survey and directory (**Appendix 1**) had mapped arts activity in the mental health field in the UK. Multiple case study - using action research, interviews, participant observation, documentation, archives and visual material - described stakeholders' experiences of participatory visual arts practice in the mental health field. The case studies represented a range of practice and approaches. In order to arrive at the conclusions drawn in this chapter, the data was scrutinised using within-case and cross-case analysis, employing indicators devised partly through the research aims, propositions and questions, but also, and significantly, devised with project stakeholders; these indicators arose in the course of the research and were embraced in order to clarify the benefits that stakeholders themselves identified as arising from their engagement in the visual arts, as well as

distinguishing the benefits arising from non-therapy oriented visual arts practice from those provided by Art Therapy.

Case studies followed in **PART III**. **Chapter 5** was an autobiographical study that positioned the author within the research, discussing life and career events relating to his pioneering role in the development of the arts in mental health, leading up to his early retirement from the NHS through stress and a subsequent career as arts consultant, researcher and artist.

Chapter 6 described and analysed adhoc arts in mental health provision in 1998/99 in Trafford, where the author conducted an audit to lay foundations for the planning of coordinated activity. This case study identified little understanding in the locality of the difference between Art Therapy and non-therapy based art, and identified a number of modes of practice: amateur arts and crafts; art, design and crafts education; staff offering ‘therapies’ using very basic arts-related techniques; and projects involving professional artists

Chapter 7 described the planning, delivering and evaluation of a pilot scheme to merge artistic, therapeutic and research practice in Wythenshawe, a Manchester city district that included the highest level of social deprivation in the UK. The author worked as action researcher, with Lime, to help set up and evaluate the Pathways Pilot project. Contrasts and synergy between artistic and therapeutic concepts and practice were examined, as too was the issue of support for artists working in potentially stressful situations.

Chapter 8 began with an account and analysis of episodes from the author’s experience of the debate between art and therapy before presenting three short case studies: a conversation with an Art Therapist who described division within the profession between the ‘psychotherapeutic’ wing and the ‘artist/studio’ wing; a conversation with the Pathways lead artists, whose practice blurred the boundaries between therapeutic and artistic practice; and an open letter from the British Association of Art Therapists (BAAT) offering support to non-therapy trained arts in health practitioners.

Cumulatively, the case studies of **PART III** add up to a comprehensive picture of arts and mental health practice either side of the turn of the millennium.

DISCUSSION

Art and mental health

This section briefly relates the study's findings to the discussions and conclusions of PART I of this thesis concerning the literature on the meanings of art, mental health and mental illness. These topics and relationships are discussed in more detail as part of the next section: **Is art therapy?**

PART I introduced the interrelationships between art, mental health, mental illness and mental health care, and between the individual and society. It is now appropiate to assess to what extent the definitions and observations derived from the literature have been found to apply, or be relevant to, the findings of the study.

As remarked above, developments in arts and health have influenced the aims, progress and conclusions of this thesis. The arts have almost become an accepted - though still under resourced, if they are indeed as effective as the largely anecdotal evidence suggests (see Chs.1 & 2) - constituent of the health and social sectors. This process began to accelerate after the 1997 general election, when the incoming government was quick to advocate the arts as a means of forwarding its social agendas (Fisher, 1997). Whilst this enthusiasm for art as a social tool certainly raised the profile of the arts, it has also given rise to pressures on artists - and upon art itself - to address and meet expectations that are not always conducive to the maverick, revolutionary, socially challenging element within the arts.

The exploration in Chapter 1 of theories concerning the origins, purposes, functions, processes and meaning of 'art' led to the adoption of Ellen Dissanayake's definition of art as a biological behaviour, the *making special* of our experience. This has been as helpful as was anticipated, covering as it does the largely unexclusive panoply of activity found in the arts in mental health field. The example of blueSci (postscript, Ch.7) manifests this spectrum; significantly, this project is based at the very centre where in 1998 the author listened spellbound whilst his informant spoke of her African village (Ch.8).

Social models of mental health and mental illness were adopted for the study, and the findings, and the author's extensive personal experience as has been related throughout this study, and in personal form in Chapter 5, attest to the general helpfulness of this model in re-engaging the arts as a neglected means towards social and personal well being.

The views of Gablik, Beuys and others on the emerging social engagement of the artist, and the impact of such change on the mental health care domain, were assessed in Chapter 2, which linked the growing social commitment of artists on the one hand with the need expressed by the health sector to foster 'mental health promoting communities' on the other. The potential of the arts in generating synergy between the emotional health of the individual and that of the community was evidenced in project after project described in this study, with the work of LIME once more proving exemplary (Chs.5, 7), particularly in respect its role in developing Pathways and blueSci.

Is art therapy?

One of the tenets that gave rise to the genesis of this study was a hypothesis, borne of the researcher's experience (Ch.5), that the arts, when driven by outward looking, social and ecological - rather than clinical or therapeutic goals, may offer a way out of the dilemmas that arise for the individual from being therapised and pathologised within a cocoon of therapy and caring. The author believed that these caring intentions inevitably became (however unintentionally) as disempowering as did whatever negative scenarios had brought people into the preserve of the mental health specialist in the first place. If this view were a foregone conclusion, it was apposite to ask whether it had any basis in experience other than that of the author. The evidence of the case studies suggests that to some extent it had.

This thesis constitutes in some respects a confessional, then, to the extent that it describes a journey from polemic, polarisation and confrontation as a matter of political expedience in the pursuit of a staking-out of territory, through the increasingly untenable maintenance of such a posture, to a move towards a conciliatory, collaborative mutuality in a quest for porous (rather than disputed) boundaries between two modes of practice that should, as is finally argued, be complimentary.

Although the relationship between Art Therapists and non-therapy oriented arts in health practitioners still needs some working out in practice, this thesis has presented clear evidence that disagreements between the two approaches are more infrequent than was the case at the beginning of the research, and that there is a growing willingness within both modes of practice to explore collaborative working, as evidenced in Chapter 8 from the discussion with Gary Ayers and the letter to non-therapy artists from the British Association of Art Therapists. Indeed, Art Therapy itself, as noted in Chapter 2, has been re-examining its history and its present status and approach, with an increasing number of Art Therapists advocating a return to first principles and to the studio, and downplaying or even rejecting a psychoanalytic or psychotherapeutic regime. This could be seen as a response to a wake-up call, arguably a response to the influx of non-therapy trained artists into the health field. More artists are certainly engaging in the social and health sectors (Ch.2), partly as a result of the growing body of evidence for the effectiveness of the arts in contributing to the social agenda and combating social exclusion[40] (Ch.3), but primarily in a quest that matches that of the pioneering Art Therapists; that is, to engage as artists with society (Ch.8).

There now follows a cumulative series of final discussions addressing issues that arose during the course of this research.

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[40] Some artists and participatory arts organisations have expressed reservations concerning the 'social *inclusion*' agenda (Banks & Verrent). An arts project that may score highly in terms of inclusivity may produce work that is of poor quality in terms of process or product: *Quality is essential to the experience of the arts. Shoddy work ultimately fails because it cannot ignite passion; it patronises people and makes for exclusion not inclusion* (*op cit*, p.8)

What were the issues between Art Therapists and non-therapy trained artists?

Some Art Therapists felt that the absence of mental health and psychotherapeutic training held by non-clinical artists places clients, at best, in a position where they are unable to avail themselves of the full therapeutic value of art and, at worst, at risk of suffering through the lack of professional clinical support when expressing difficult emotions through art.

Some artists felt that, at best, art therapy tends to overlook the synthesis of product and process by which the arts make contact and interrelate with the world outside the therapist's room and, at worst, that the arts and the artist are devalued by being 'used' in a clinical context where the therapist is suspected of laying claim to a superior knowledge about life and how to live it.

There is a common misconception that anyone practising art in the health arena is *ipso facto* an art therapist. Although several informants in Trafford (Ch.6) spoke generally of the *therapeutic* value of arts-related activities, and some would have liked arts therapists to work in their services, it was apparent in most cases that no distinction was being made between art and Art Therapy. Arts-related therapeutic activities described by staff informants often exhibited a fairly tenuous link with art as practised in professional artist-run projects.

Why had these issues not been addressed and resolved?

START in its early years may be representative of non-therapy arts in mental health projects in that it set out a stall that was markedly and unprovocatively distinct from that of the Art Therapist - a position taken for political reasons as an interim expediency pending the journey from mistrust, through *modus vivendi*, to a possible symbiosis between the two approaches of Art Therapy and non-therapy arts practice (Ch.8).

Are these issues so intractable?

Had the potential of a collaborative relationship between Art Therapist and non-therapist artist been realised sooner, the original need for this study would have been less. Chapter 5 has recounted how an Art Therapist volunteer on a non-therapy arts project supported participants when in difficulty or crisis at the same time as making valuable artistic contribution in her own right.

The conciliatory letter from BAAT (Ch.8) opens the door to further understanding, and the appointment of an Art Psychotherapist to support the Pathways artists (above, Postscript to Ch.7) demonstrate that complimentary practice and co-working are beginning to happen.

Divisions within divisions?

In Chapter 8, an Art Therapist highlighted divisions within Art Therapy itself, describing two often opposed approaches as poles of a further continuum, and summarising the criticisms made of each camp by the other:

psychodynamic _____ ***creative***

'illustrated psychotherapy': 'where's the *art*?'] [risk of ignoring psychotherapeutic needs

In practice, however, Art Therapists would be at different points along this continuum as circumstances required.

Similarly, there were divisions within the arts in health field, most notably (as described in Ch.2) between the providers of prestige artworks on the one hand, and community oriented artists on the other.

What about professional demarcation?

The above Art Therapist (and see Ch.8) stressed the need to distinguish between the relative roles of Art Therapists and non-therapy artists as a matter of

- professionalism between peers
- clarity for mental health service users involving themselves in the arts within either context

The Wythenshawe *Pathways* lead artists Irene Lumley and Phil Burgess, however, combined therapy and art modes in theory and practice. Both had therapeutic training: Irene in Art Therapy, Phil in psychodrama (Ch.7) and as a qualified psychotherapist (Ch.8). Their experience and practice, aligned with the essential intention of Pathways to engage with participants on issues of emotional well-being or distress, made it inevitable that the question of the relationship between art and therapy would be a feature of the Pilot Phase of the Pathways project.

If art is therapeutic *per se* and, conversely, if therapy is a *sine qua non* of the artistic process (which this thesis has far from demonstrated), then the '*art* or *therapy*?' dichotomy actually becomes a false one. A serious difficulty remains, however, in that, having identified this false dichotomy, problems of professional demarcation in delineating and policing boundaries may intensify as areas of overlap between the two modes of practice become increasingly blurred and potentially contentious, as has been seen above when discussing the situation that arose in Glasgow when the Arts Therapists Board's delayed the launch of an Arts on Prescription scheme on the basis that the Board was unsure whether the project's proposal to offer participants 'arts counseling' meant 'therapy' (Ch.8). It is clear from that episode that Art Therapy, with the full weight of the law behind it, will always, under the present conditions, be in a superior legal

position at best to question and at worst to inhibit or block non-therapy oriented arts practice, particularly where this involves a more explicit therapeutic (ie 'healing') intent (as in the case of Pathways), or in the case of artists working with participants on issues that may give rise to disturbing feelings (for example, the proposed project based upon the Theseus and the Minotaur myths, discussed briefly in Chapter 8). A threat then comes from the other direction; for there is evidence that non-therapy artists themselves may seek to establish codes of practice and demarcations that may, as may be conjectured from the precedent of Art Therapy's trajectory towards PAM status, result in non-therapy practice becoming institutionalised in its turn, as an educational practice, a healthcare service, a social inclusion tool, or a combination of these.

And yet there is reason to be more optimistic than when this research began, for not only have times changed since the heyday of Schön's *technical rationality* (1984) in the post-war period during which Art Therapy sought scientific credibility, but the author's own experience in Pathways, and his observations of the way that START in Manchester has (despite his initial misgivings: above, Ch.5) flourished as a combined arts, education and health-care service, leads the writer to believe what indeed seems at present to be born out in the field: that progress is being made towards integrative practice without compromising either the maverick benefits of fine art practice, or the healing potential of the arts when applied in a therapeutic environment.

This findings of this study then suggest that the roles of arts therapists and non-therapy oriented artists in mental health may in practice be entirely complementary and be in competition only as a result of lack of resources.

In a notable recent development, Lime has employed an Art Therapist on a year's retainer (2005/06), primarily to support the Pathways artists.

What were the experiences of and benefits to participants?

Most participants and stakeholders made little or no distinction between art as *art* and art as *therapy*. Although some non-artist staff who ran projective art sessions in Trafford (Ch.6) may have been supervised by Art Therapists, some arts therapists were unhappy about the risks they perceived in staff using the arts as a therapeutic tool without appropriate training. Art Therapists – as was seen in the Glasgow episode (above, & Ch.8) - have been known to criticise both professional artists, as well as mental health service staff, for introducing arts activities in clinical settings without a full understanding of the professional, clinical and creative issues involved.

Skills and empowerment: out of the *cocoon of caring*?

In the author's experience, artists are often appreciated by mental health service users precisely for their 'non-therapy' approach in their identification and collaboration with users in order to share and interpret, or sidestep and combat, the passive experience of hospitalisation; that collusive game that manifests itself as the ritual therapeutic dance.

Phil Burgess cited the Brazilian theatre director Augusto Boal, founder of forum theatre (Boal, 2002), to illustrate the inter-relationship between art and therapy. In a draft section entitled *Taking on roles and issues* written for the booklet *Pathways to well-being through the arts* (Brown, Chapman *et al*, 2004), Phil wrote of

> *being the grieving self, being the juggler, being the part of me that can say no*.

He went on to describe how during drama sessions people were encouraged to 'act in' and to reverse roles with objects and symbols, as a way to understand their own and others feelings. Participants were often asked to sit in a chair that denoted a particular role or issue, and to speak from that place. They were interviewed by the artists or other group members. Phil describes how role-taking and role reversal enabled the participant to 'be in the other person's shoes', or in some cases to find themselves speaking from other facets of themselves, thus gaining insight into the 'Who are You?' question that was one of the bases for the techniques they employed (Chapter 7). Phil points out that whilst this could be considered 'a therapeutic tool, an intra-psychic enactment', it is also an accepted theatre technique: in *Rainbows of Desire*, Boal (1995) refers to this as 'cops in the head', and Phil compares this substitutive communication with Shakespeare's 'asides' which give insight into an otherwise concealed facet of a character.

Another practitioner of forum theatre, Tim Wheeler, Director of *mind the...gap* theatre in Bradford, warns of the dangers of using the technique in situations in which a powerful tool may be taken away from the very people it was designed to empower (Verrent & Roberts), particularly when used in an overtly clinical context in which a potentially *persecutory therapist* (Mears & Hobson) unintentionally holds the power of the professional.

Can artists fulfill a commitment to the social needs of participants?

A number of posts had been created in Manchester to focus on holistic approaches to health (Ch. 7). These staff work at the individual's pace, to identify possible areas of change, service provision and social support needs, in order to help improve that person's quality of life. Such a holistic approach is implicitly assumed to be an ingredient of Pathways, and yet it was unclear where and how this aspiration could be fulfilled.

Support for artists: anyone for supervision?

The section on routes into Pathways (Ch.7) demonstrated the commitment of the Pathways team to create from the outset a fully resourced, caring and supportive environment for everyone involved in the project at every level. Supervision for artists was seen as central and essential to the sustainability of the project and its stakeholders. A budget was allocated to each artists to use upon whatever mentoring and/or supervision each desired. The Pathways lead artists Irene Lumley and Phil took up the option allocated within the NRF budget to receive support, choosing as mentors or supervisors an Art Therapist and a psychodrama tutor respectively. At the time of writing, an Art Therapist from the Adolescent Forensic Unit at Salford was employed on a retainer for 2005-06 to offer professional support to the Pathways artists.

What about quality?

A significant concern of the professional artist is the pursuit of quality in artistic process and product; a process which may or may not be therapeutic. The qualified therapists' concern is with the therapeutic process and outcomes; artistic quality is seen as unimportant or not relevant.

One of the Pathways evaluators felt that what she perceived as the inward-looking, therapy-oriented approach of the project might militate against the potential of artistic processes to create something of quality that could be shared with others as 'art'; whilst this researcher felt that the quality of the work produced for the *Being There* event (2004) perfectly merged the healing, social and aesthetic agendas (Ch.7).

How can users and artists reap rewards from the merging of philosophies & practices between the two modes of practice in question?

In a collaborative scenario influenced by the Learmonth/Huckvale letter (Ch.8), an Art Therapist working within an arts project might be on hand to support directly both artist and participant when the issue of boundaries arose, that is, when the artists begin to work together in a way that enables one of them to participate as a group member, whilst the other 'holds' or 'carries' the group, as described in the conversation with the Pathways artists (Ch.8). This kind of approach, as practiced by Irene and Phil, is quite experimental and harbours potential risks of which it is clear from the above conversation that the artists and one of their mentors were keenly aware. The approach is certainly not usually deemed appropriate in clinical therapeutic circles, where clear boundaries are considered paramount to the safety of a group, as the Glasgow episode (Ch. 8) made clear.

The boundaries blur in a number of projects, such as the Glasgow *Arts on Prescription* episode (Ch.8) ; the MRI patient's Escher-style staircase drawing (Ch.5); the artist/patient's self-harm series of prints and drawings (Ch.8); and the *Head for the Hills* project (on which an Art Therapist worked) (Chs.5 & 8); and on Pathways (Chs 7 & 8).

The evidence put forward in this thesis suggests it might be helpful to both modes of practice to return to pick up the lost opportunity at the birth of START for artist, service availer and therapist to work side by side in an alliance that is both therapeutic and creative.

Mike White (White, 2003; p.14) observed a concern amongst arts in health practitioners that art therapy techniques do not become the dominant model in practice. The way through this impasse would appear to lie in the two modes of practice drawing together around the 'psychological' banner, as Learmonth and Huckvale suggest (Ch.8), under which discussion, investigation and understanding are achieved concerning the psychological mechanisms in play during creative activity. Such a creative rapprochement could lead to an effective collaborative practice which will ensure that artmaking processes are appropriate, challenging and supportive; and that effective supervision by Art Therapists may enable non-therapy artists to thrive both as artists and as practitioners in the social milieu, as advocated by Gablik and Beuys (above, Ch.2).

Artists would thus be able to draw on the knowledge of Art Therapy with regard to the psychological bases and impacts of art; dialogue between the modes of practice in question would lead to better understanding of the necessity, function, mechanisms and practice of creativity itself. This greater understanding of artistic processes, together with empathic and knowledge-based supervision for non-therapy trained artists, would enable a broader and more adequately supported spectrum of engagement in themes and issues which may have been avoided by artists not wishing to impinge on difficult areas, at the same time as enabling therapist more readily to engage in 'real world' activity - that is, engagement in issues and themes beyond the clinical domain - both for themselves and for their clients. This dynamic, triangular partnership could impact positively upon the experience and options of participant, therapist and artist.

Artists may choose to explore ways to take up the BAAT offer of supervision - for example, as in Lime's appointment of an Art Psychotherapist to support the Pathways artists.

Divergence, convergence, continuum?

If art reaches inwards and outwards, then what are the potential risks both to the arts and to users of mental health services of creative introspection being appropriated as the preserve of the professional therapist?

If art reflects culture, then a cult of individualism in the arts may reflect the individualism and fragmentation of western society (see discussion on Gablik in Chapter 2). One of the arguments put forward in this thesis is that the predominantly inward looking approach of therapy might reflect and indeed promote this culture, with therapy attempting to pick up the pieces but not quite knowing what to do or where to go with them. This thesis has asked, in effect: what happens once the therapist's client leaves the consulting room? And it has gone on to argue for solutions based on a continuum of practice shared in the cross-over zones of commonality between Art Therapist and non-therapy artist. It has been argued that therapy has often neither the theoretical basis nor, consequently, the professional will to link its clients with the world beyond the clinical domain; Smail (1998) and others have been cited who maintain that therapy *per se* retains an emphasis on the individual's responsibility to come to terms with the circumstances and experiences that precipitated his or her distress, rather than to challenge the exterior factors that may have given rise to that distress. This introvertive ethos, as Smail argues, enables the unwitting professional to arrogate responsibility to her/himself; a stance that may be perceived as one in which blame for the 'pathology' attaches ultimately to the victim, with the result that a spiral of confusion, self doubt and alienation is generated and sustained.

Guided by Smail, Beuys, Dissanayake (Chs. 1 & 2) and the researcher's own experience (Ch.5), this study has sought a supportive framework for what it has described as the outward, world-addressing potential of the arts as a positive contribution to constructing seamless pathways of opportunity and support that embrace the therapies, art 'for art's sake', and the inclusive agendas as represented by socially-oriented posts such as those proposed by Rae Story (Chs.7,8).

An inner to outward progression is illustrated at Appendix V in a list of benefits which distills statements by service users for *Art & Soul & the Cold Blue Walls.* These statements have been categorised as **inward** and **outward** so as to identify movement from *inner* being and distress to engagement in the *outer* world.

Is Art Therapy a clever title but the wrong question?

If, as remarked above, art is therapeutic and therapy is a (potential) by product of art, then the '*art* or *therapy*?' dichotomy is a false one.

For structured personal development and psychotherapeutic interventions the arts therapies are an important tool; however, artistic skill, aesthetics, the finished work and any public identification of its provenance may be unimportant or even anathema to the arts therapist. Non-therapy oriented arts practice, on the other hand, in its pursuit of engagement with the wider community, will usually place greater emphasis on skills development, aesthetics, fitness to purpose, and assertion of authorship. A progression can thus be seen: from the clinical embrace of the arts in therapy, through the issue based or community oriented work facilitated by the non-therapy oriented artist, to fully fledged autonomous arts practice.

As has been evident in this thesis, in his arts in health career the author stressed a case against Art Therapy so as to give the 'alternative' the opportunity to establish itself; he wanted distance between the approaches until such time as convergences could be considered - an opportunity that has arisen in this study. But three factors - some arguably a consequence of the oppositional stance - have led Art Therapy to re-examine its own practice to the extent that collaboration is more likely between the two modes of practice.

The first factor that has caused Art Therapy to re-examine its practice is the success and proliferation of non-therapy arts, and the challenges arising from this. The second is the rise of service user power and unease concerning the traditional relationship between clinician and patient. The third is the questioning of Freudian and other schools' responses to emotional distress. These factors have stimulated Art Therapy to question many of the tenets of its own discipline. As a result, more Art Therapists are advocating a return to the value placed by its founders Adamson and Hill on the practice of art itself.

Community oriented non-therapy artists have much to learn from the Art Therapist's insistence on developing the artist's own practice - a need that non-therapy artists have downplayed in the belief that non-arts funders would find this a self-indulgence. The author has argued for artists to maintain their personal creative development, as described in Chapter 5. Art Therapists could learn from community-oriented non-therapy artists about the benefits of engaging in issues beyond the client/therapist relationship. An appreciation has emerged in this study of the potential of a creative/therapeutic continuum or developmental process (see Appendix V), from inner (as epitomised by Art Therapy) to outer (as epitomised by socially directed art); a continuum that will enrich practitioner, participants and the wider community and society.

There are residual problems. The Arts Therapies Board may be quick defensively to block initiatives they feel cross into their territory, as has been seen in Glasgow (above). And non-therapy artists will need to be open-minded in the interest both of art and of those in emotional crisis with whom they have chosen to professionally engage.

The BAAT suggestion that Art Therapists might offer supervision to non-therapy artists has led to some resistance among the latter. This is because of a misunderstanding of the term 'supervision' and its association with a medicalising and hierarchical health service; whereas the intention is to offer peer support and mentoring, in a relationship built upon parity. Many Art Therapists are tired of the psychoanalytic and psychotherapeutic jargon that had been embraced by their profession in its formative period, and long to work collaboratively in exploring those continua or cycles, from inner to outer. And all artists have much to learn from Art Therapy concerning the psychological and spiritual aspects of art and creativity.

It is clear that there are two perspectives in play which suggest clear zones of convergence: there is the 'Art' viewpoint and the 'Therapy' (clinical) viewpoint. The task is now to focus the vision for artists of both modes of practice by forging a synthesis. In this way the arts may best become an integral dynamic for individual and societal wellbeing.

CONCLUSIONS

On the degree of achievement of the study aims

The overarching aims of this study was:

> *to increase understanding of the different approaches in the visual arts in the mental health field in the hope of providing a rationale and tool for further development and collaborative practice* (p.102).

In order to meet this aim the study has comprehensively described the different approaches found between Art Therapy and non-therapy arts practice in the mental health field, as well as highlighting and analysing substantial differences in philosophy and approach within each of the two modes of practice in question. Chapter 2 investigated the literature concerning arts in mental health, and Chapter 4 examined in depth several projects representative of the different approaches. It would have been more effective, and more balanced, had the author spent more time as a participant observer in Art Therapy situations, at least to some measurable degree approaching the extent he had been an active player in the non-therapy arena; but there were clinical issues around confidentiality and 'closed' groups that made this difficult. But that is not to say that the author should not perhaps, in the interest of equity, have tried harder, or found more roundabout means, to experience at first hand the domain of Art Therapy.

In order to increase the understanding of the different approaches found in the visual arts as practiced within the field of mental health and mental health care, the study began by contextualising these approaches within definitions of 'art' and 'mental health' arrived at through study of the literature. In Chapter 1, Ellen Dissanayake's definition of art as the 'making special' of our experience provided a useful context within which to accommodate a wider range of creative practice than that delimited by the western concept of 'art; Dissanayake's view was endorsed by the author's experiences during the research, particularly in Trafford (Ch. 6) where respondents spoke inspiringly about the absence of a western concept of art as 'product'; any 'art' was in the way people did things - an adverb, no less, as John Hyatt remarked in Chapter 1.

The secondary aims of the study were to identify and record arts activity in mental health care in the UK; to identify some of the benefits to mental health arising from the practice of the visual arts; and to determine the extent to which the benefits arising from non-therapy oriented visual arts practice differ from those provided by Art Therapy.

The recording of activity across the UK was achieved by means of the *iam*Directory (Appendix I). This has now become a historical document that captures activity at the turn of the millennium. The case studies of Trafford and Wythenshawe (Chs.6,7) illustrate activity that has, respectively, arisen ad hoc and been carefully planned..

The benefits arising to mental health from the practice of the visual arts are self-evident from the statements and accounts of participants, artists, staff, medical practitioners and members of communities. The monument to shared experience and achievement (see, for example, Ch.5: *Head for the Hills*) that a group artwork constitutes is, where such works manifests high artistic quality, significant and lasting evidence of the beneficial impacts of the arts for participants, for the sites wherein the work is placed, for the artists in respect of a social purpose to their creative activity, and for mental health planners and managers in helping to show ways out of the cocooning, and often self-defeating, 'impasses' of the mental healthcare system (see Ch.5).

The extent to which the benefits arising from non-therapy oriented visual arts practice differ from those provided by Art Therapy are nevertheless hard to quantify, for there is a seamless spectrum of approaches that constitutes a continuum of practice, even within in each mode of practice, with zones of common philosophy and practice. It would be helpful to unravel and schematise these more fully; an early exploration by the author towards this end is reproduced at Appendix VI.

A general conclusion of this thesis has been (referring perhaps unfairly to the stance taken by Art Therapy before it was influenced by the reality check of the influx since the 1980s of non-therapy artists into the mental health domain) that Art Therapy focuses inward, and art (non-therapy) focuses outward - that is, to an *audience*; and it is within this divergence that, as evidenced by the tentative moves to rapprochement within the practice of both groups of protagonists, that a continuum of benefits may be seen to span the inner and outer worlds.

There is, finally, in the view of this author, no benefit to accrue from the one mode of practice that is more beneficial than any benefit to accrue from the other; the confrontationery stance that was perceived by the author at one time to be expedient is no longer necessary or helpful; each side has gone a distance, as is attested by the discussions in Chapter 8 and by the appointment by LIME of the Art Psychotherapist, as described in the postscript to Chapter 7.

It was hoped, then, that a successful fulfillment of the primary and secondary aims would, in the first instance, furnish a rationale and tool for further development and collaborative practice between artist, mental health service user, staff, medical practitioner and therapist, and, subsequently, stimulate the statutory, social, religious and cultural sectors to appreciate, address and meet the need, as identified within this study, to instigate creative antidotes to the burgeoning emotional distress that is, almost definitively, characteristic of our current stage of human evolution.

There is a wealth of rich data in this study that may provide future researchers to create, more concisely than it is feared has been done here, that rationale for further development and the consolidation of this field of practice, and to forge the tools from which to return the arts - as *making special* - to the human animal.

The case for collaborative practice has thus been made, and within this study it is possible to follow the artists' tentative steps from confrontation towards cooperation. And it has been observed that, in the case of the author, it was originally Art Therapists who did not respond to

overtures (above, Ch.8); whereas more recently, Art therapists, aware of the growth and effectiveness of non-therapy arts, have been making overtures to the non-therapy artists, offering supervision on the one hand, and threatening prosecution on the other for offering therapy - or for claiming that their practice 'heals' - a situation which emphasises the dangers of professionalisation; a lesson that should be learnt by the non-therapy artists as their mode of practice becomes at risk of being hedged about with codes of professional conduct, growing demands to solve the problems of social exclusion, and generally to fall at risk of sacrificing its maverick, revolutionary potential.

One aim that has not been addressed to the extent the author had originally desired is aim 2 (see above, Ch.3):

To set this activity within cultural and historical contexts

Although a lengthy chapter for the background section (PART I) was drafted to address this aim, in the event it was omitted as it was felt to be a subject for separate and fuller study. This draft chapter is available on file.

Aims to propositions to questions to methods

The propositions that were formulated for the study, and listed in Chapter 4, are reproduced in the following chart, which cites the relevant study chapters so as to relate **conclusions** clearly in relation to **aims** and **propositions**.

QUESTIONS **from 'primary aims'**	initial **PROPOSITIONS**	**FINDINGS** refs.
1. what participatory, non-therapy based* visual arts activity was found in the arts in mental health in the UK? *the phrase non-therapy based was added in order to clarify that the main avenue of enquiry was into the perceived differences between the two modes of practice	1. Participation in visual arts programmes that are facilitated by artists and which aspire to high standards of work makes a significant and positive impact on the emotional well-being of people who experience mental distress	questions: Chs.1,2,6-9; Appendix 1
		propositions: Chs.4,7,9
2. what were the cultural and historical contexts of this activity?	2. Participatory visual arts practice in the mental health field operates in a historical context which is little known to practitioners, participants or commissioners. Knowledge of these contexts will enhance awareness, discourse and practice	questions: Chs.1,2,5,8
		propositions: Chs.2,5,8,9
3[a]: what was the experience of participants in this activity?	1. Participation in visual arts programmes that are facilitated by artists and which aspire to high standards of work makes a significant and positive impact on the emotional well-being of people who experience mental distress	questions: Chs.2,4-9
		propositions: Chs.4,7,9
3[b]: what were the benefits arising from this activity to those who experience emotional distress?	1. Participation in visual arts programmes that are facilitated by artists and which aspire to high standards of work makes a significant and positive impact on the emotional well-being of people who experience mental distress	questions: Chs.2,4-9
		propositions: Chs.4,7,9
4: to what extent did participants and others believe that the benefits arising from this activity differed from those provided by Art Therapy?	3. There are benefits that arise from non-therapy oriented visual arts practice that differ from those provided by Art Therapy	questions: Chs.7-9
		propositions: Chs.2,8,9
5.how can understanding be increased of the different approaches in the visual arts in the mental health field in the hope of providing a rationale and tool for further development and collaborative practice?	2. Participatory visual arts practice in the mental health field operates in a historical context which is little known to practitioners, participants or commissioners. Knowledge of these contexts will enhance awareness, discourse and practice	questions: Ch.9
		propositions: Chs.2,5,8,9
	4. Increased understanding of different approaches in the visual arts in the mental health field will provide a common language among a diverse stakeholdership, as well as a rationale and tool for further development and collaborative practice	propositions: Chs.1,2,6-10

On the effectiveness of the study methodology

Chapter 3 sought a methodology that would respect and meet the varied needs of artist, academic, and healthcare manager. A qualitative approach was finally chosen, using case study, reflective practice and personal ethnography.

The questionnaire survey and directory (Appendix 1) comprehensively mapped arts activity in the mental health field in the UK at the turn of the millennium.

Multiple case study - using action research, interviews, participant observation, documentation, archives and visual material - described, often in great depth, stakeholders' experiences of participatory visual arts practice in the mental health field. The case studies represented a range of practice and approaches.

In order to arrive at the conclusions drawn in this chapter, the data was scrutinised using within-case and cross-case analysis, employing indicators devised partly through the research aims, propositions and questions, but also, and significantly, devised with project stakeholders; these indicators arose in the course of the research and were embraced, albeit in an occasionally haphazard way, in order to clarify the benefits that stakeholders themselves identified as arising from their engagement in the visual arts, as well as distinguishing the benefits arising from non-therapy oriented visual arts practice from those provided by Art Therapy. The admission that this happened in a haphazard way does not, in the view of the author, diminish their significance; rather, it serves to shine the torch into the first few feet of those randomly chosen rooms off the *Yellow Submarine* corridor that will, it is hoped, tempt others into further explorations.

Choosing a qualitative approach embracing reflective practice and personal ethnography was a crucial decision in making the author's own story and views explicit. The rest of the material can then be weighed by the reader in the light of the researcher's personality, experiences and prejudices. As described in Chapters 4 and 5, the author's intention, before the opportunity arose at the Manchester Metropolitan University to undertake this research, had been to write a personal account of his experiences as an artist in the health field. Such a work would, at that time, have been heavily weighted to the polemical, and its conclusions would have been very different from those of this study which has witnessed the author's recognition of a continuum of practice between Art Therapy and non-therapy oriented arts practice in the field of study - as well as a greatly increased knowledge of the requirements and creative potential of academic research.

The polemical tone of the contemplated work would have been tempered by two possible collaborators (see Chapter 5). In the first instance, by a consultant psychiatrist, and in the second, by Dr Linda Moss, Disability Arts Officer for the then North West Arts Board (now Arts Council England North West).

Neither of these partnerships came to fruition; the first on account of the death of the psychiatrist, and the second because it dawned on the author that the ‘academic’ side might not be beyond him, and would help put his experience into context and perspective more thoroughly than would have been the case had he not allowed himself a more rigorous reflective and analytical route to understanding what he had been up to during his career.

It has been admitted above that the aim to set the arts in mental health within cultural and historical contexts was not met to the degree the author had hoped. Meeting this aim would have constructed a strong basis for the construction of the toolkit for further development, in that enabling practitioners to understand their work within the wider context would have helped create a shared perspective and expertise that, sadly, does not yet exist; and, where it does, for example among those networks of practice that have evolved in a particular locality, such as Greater Manchester, solidarity is once more under threat during a time of change in the NHS in which the threat to non-clinical provision is having a negative effect on several projects; indeed, the National Network for Arts in Health has recently closed, and one of the Greater Manchester arts and health projects is struggling to continue independently following the withdrawal of funds by an NHS Foundation Trust with a severe financial deficit.

This study has taken place over a decade which has centred upon the turn of the millennium, covering a period of great social change, and of the increasing understanding of the value of creative and cultural activity as and essential element of and engine for individual and community well being. The author’s activity as a practitioner in his field has not diminished since his early retirement from the NHS in 1996. On the contrary, it has increased considerably. His practice has gone hand in hand with the research, each feeding into (and off) the other, in a ten year spiral of learning and action. This dynamic process has led at times to the focus being removed either from the research or from the author’s growing commitments, with the result that ten years has not seemed enough to do the fullest justice to this thesis.

This state of affairs has meant that, whilst some of the aims were not fulfilled as thoroughly as had been desired - particularly in respect of a more thorough personal engagement with Art Therapists and with a more structured and consistent approach to stakeholder analysis - it is not the methodologies of Chapter 4 that are at fault; it is the author’s enthusiasm for leaping through those doors in the *Yellow Submarine* corridor referred to above.

CHAPTER 10
FURTHER RESEARCH

INTRODUCTION

It was inevitable that a considerable number of research avenues should have opened up or been shelved over the period of this study.

It had originally been intended to include a series of short essays on general and background topics that arose during the course of the research or which impinged upon the field of study. In the event, these were not included as they were felt to be outside the scope of the research question.

However, as a suite of topics they would repay further study, beginning with a review of the relevant literature with the aim of generating further theory concerning the relationships touched upon in this thesis between the arts, madness and mental health in relation to the individual, the community and culture.

METHODOLOGICAL ISSUES

Of the projects included as case studies in this thesis, Pathways (above, Ch.7) generated the most coherent and comprehensive suggestions for further study of methodolgical issues, and I am grateful to my collaborator Dr Rae Story for her work in delineating these topics.

Integrating art and research

The arts-based evaluation methods attempted in Pathways did not generate an abundance of evaluative data (Ch.7). There is clearly a need to explore this area more, for example, by investigating, adapting and applying within non-therapy oriented arts practice the findings of McNiff (1998) arising from his experience as an Art Therapist and thus to take fuller advantage of the research opportunities inherent in arts practice – and the creative opportunities inherent in research– and the therapeutic opportunites accruing from the merging of these opportunites.

The Pathways Pilot raised important questions around how artwork could be used to help evaluate a life journey. Rather than starting with the questions 'Who am I?' 'What do I feel?' and 'Who are you?' (above, Ch.7) – questions weighted towards looking *inwards* – a complementary or balancing approach could be attempted in which, for example, a community mental health arts project might practically and theoretically explore the *fundamentals of the arts*; a method devised by Bridgehead, a collaborative company of practitioners working across and exploring a range of artforms, from the basics 'upwards' (Agnew *et al*; Hyatt & Brown R). By the development of arts-based evaluation methods, and by using tools such as sketchbooks and choosing, say, one theme to explore, a project (such as Pathways - or Bridgehead in appropriate circumstances) could become a paradigm for a deeply researched, dynamic, creative interaction with the world, a starting point for people to balance those seemingly intractable opposites that generate emotional distress; that is, to balance the *inwardly* reflective approach (as applied in the Pathways Pilot Phase) with a corresponding engagement with the world *out there* either socially, politically, spiritually or ecologically – and to do all this in a way that is more structured (without being tramlined), and which therefore could more easily be evaluated. This would allow the merging of arts, research and therapeutic practices in ways that could clarify, integrate and balance the benefits of each. This would demand more knowledge to be shared between each field of practice - a scenario that would advance a grounded collaboration between the therapeutic and artistic practices in question.

After reviewing the issues arising around arts-based methods of research, the Pathways evaluation recommended more research to find an approach that furnished data appropriate for analysis. Although a range of 'arts-based methods' of evaluation were identified and piloted in Pathways, these had been based on a range of activities that the artists were intending to pursue in any case. The problem remained of assessing *change* (see below). There was an initial problem of having access to baseline information. It was not necessarily appropriate to ask people, on day one, to self-evaluate 'where they are' because this could have detracted from the

process of engagement. More work needs to be done on this question.

The Pathways evaluation therefore offered a number of suggestions on ways of integrating arts-based research methods that would ensure that arts techniques were embraced that would be most likely to furnish the kind of data needed to do effective research. These suggestions would merit investigation by others concerned with integrating art and reseacher.

- Exploring the basics of the arts through the evolutionarily progressive techniques of movement, gesture, markmaking, voice, imagery (cf Agnew *et al*).
- Using the progress in a participant's arts skills and reflective processes as evidence of their development; for example, a series of drawings or photographs made over a specific time period. This could be documented in sketchbooks or journals. Story telling could be documented audiovisually.
- Participants photograph or video each other at an early stage of a programme, and again towards the end, in order to capture and provide for analysis any appreciable differences in terms of body language, eye contact etc that might relate to confidence and feeling good.
- An 'art school' approach, following the steps involved in a typical art school education. This would include exploration, planning a review, peer reviews, outcomes and further training, leading to a final show.
- As a development of the *Tree People*, participants could go on a field trip to look at real trees and consider the metaphor of the tree, thus moving beyond the paper and installation based techniques, as used in the Pilot and the Zion Event, to directly studying nature. This could lead to extensive enquiry around the uses of metaphor.
- Map-making: *where have you come from? Where are you going? What are the important landmarks? Who would you like to take on a trip with you?* The idea of surveying one's life, exploring the metaphor of laying foundations and finding the best best *pathways*.
- Similarly, people could be asked to draw or make an island of their health, and to include everything they want to keep on the island and with everything they want to dump going into the sea, or perhaps being recycled in a creative way. This could show variations in how one conceives health and could incorporate group members' desires that may be contradictory. This process would give rise to a cycle of discussion, artwork, reflection and personal growth.
- *Lifelines* could be extended to explore different time periods and events in the world; following the narrative of a story in a newspaper, for example, and looking at the changes that occur as the story unfolds; looking at time as a circular event rather than linear, and exploring the ideas of change and rebirth. Observing the birth, growth, and decay of external events (seasons, clouds passing, cars passing, the rise and fall of the stock market) could give insight into the nature of things changing in one's own life.

In all of the above options, the evaluative task would be to determine markers and indicators that could be built in to the creative processes in a way that would enrich that process.

‘Quality of life’ and ‘well-being’: differing perceptions

Pathways participants, workers and management were asked what they understood by the terms ‘quality of life’ and ‘well-being’ (Ch.7). This exercise was illuminating insofar as it highlighted the fact that views differed markedly between workers and participants, both in the way each understood and responded to the question, and consequently in their answers. It was clear that when using such terms researchers should be careful that there is agreement about their meaning among workers and participants. If used, such terms need to be ‘operationalised’, and clear and agreed methods should be used to measure them. Alternatively, the wording could be changed to emphasise improvements, or positive change**.** These findings could be revisited, and emerging patterns and definitions agreed that are perhaps more meaningful to participants. It is noteworthy that both terms were used in the Pathways literature - and yet neither appeared in any of the feedback given by participants. From this it may be deduced that they are terms that did not arise in the vocabulary of the people with whom Pathways had been working. This did not mean that these terms were meaningless, nor that the issues signified by and contained within them should not be addressed; but it did raise pressing questions about how this might best be done. Further research in this area would be valuable.

Measuring change

In conventional research change may be measured using questionnaires that quantify measures such as quality of life. There are strong arguments against using this kind of approach. Two Newcastle GPs recently initiated a ‘prescription’ scheme to provide tuition in South Asian music and singing for patients with mild anxiety (Anand and Anand; see Directory, Appendix 1). The GPs used standard questionnaire SF-36 to measure patients’ progress, but noted that most respondents considered the questionnaire to be intrusive, stress-inducing and at odds with the aim of the activity – which was relaxation! Nevertheless, such instruments do generate statistical data for funders. The challenge is to develop measures of change that are integrated within the practice of arts projects to the extent that they are not considered intrusive.

Where will a project’s participants be in five years time? Research could be done to determine the elements of the project’s process that lead to any recorded changes in participants’ behaviour: Is it the art work? Is it the group process? Is it having a relatively intimate time, where the participant’s voice can be heard? How do we know which aspects are having what effects?

Pathways aimed *to improve well being & enhance quality of life.* Improvements in ‘quality of life’ reported by participants included their perceptions of other people’s (for example: family, partners, friends, community leaders) perceptions of how they (the participants) had changed. More research needs to be done towards refining such aims and finding meaningful indicators for success in meeting these.

Longitudinal case studies and research would be needed to assess the effect of Pathways and similar projects on NHS Public Service Agreement (PSA) targets (see Chapman & Brown). The six month period of the Pilot Project was not long enough to assess whether involvement in Pathways was helpful in reducing suicide or in reducing heart disease, two of the PSA targets upon which the project hoped to impact long-term. Participants could perhaps fill in a form to say that they agree to being re-visited during time intervals over several years to review their situation.

ART, THERAPY AND PSYCHOLOGY

How far do people want to investigate their problems?

Art, as found in Pathways (Ch.7) for example, and whether or not its intention is therapy, can be used to explore issues and express feelings previously internalised. For anyone at certain times this can be a positive and liberating experience. However, some participants may find at some point that they no longer want to use art in this way but would like to explore other avenues of arts practice. It would be illuminating and useful to build on this thesis in order to more fully investigate the relative outcomes of art as therapy and the therapeutic benefits of engaging in art 'for art's sake' in community settings.

Art Therapy (see above, Chs.1/2, and below, Chs.8/9) as a professional discipline operates quite differently from the comparatively ad hoc development that still operates (though to a diminishing extent) in the non-therapy oriented arts domain. Within the constraints of the former professional discipline, in preparing the Directory (Appendix 1) some exciting and innovative work was found that challenged the received wisdoms of the mental health care system and was not as 'clinical' as had been anticipated; but to find such excitement it would have been necessary to travel beyond Greater Manchester, to Camden. A more representative psychodynamic Art Therapy setting was available locally, in Salford. However, detailed comparative and historical study of these projects and approaches is a matter for future research.

The Pathways evaluation recommended investigation of holistic, socially oriented inputs - as in the Bloom Healthy Living Network's Quality of Life Worker, or Mind in Manchester's Social Inclusion Worker - and how these types of approaches might be applicable within arts projects (Story & Brown, p.71).

Action research:

to create models for co-working between artist and therapist

An integrated action research project could establish and explore a collaborative partnership between artists and Art Therapists, assessing any benefits accruing to – or risks attaching to - participants, artists and therapists; fostering an understanding of the potential relationship between the two disciplines; and developing an example of collaborative practice.

The in-depth work of the artists with the Pathways groups was outstanding in quality and experience for the participants. However, the work raised questions concerning any perceptions or misunderstandings of a therapeutic agenda within Pathways; to what extent do art and / or *as* /

therapy contribute to the Pathways experience? To what, if any, extent will overtly therapeutic methods become embedded within Pathways?

Following a suggestion by artist Irene Lumley that it might be beneficial to engage an Art Therapist in some aspects of Pathways, a draft proposal was sent in August 2004 to Malcolm Learmonth - British Association of Art Therapists' (BAAT) representative to the National Network for the Arts in Health (NNAH) - with a view to seeking a collaboration with an Art Therapist in providing enhanced support for artists and facilitating for participants a more direct response when difficult issues arise.

This proposal constituted a positive response to the letter from Malcolm Learmonth and Karen uckvale to NNAH, discussed at length in Chapter 8, proffering to arts in health workers the services of Art Therapists in a supervisory role.

The Pathways proposal suggested that such a collaboration might incorporate action research to:

- assess benefits and/or risks attaching to participants, artists and Art Therapists;
- foster understanding of the differences and potential relationships between the disciplines;
- develop an innovative example of collaborative practice.

The proposal is reproduced in full here, as it may be helpful for others wishing to pursue this avenue of action reseach:

> ***Discussion Draft of a Proposal for a Possible Action Research Strand Exploring the Relationship between Art Therapy and Non-therapy Arts Practice***
>
> *Pathways is a recently established arts/mental health project in which artists work in a preventative capacity in and around community venues in some of the most seriously deprived electoral wards in Wythenshawe and Central Manchester.*
>
> *Two things have come together to suggest the idea of linking Pathways with Art Therapy:*
>
> - *a suggestion by photographer Irene Lumley (Pathways' lead artist) that it might be beneficial to engage an art therapist in some aspects of the project*
> - *your offer on the NNAH website some time ago for BAAT to provide support/ supervision for artists working in the health domain;*
>
> *Irene came to this thought for two reasons:*
>
> - *the possible need for enhanced support for the artists in respect of their group work;*
> - *the opportunity to facilitate for participants a more direct response to difficult issues that may arise during sessions.*
>
> *When we set up Pathways we included a budget for support (we don't necessarily call it supervision) for the artists. However:*

- *this support happens outside the artists' sessional programmes; and it is not necessarily from therapists;*
- *much of the 'support' budget for this financial year is already allocated,*

so the arrangement I'm tentatively suggesting may require additional funding – certainly for a 'hands on' element around sessional work. It might be helpful, though, to initiate a small exploratory pilot in the short term.

A collaborative strand could provide:

- *support and advice for the artists – possibly through regular or targeted visits by an art therapist to groups in progress;*
- *support and advice for participants, both with regard to difficult issues that might arise as a result of the arts project, and with regard for further options for their personal development (who says this might not be engagement with art therapy?);*
- *a potential embedded action research project.*

As action research, this strand could explore a collaborative approach in terms of:

- *assessing any benefits accruing to – or risks attaching to - participants, artists and art therapists;*
- *fostering an understanding of the differences and potential relationships between the two disciplines;*
- *developing an example of collaborative practice;*

Any research proposals would need to be planned and conducted in liaison with the existing research team being formed by Brian Chapman, Director of Lime, with Carolyn Kagan, Professor of Community Psychology at the Manchester Metropolitan University.

What do you think so far?

Langley Brown
Pathways Advisory Group, 12/08/04

No reply to this proposal was forthcoming. However, two recent developments are pertinent to this section.

Seeing the Wood for the Trees (White, 2004) is an arts in health action plan commissioned by Arts Council England East Midlands from the Centre for Arts and Humanities in Health and Medicine (CAHHM) at the University of Durham. The Plan advocates artists and arts in health practitioners working together on *research guided projects* (p.42). It cites Rampton Hospital, where staff cross over between the art therapies and arts in education units, and where a research programme is investigating the impact of the arts in ameliorating the effects of the inadequate response of mental health services to cultural and racial diversity. As the Plan's author Mike White says:

> *Cultural diversity within arts in health issues needs to be approached at a deeper level than social inclusion – specific project-based research relevant to [a] region's demography is required* (*ibid*).

Chapter 9 of Mike White's report describes the *Arts Therapies, Creativity and Mental Health Initiative* (ACMI), which aims in part to conduct action research to:

> *Explore the potential benefits of stronger links between arts therapies and community-based arts-in-health initiatives and assess the commonalities/differences between the two practices* (p.3).

ACMI is due for completion in 2007.

Psychological mechanisms in different modes of art practice

Not only do the arts in their entirety embrace the whole range of philosophies, approaches and historical perspectives, but also there are different perceptual, aesthetic and neurological mechanisms at work in, say, music, painting and writing. What, if any, are the common threads that unite the arts? The threads seem to be quite elastic: when painter and writer, for example, discuss the practical aspects of their relative crafts, they do so in abstract terms. They will, paradoxically, talk in more concrete terms about their intangible concerns such as shared themes, ideas and principles. What is of interest however is the way in which many artists today are battering down traditional divisions between art forms, ranging freely and with exhileration between what have been considered to be quite distinct modes of expression. This trend has been discussed insofar as it touches on this study, and in particular in relationship to the breaking down of the formidable rationalist barriers that in western culture have arisen between different types of experience and modes of thought (Ch.2). The role of much contemporary art in challenging stereotyped and compartmentalised thought may well be seen to parallel the role of the arts in the promotion of mental health. Further investigation along these lines would be helpful and could effectively be pursued in collaboration with Bridgehead.

Mental illness: an immunology of the mind?

Sam Brown (2002, and see above, Ch.1) suggests an avenue for further study when he wonders whether the discipline of evolutionary psychology has come up with an 'adaptive' (purposeful) account of the symptoms of mental illness, *as say a self-healing adaptation, an immunology of the mind.*

TOWARDS A TAXONOMY OF AN EVOLVING PRACTICE

More research could be done to determine a taxonomy of arts practice in the mental health field. A number of headings have arisen during the course of the writer's career and research and these provide a starting point:

The educational model
The therapeutic model
The studio model
The community arts model
The applied art model
The diversional model
The individual development model

In 1997 the author had begun to construct a taxonomy based upon what he argued were six 'traditions' in the arts and mental health; these can be found at Appendix VI.

This is a task to which he intends to return.

APPENDICES

APPENDIX I
THE ARTS AND MENTAL HEALTH IN THE UK, 1999

A DIRECTORY OF GROUPS, ACTIVITIES, PRACTITIONERS AND ORGANISATIONS

INTRODUCTION (2001)

This is a text-only version of the directory compiled and edited by the writer for ***i am*** (inspired arts movement: uk forum for the arts in mental health) and published in 2000.

i amDirectory set out to

> *'describe activity, proclaim good practice and promote contacts in an arena of growing interest and concern'* (Brown ed 2000).

At the first residential event of the newly formed Arts in Mental Health Forum in 1996 (it became ***i am*** in 1999) delegates voiced the need for some sort of directory. Artists, project workers, health workers and arts participants felt they were

> *'working in isolation, without information on those other equally isolated groups, projects and individuals with whom they might share experience and mutual support in developing their practice'.*

i amDirectory aimed to enable people

> *'to form links across regions, across art forms and across different ways of working'.*

i amDirectory was devised by the ***i am***SteeringGroup to be used in conjunction with the ***i am***Live! Report on the second residential weekend which took place in 1999 at Stanford Hall, Loughborough.

The ***i am***Live! Report (Verrent 2000)and ***i am***Directory together provide a snapshot of the arts in mental health in the UK in 1999 /2000.

i amDirectory did not include everything that was going on in the field; every week continues to bring news of more projects and individual artists in the field.

Scope of the directory

i amDirectory described arts based activity in all artforms in the mental health arena in the UK.

This edited version also includes all artforms in order to set the visual arts in the overall context of the arts in mental health.

Neither directory includes:

- work solely and specifically by &/or with people with learning difficulties
- work solely and specifically by &/or with elderly people
- work solely and specifically by &/or with children
- arts therapies - except where applied in non-clinical settings
- mental health agencies using the arts occasionally, or not as an integral part of their service
- arts projects that only very occasionally work with users/survivors
- information on funding and sources of funding. Contacts at the Regional Arts Boards and Arts Councils can be found in the ***i am***Live! Report (*op cit*).

There were several difficult and to some extent subjective decisions made during the compilation process as to whether groups, individuals and services in the proximity of the above categories were to be included or not. Some services (aromatherapy, contraceptive advice, property services, for example) were included when contributors had listed them on their questionnaires and where these services - although not specifically arts centred - were part of what was offered by an otherwise *arts* based project. Such 'added value' services were retained; for the Steering Group shared with the contributors the belief that these elements were important ingredients of a holistic approach; together with the arts, they were aspects of healthier living.

Notes

on terms used

The ***i am***Directory entries for artforms and services were listed just as contributors described them; respondents often amended - or added to - the predefined (and rather tramlining) list in the questionnaires (qv). As a result, the terms used in ***i am***Directory varied widely; but the aim of the Steering Group had been for contributors to speak with their own voice.

Whilst for the sake of space and coherence some editing of individual entries was necessary, pains were taken to maintain the spirit and tone of each entry and to retain the variety of terms used - for example, 'client / patient / user / member' were all used and retained as written by individual contributors.

Apart from some minor editing, the same principle has been retained in this version of the directory.

on regions covered

Many groups offered services specifically or solely within their own locality &/or user group.

Some were, however, willing to travel beyond their 'manor' in order to exhibit or perform their work, or to give talks and presentations about their approach.

Others groups and individuals had no particular or regular user base and all or most of their work was 'away'.

Most groups came somewhere inbetween.

IMPORTANT NOTE

POSTSCRIPT TO THE 2001 INTRODUCTION

This Directory, as reproduced verbatim in this appendix, is a historical snapshot of activity at the close of the millennium.

It is important to note, then, that many groups, agencies and organisations listed are known to have changed their names or contact addresses since the original was complied, moved to a new location, or ceased to operate. Similarly, details of many of individual artists may have changed.

A notable change has been that the regional arts boards are now the regional offices of the Arts Council England, with Wales, Scotland and Northern Ireland now served by their own devolved Arts Councils.

Most significant, though, is the fact that many new groups, agencies and individuals have entered the field since the start of the new millennium.

It is time for a new directory of the arts in mental health!

Langley Brown, August 2005

*i am*Directory

PART 1 GROUPS

Action Factory Community Arts Ltd

We use participatory arts techniques to enable people to become creative partners in building confident communities.
We work in partnership with the statutory, business and third sectors to provide high quality participative arts in the North West.
Access, participation and ownership are integral to the fabric of every project.

contact
Harry Henderson
Action Factory, the Workshop. Simmons Street, Blackburn,
Lancashire BB2 1AX
tel: 01254 679 335 fax: 01254 694 616
email: hhend@talk21.com
artforms
all
services offered
commissions
consultancy
demonstrations
design
exhibitions
performances
publishing
research
residencies
seminars
talks
training
workshops
writing/editing

Act Up For Mental Health

We are a users' drama group and winners of a regional Health of the Nation Award. We have performed internationally at the first European Theatre and Mental Health Conference in Thessalonika in 1997.
contact
Clive Holmwood
Yvette Owen, Act Up For Mental Health, C/O NSF Criterion House, King St Centre, 120 King St
Dudley DY2 8NZ
tel: 01384 869 898 fax: 01384 358 315
email: cholmwood@aol.com
artforms
cabaret
dance
drama
mime
music
singing
theatre
writing
services offered
demonstrations
performances
seminars
talks
training
workshops
fees
to cover therapeutic earnings for members, production and travel costs (usually in the region of £200)

Art Care

We are the arts service for Salisbury Health Care NHS Trust, which has supported Art Care since 1992. We operate within the Trust's acute and community services. Originally briefed to supply visual artwork for the new hospital building which opened in 1993, the Service has expanded to include performing, participatory arts and arts therapies.
Our work in the Mental Health Directorate involves writing projects, patient/staff workshops, arts 'taster' sessions and activities with day centres.
contact
Emma Ryder-Richardson

Art Care, Salisbury District Hospital
Salisbury SP2 8BJ
tel: 01722 336 262 ext 4306
fax: 01722 325 904
artforms
arts therapies
music
photography
visual arts 2D/3D
writing
services offered
demonstrations
exhibitions
performances
residencies
seminars
talks
training
workshops

Arts Factory

We are a community owned organisation working for positive change. We believe that anyone, regardless of any label, has the right to self-respect; to learn and develop; to live in a decent environment; and to contribute to our work.
We work to build a stronger community for ourselves and for others who share our values by:

- building sustainable community enterprise teams
- upskilling local people.
- providing high quality facilities

We believe in the power of ground-up collective action, mutuality, teamwork and positive attitudes.
We aim to generate surplus income through community enterprise and to use it to fund the facilities our community needs.
The British Urban Regeneration Organisation describes Arts Factory as "an independent force for change in the community".
contact
Steve Cranston
Arts Factory. Unit 11, Highfield Industrial Estate, Ferndale, Rhondda CF43 4SX
tel: 01443 757 954 fax: 01443 732 521
email: stevecranston@artsfactory.co.uk
website: artsfactory.co.uk
artforms
crafts
digital arts
environmental arts
festivals
landscaping
music
site specific
visual arts 2D/3D
woodcraft
services offered
accredited training (NVQ & Keyskills)
advice and guidance
boxercise
cinema
commissions
community dances
conference and meeting rooms
demonstrations
emergency contraception clinic
evening classes
exhibitions
exhibition space
garden design
graphic design
jobsearch
legal advice
small groups meeting space
mother and toddler groups
open days
property services
residencies
talks & seminars
video production
workspace for rent
youth drop-in
workshop space
youth outreach
members' newsletter: "Mind Bomb"
each volunteer supported by an identified person
fees
members are entitled to free evening classes and use of community facilities and receive mailings about opportunities to get involved in our activities
fees charged to those seeking commissions
no fees to volunteers
membership:
open to anyone sharing our values @ £2.00 a year
please enquire for details of corporate membership schemes

The Arts on Prescription

We are an arts project to which people are referred by GPs, health visitors or self referral.
The project 'prescribes' the arts as a means of restoring emotional well-being whilst feelings of distress are relatively manageable, hopefully preventing admission to mainstream mental health services.
We help to identify opportunities for participants to take up further arts and leisure activities after their time with the project.
We meet at the Stockport Arts and Health Centre - which offers a gallery space where Arts on Prescription members can exhibit their work alongside that of other artists.
contact
The Arts on Prescription
Heathfield Hous , Cale Green
Stockport SK2 6RA
tel: 0161 292 4200 fax: 0161 612 1648
artforms
visual arts 2D/3D
services offered
commissions
exhibitions
talks
workshops
fees
expenses only at present

Artlink Hertfordshire

We are the arts and disability service for Hertfordshire.
As well as doing our own projects we offer a service to those wishing to do their own.
Our remit is to set up and support arts projects of all artforms throughout the county. We do not work specifically with users/survivors but we wish to do so more in order to increase our activities and facilities.
We are happy to help and support groups setting up projects and to work with groups in a partnership.
contact
Lucy Stovell

Artlink Hertfordshire, c/o Theatre Resource
Great Stony, Ongar Arts & Education Centre
High St, Ongar, Essex CM5 0AD
tel: 01277 365 626 fax: 01277 365 003
artforms
most
(coordination rather than artform specific)
services offered
demonstrations
exhibitions
performances
seminars
fees
in some instances;
would seek partnership funding for projects

Art Shape Ltd

We are an arts project that involves users/ survivors, running arts courses in accessible venues wherever possible.
People are mailed through our growing student list and through mental health systems for referral to courses and classes.
People with experience of the arts courses will often go on to undertake commissions.
We are working towards innovative Healthy Living Centre bids as well as supporting artists in studios and in their personal development.
We are also gradually putting into place progressive steps by which artists and students can create routes out of the health and social services domain.
contact
Dee Kyne
Art Shape Ltd, 26 Station Rd
Gloucester GL1 1EW
tel: 01452 307 684 fax: 01452 310 321
email: artshape@enterprise.net
artforms
dance
drama
music
singing
visual arts 2D/3D
services offered
demonstrations
exhibitions
performances
seminars
talks
training
workshops
fees
for courses

Arts in Partnership

We are a new partnership offering arts workshops and experiences to participants from Avoca Lodge and Cedar Villa in Gransha Hospital.
The project has brought together a number of arts centres and groups in a pilot scheme which is conducted on an outreach basis. The partnership involves the Playhouse Education Department, The Context Gallery, Echo Echo Dance Theatre Company, The Nerve Centre, and The Classical Music Society. The project has been funded by the Northern Ireland Voluntary Trust under the E.U. Special Support Programme for Peace and Reconciliation: Measure for Social Inclusion.
The project is being evaluated in terms of the benefits to the participants and there are plans to develop the work on a long-term basis. Participants from the pilot scheme will choose one or two media to develop in-depth arts projects.
contact
Sinéad McSheffrey
c/o the Playhouse , 5-7 Artillery Street,
Derry BT48 6RG
tel: 02871 308 635 fax: 02871 261 884
artforms
dance
digital arts
drama
festivals
film & video
music
poetry
storytelling
theatre
visual arts 2D/3D
writing
(all artforms potentially)
services offered
commissions
consultancy
demonstrations
exhibitions
performances
research
residencies
seminars
talks
training
workshops
writing / editing

Arts for Mental Health

We work for cultural participation for people with mental health problems; promoting social contact and confidence, combating stigma.
Projects include:
Artreach, in which participants work with an artist once a week in a place they feel comfortable
Arts Access, which matches people with a volunteer to facilitate access to mainstream art classes or courses
a Drama Training Programme
the Sanctuaries Project, which enables participants to explore ideas and feelings around 'home' through producing high quality arts objects
We are a part of Artlink, which provides access to the arts for people with disabilities.
contact
Eva Schonenberg
Mike Dunning
Arts for Mental Health,
Artlink Edinburgh & the Lothians
13a Spittal St, Edinburgh EH3 9DY
tel: 0131 229 3555 fax: 0131 228 5257
email: artlink@easynet.co.uk
website:
http://www.easyweb.easynet.co.uk/artlink
artforms
crafts
dance
drama
film & video
music
photography
poetry
visual arts 2D/ 3D
writing

services offered
exhibitions
workshops
fees
at subsidised rates

Artspace

We are a community arts project for people experiencing mental health problems. We are based in a purpose built community arts complex in West London alongside 20 professional artists' studios.
We offer a supportive environment where people can engage in creative activities, express themselves, feel part of a group of artists, explore different art forms and exhibit their work.
contact
Sineid Codd
Artspace, Studio One, Blechynden St,
London W10 6SA
tel: 0171 603 3039
artforms
digital arts
film & video
photography
visual arts 2D/ 3D
services offered
exhibitions
performances
training
workshops
fees
expenses only

the Art Studio

We are a professional voluntary arts organisation situated in Sunderland city centre.
The Art Studio promotes the welfare of people with mental illness by providing opportunities to develop their skills in the visual arts.
The Studio was established in 1986 as an extension of an artist in residence scheme developed with Cherry Knowle Hospital.
contact
Derek Hill
the Art Studio, 1-3 Hind St
Sunderland SR1 3QD
tel: 0191 567 7414
artforms
crafts
digital arts
film & video
printmaking
site-specific
visual art 2D/3D
services offered
commissions
consultancy
demonstrations
exhibitions
residencies
seminars
talks
training
workshops

AVA Ltd

We are a small independent company which specialises in working on a professional basis as and with disabled artists.
We have a particular interest and set of skills in visual media.
contact
Chris Ledger
AVA Ltd , 1 Newcastle Chambers , Angel Row
Nottingham NG1 6HL
tel: 0115 948 3684
mobile: 079 39 065 741
email: chrissyledger@hotmail.com
artforms
digital
film & video
photography
site-specific
visual arts 2D/3D
services offered
commissions
consultancy
exhibitions
research
residencies
training
workshops
writing

Bethlem Gallery

The art gallery in the grounds of the Bethlem Royal Hospital is open to artists who have been in contact with local mental health services.
Most artists live in the community and find out about the gallery through our publicity.
The hospital's Occupational Therapy department offers drama and art therapy, writing and sound.
We work with artists, exchanging ideas and techniques, and improving the environment.
Projects have included:
photography with Gina Glover; looking at the experience of being in hospital
metalwork with Tom Grimsey; working with residents to produce metal archways for a courtyard
Timothy Clapcott; working with residents to create ceramic reliefs
contact
Karen Risby
Ann Course
the Bethlem Gallery
c/o Occupational Therapy Department
Bethlem Royal Hospital
Monks Orchard Rd, Kent BR3 3BX
tel: 0208 776 4835 fax: 0208 776 4829
artforms
all
services offered
professional gallery
access to frames and plinths
support with hanging
option to have private view
funding towards publicity

Betterment

We assist people towards a better way of life using their personal power and spiritual connection in order to enhance their creativity and their personal connection with the creative force.
contact
Spicy Fingers
Betterment, 94 Albert Rd, Aston
Birmingham B6 5NH
tel: 0121 241 4871
email: spicy@betterment.org.uk

artforms
music
performance poetry
street entertainment
visual arts 2D
writing
services offered
demonstrations
exhibitions
performances
seminars
talks
workshops

Brainstorm

We are a voluntary organisation committed to combating stigma, promoting mental health through the arts, reaching the creative in all of us, and having fun together.
Among our activities we host a monthly music and cabaret night for Brainstormers and the general drinking and music loving public at the Moseley Arms.
We have been involved in mental health promotions, fundraising and events and hope to extend our range of activities.
contact
the Chair
Brainstorm
c/o Harry Walton House, 97 Church Lane
Aston, Birmingham B6 5UG
tel: 0121 685 6033 fax: 0121 685 6003
artforms
drama
music
performance poetry
photography
visual arts 2D/3D
writing
services offered
exhibitions
performances
workshops
fees
expenses
entitled to therapeutic earnings
any requirements
minibus or taxi home for some people after evening events

Brooklyn Art Studio

We are located at the Brooklyn Day Centre, a mental health day resource facilitated by the local social services and NHS teams.
The studio enjoys a wide range of arts activities, with a range of general art, special arts workshops and therapeutic sessions.
contact
Richard Hammond
Brooklyn Art Studiom Brooklyn Day Centre
156 Grange Rd, Hartlepool TS26 0LU
tel: 01429 866 001
email: brooklyn.socs@hartlepool.gov.uk
artforms
digital arts
photography
visual arts 2D/ 3D
workshops (on referral)
services offered
access to the studio (and the Day Centre) is is arranged via mental health day services

Connected

We are not so much a 'group' as a partnership/ consortium of Oldham NHS Trust and Borough Council's Social and Arts Services, working together to develop opportunities for adults recovering from mental health problems. The work is mainly done through a part-time arts coordinator based in the Occupational Therapy Department of the Royal Oldham Hospital and supported by a steering group of the project's stakeholders.
contact
Linda Boyles
Connected
Royal Oldham Hospital, Parklands House,
Therapy Centre, Rochdale Rd
Oldham OL1 2JH
tel: 0161 627 8021 fax: 0161 627 8050
artforms
dance
drama
film & video
music
photography
theatre
visual arts 2D/3D
writing
services offered
demonstrations
exhibitions
performances
residencies
seminars
talks
training
workshops
fees
free for members;
elsewhere: expenses

Core Arts

Core Arts is a space where people can realise their dreams, unleash their imagination and discover and explore their talents.
Having more to do with reducing social exclusion than with traditional day care, Core Arts provides the facilities and its members create the ethos.
We aim for a supportive yet entertaining and uplifting learning environment, where people interact and collaborate as painters, musicians and poets - and not as 'clients' in receipt of treatment and therapy.
contact
Mina Sassoon
Core Arts, 1 St Barnabas Terrace, Homerton.
London E9 6DJ
tel/fax: 020 8533 3500
artforms
film & video
movement
music & voice
poetry
visual arts 2D/ 3D
services offered
commissions
design
open days
outreach
performances
sales
workshops

Creative Arts Project

We are the arts project within South Birmingham Mental Health NHS Trust, using the arts to explore personal experience and issues surrounding mental health and to find a language to explain this experience.
A new audio visual suite, The Monkey House, is dedicated to video editing and audio production, and offers short practical courses and opportunities for individual work.
Zero Gravity Theatre Company has developed an abstract mixed media approach using video, mime, narrative and sound to create layers of meaning. The Company performs a limited amount of productions per year.
From a relatively small regional event we aim to establish Mind Your Head - an annual National Mental Health Arts Festival - working in partnership with the Midlands Arts Centre and the Theatre In Health Education Trust. Mind Your Head 2000 and 2001 are in planning.

contact
Nick Macartney
Zero Gravity Theatre Co
the Caynham Road Centre
22 Caynham Rd, Birmingham B32 4EU
tel: 0121 678 3730 fax: 0121 678 3351
email: monkeyarts@aol.com

artforms
audio production
desktop publishing/design
forum theatre
image making
music
theatre
video
writing

services offered
desktop publishing and design
small group work at Mental Health Resource Centres across the district
can provide all technical aspects to productions i.e. video projector, p.a. etc
workshops to accompany our productions

Creative Living Centre

We are learning to live creatively, believing that it is of more benefit to support a person towards health and well being by working with their strengths rather than focusing on their 'illness'.
The arts are thus an essential part of our holistic approach.

contact
Abbie Richardson
Creative Living Centre
Bury New Rd (behind T.G.I. Fridays)
Prestwich, Salford M25 3BL
tel: 0161 772 3524
fax: 0161 772 3797

artforms
crafts
dance
movement
photography
poetry
visual arts 2D
writing

services offered
exhibitions
talks
training
workshops
writing/editing
expenses

Creative Response

We are an arts-related therapeutic service; an independent provider of arts related services for vulnerable people who have any combination of mental health, alcohol and drugs related problems; or specific behavioural and/or learning difficulties.

We are all practising artists and craftspeople who use visual and performance arts as catalysts in a therapeutic environment.

Our working relationships are based on mutual trust, care and support. Encouragement of personal responsibility builds confidence and self-esteem, enabling participants to overcome fears and anxieties.

contact
Michael Prinsep
Creative Response
Vernon House, 28 West St, Farnham,
Surrey GU9 7DR
tel/fax: 01252 716 876

artforms
film & video
live art
visual arts 2D/3D
vis. arts-related performance
writing

services offered
exhibitions
performances
training
workshops

Credo Work Project

We are a creative work project for people who have experienced serious mental illness and who may have been long-term unemployed as a result of their mental health problems.
We design, make, exhibit and sell artwork (mainly ceramics so far) as a cooperative group. We are currently expanding our project and expect to have relocated to a larger workshop by 2000.

contact
Lesley Anne Moore
Credo Work Project
c/o O.T. Dept., Portnalls Unit
Farnborough Hospital, Farnborough
Hampshire
tel: 01689 880 000 ext 1264

artforms
ceramics
painting
pottery
printmaking
visual arts 2D/ 3D

services offered
demonstrations
seminars
talks
training
workshops

fees
travel expenses

Exchange & Change Theatre Group

We are a survivors' theatre group.
We have done over thirty gigs over the last two years, including the UK National Mind Conference at Scarborough in 1999, the Mind Cymru Conference, and the Mental Health Foundation's 'Big Alternative' Conference.
We devise and deliver performance as part of training for care professionals - for example for trainee social workers at Lewisham.
Exchange & Change has evolved out of Survivors Arts Wales.

contact
Dr Steve Craine
Exchange & Change Theatre Group
c/o Survivors Arts Wales
Suite 3, North Parade
Aberystwyth SY23 2JH
tel: 01970 626 229 fax: 01970 626 233

artforms
drama
music
poetry

services offered
performances
workshops

fees
negotiable

Full Circle Arts

We promote and work to provide education, training and employment for disabled people in the arts, and to create partnerships for the resource development of disability arts.
We are lead organisation for the development of an International Disabled People's Arts & Cultural Centre in Manchester.
We are the access consultants to the National Lottery Heritage Board in the North.

contact
Phil Samphire
Full Circle Arts
Greenheys Business Centre
10 Pencroft Way, Manchester M15 6JJ
tel: 0161 279 7878 (voice/text)
email: Phil@Full-Circle-arts.demon.co.uk
website: Full-Circle-arts.co.uk

artforms
all

services offered
access consultancy
career advice and support to those on our database
database of disability arts companies
database of disabled artists
disability equality training
disabled artists' support agency
employment opportunities
interactive website
regional disability arts magazine
research
training

Full Potential Arts

We are involved in mental health because mental well being is everyone's most basic requirement.
We believe that the presence of art in a person's life can often be an invaluable aid to building - or rebuilding - mental well being.
We provide professional artists to facilitate workshops and arts projects for people using day centres, mainstream arts and community venues, and residential facilities.
Our projects can be a stepping stone to 'doing art' in mainstream settings.
We also maintain a small art studio which is available by arrangement for use by individuals at no charge.

contact
Paul Gough
Full Potential Arts, Friends Institute
220 Moseley Rd, Birmingham B12 0DG
tel: 0121 446 6829
email: artful@talk21.com

artforms
crafts
drama
film & video
garden design & build
music
photography
singing
visual arts 2D/ 3D

services offered
residencies
studio space
workshops

any requirements
liaison between staff & members in setting up projects and in evaluation
support from at least one staff member or responsible group member while workshops are in progress

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Gurukul

We are two GPs who have established Gurukul for the education of the public in music from the North of India, as taught in the traditional Gur-Shishya style.
We have set up pilot projects in our surgery in the use of voice for the relief of stress. Indian classical music of the Kiraanaa Gharaanaa is particularly well-known in India for its emotional expressiveness and its calming and meditative character. It is taught in the oral tradition and the need of instruments is minimal.
We are keen to promote links with those in arts and healing.

contact
Dr Anand
Dr Anthea Jackson
Gurukul, 18 Elmfield Rd, Gosforth
Newcastle upon Tyne NE3 4AY
tel: 0191 213 0970 fax: 0191 246 1428
email: anandjee@aol.com
website: www.gurukul.org

artforms
Indian music / voice

services offered
performances
workshops

Mantle Community Arts

We are an independent organisation working with community groups, venues and other organisations to generate interest, increase access and create opportunities for people to take part in arts activities in the Coalville area.
The arts can touch everyone in many different ways and can provide a means of celebration, inspiration, confidence, pride, communication and discovery.

Mantle works to promote access to the arts, aiming to reduce barriers that might prevent people from taking part.
contact
Claire Simpson
Peter Robinson
Mantle Community Arts
Springboard Centre, Mantle Lane
Coalville LE67 3DW
tel: 01530 830 811
artforms
dance
digital arts
drama
film & video
mime
music
photography
puppetry
street entertainment
singing
theatre
visual arts 2D/3D
writing
services offered
demonstrations
residencies
seminars
talks
training
workshops
fees
sometimes (minimal!)

Healing Arts Isle of Wight

We coordinate the arts in healthcare on the island, our remit embracing everyone who uses the island's NHS services.
We seek to foster a healing environment and to engage people's skills, abilities and areas of interest in this process.
We generate opportunities for people to engage with the arts while receiving healthcare - to see art and to make art with professional artists.
Connections with the Quay Arts Centre allow people to move between the world of the arts and the world of healthcare.
We focus on people as individuals, believing that art is all about communication; people being able to say things they haven't otherwise found a way of expressing.
contact
Guy Eades
Healing Arts Isle of Wight
St Mary's Hospital, Parkhurst Rd
Newport, Isle of Wight PO30 5TG
tel: 01983 534 253 fax: 01983 525 157
email: healingarts@iowht.swest.nhs.uk
artforms
crafts
dance
drama
film & video
music
performance poetry
poetry
radio
visual arts 2D/3D
writing
services offered
commissions
consultancy
exhibitions
performances
research
residencies
seminars
talks
training
workshops

High Peak Community Arts

We work to create opportunities for the people of the High Peak to participate in creative arts and so enhance their quality of life through self-expression, focusing on people who do not have access to the arts.
Outreach work includes projects with people with disabilities or sensory impairments and with people with mental health needs.
Our Multi-Media Resource Centre specialises in technology-based arts resources including video, photography, music and computers for all the community.
The High Peak is the North Western borough of Derbyshire and forms the major part of the rural Peak District.
contact
Emma Decent
Alison Bowry
Aidan Jolly
High Peak Community Arts
High Lee Hall, St Mary's Rd
New Mills, High Peak SK22 3BW
tel: 01663 744 516 fax: 01663 744 808
email: hpca@btinternet.com
website: www.btinternet.com/~hpca
artforms
any
services offered
community arts projects
consultancy for community groups
exhibitions
seminars
talks
training
workshops
fees
projects are free for participants
free transport is provided
fees charged for courses
annual membership:
individual: unwaged: £1.50
waged: £3
community group: £6
funded organisation: £12

Hospital Arts (now LIME)

We are artists and enablers, working to integrate the arts into health and well-being in the Manchester area through arts-based programmes in which context, collaboration and consultation are central to successful engagement, quality outcomes and social change.
We aim to enhance the quality of life of recipients and providers of care and of those engaged in issues surrounding health and cultural development.
We believe that creativity has a positive role to play in the health of the mind, body and spirit of individuals and communities.

Although much of our work can be described as therapeutic, we do not adopt a clinical approach; we are not therapists.
contact
Brian Chapman
Lime
St Marys Hospital, Hathersage Rd
Manchester M13 0JH
tel: 0161 256 4389 fax: 0161 256 4390
email: hospart@compuserve.com
artforms
crafts
digital arts
film & video
performance poetry
photography
poetry
site specific
visual arts
writing
further skills bought in as needed
services offered
commissions
consultancy
design
project management
residencies
talks
training
workshops

Inter-Action

we are an arts development organisation working primarily in Arts and Disability and Participatory Arts.
We are based in a three-acre site next to the Grand Union Canal where we have a small city farm and a fully accessible narrow boat - as well as arts facilities.
We involve users and survivors in projects whenever possible and currently run a mental health drama residency creating performances which tour locally.
contact
Mandy Holland
Inter-Action,
The Old Rectory, Waterside, Peartree Bridge
Milton Keynes MK6 3EJ
tel: 01908 678 514 fax: 01908 233 634
email:
info@interact.powernet.co.uk
website: users.powernet.co.uk/interact/
artforms
any - please enquire
services offered
consultancy
exhibitions
performances
residencies
seminars
training
workshops
fees
negotiable

Ithaca

We are an arts organisation working with people often denied opportunities to participate in arts activities.
We have been working with Oxfordshire Mind running a number of projects each year and an annual celebratory festival.
'Re-Creating Ourselves' was a yr2000 initiative in Oxfordshire and Berkshire involving projects, exhibitions and festivals, and working in 19 day centres including Mind Centres. In October there were exhibitions in the Museum of Reading and in Bloomin' Arts in Oxford. There were also two user led festivals in Slough and Oxford to bring together and celebrate the work created on the projects. Recreating Ourselves enabled us to extend our work to reach more people and to raise the public profile of arts and mental health through the themed projects, festivals and exhibitions.
contact
Anna Thornhill
Ithaca Ltd
Unit 1, St John Fisher School, Sandy Lane West
Blackbird Leys, Oxford OX4 5LD
tel: 01865 714 652 fax: 01865 714 822
artforms
most
services offered
exhibitions
performances
talks
training
workshops
we can organise tailor made projects of up to 16 weeks duration @ 1 day per week with professional artists

Inter-Act C.A.P.(Collaborative Co-op)

We are principally identified as disabled or service users and often work within this client group.
Mainly but not solely we use dance, drama, music workshops to performance where requested, street and celebratory work, and consultancy on disability issues.
contact
Nick Hudson-Davies
Inter-Act C.A.P.
c/o 104 Nant Peris, Chester CH1 5RW
tel: 01244 383 025
email: Inter_act.C.A.P.@hotmail.com
artforms
celebratory arts
crafts
dance
drama
environmental arts
film & video
music
photography
puppetry
street entertainment
theatre
visual arts 2D/3D
writing
services offered
demonstrations
performances
residencies
seminars
talks
training
workshops

Laughter Clinic

We're laughing!
contact

Pat Robson
Laughter Clinic
c/o Dove House, 5 Turner St, Redcar
Cleveland TS10 1AY
tel: 01642 296 052 fax: 01642 296 053
artforms
cabaret
music
performance poetry
singing
writing
services offered
performances
workshops
fees
or expenses - depending on nature of event/ organisation

London Disability Arts Forum

We are an organisation of disabled people, promoting disabled people in the arts and creating platforms to encourage new disabled artists.
We plan a programme of events throughout the year and include mental health users/system survivors in our remit.
contact
Julie McNamara
London Disability Arts Forum
The Diorama Arts Centre, 34 Osnaburgh St, London NW1 3ND
tel: 0171 916 5484 fax: 0171 916 5396
email: ldaf@dircon.co.uk
website: l.daf@virgin.net
artforms
cabaret
dance
digital arts
drama
film & video
music
performance poetry
photography
singing
writing
services offered
demonstrations
exhibitions
performances
residencies
seminars
talks
training
workshops
and:
fully accessible venue
quiet room (time out!)
refreshments without caffeine/tannin
non-slip flooring
fees
negotiable

MAPS (Mind Arts Project in Stockport)

We are a voluntary sector arts project whose members are coping with mental ill-health in the community. Our members are actively involved in developing links and innovative ways of working.
We aim to

- encourage creativity and promote well-being through participation in the arts
- counteract low self-esteem by building confidence in abilities and keeping members out of hospital and in the community
- build a sense of community and social skills by involving members and volunteers in all aspects of the project
- enable members & volunteers to gain skills & experience leading to employment
- promote a positive image of people with mental health needs

contact
Michael Anderson, Jacqui Home
MAPS
Unit 33M, Vauxhall Industrial Estate, Greg St
Reddish, Stockport SK5 7BR
tel/fax: 0161 480 7731
artforms
aromatherapy
drama
film & video
music
photography
puppetry
singing
street entertainment
tai chi
visual arts 2D/3D
writing
services offered
commissions
consultancy
demonstrations
exhibitions
partnerships
performances
seminars
talks
training
workshops

Mind Citizens

We are a group of users who have formed our own organisation.
We use forum theatre, painting, poetry, plays and short films to highlight the issues we face as users.
contact
Taraq Qureshi
Mind Citizens, 62 Carnarvon Rd, Stratford, London E15 4JW
tel/fax: 020 8534 8307email: mindct@hotmail.com
artforms
crafts
drama
film & video
forum theatre
music
painting
poetry
theatre
writing
services offered
commissions
performances
talks
training
fees
£50 per hour
any requirements
volunteers to help in administration & workshops

mind the ... gap

We are working to make theatre, make sense of the world, promote inclusive practice, celebrate creativity and champion self expression as a basic human right.
mind the ... gap has pioneered the use of forum theatre within mental health settings in the UK.

contact
Tim Wheeler
mind the ...gap
Queens House, Queens Rd
Bradford BD8 7BS
tel: 01274 544 683 fax: 01274 544 501
email: arts@mind-the-gap.org.uk

artforms
dance
forum theatre
music
theatre

services offered
demonstrations
performances
residencies
seminars
talks
training
workshops

Music Workshop Project

We are a music project operating in a local mental health service, meeting monthly at the local branch of MIND at the Edward Parry Day Centre.
Music enables people to express feelings and different moods within the supportive environment of others who share similar problems.
Members are actively involved in running the Project and have published articles and designed promotional material.
We operate a musical instrument recycling scheme (promoted on local radio!) whereby the public donate unwanted instruments to be restored and used by the Project.
We have a portastudio on which to record and market our material.

contact
Tony Gillam
Music Workshop Project
Kidderminster General Hospital
Bewdley Rd, Kidderminster DY11 6RJ
tel: 01562 823 424 ext 3286

artforms
music
recording

services offered
musical instrument recycling

NorDAF

We are the Northern Disability Arts Forum - an arts development agency staffed and managed by disabled people.
We are the Local Arts Development Agency for Northern Arts.
NorDAF's main aims are:
to provide opportunities for Disabled people to participate in the arts on their own terms
to promote awareness of the needs and desires of Disabled people as arts consumers and practitioners
to provide advice and information to arts organisations and artists working in Disability arts or with disabled people
to work towards a fully accessible arts environment

contact
Veronica McCale
NORDAF
MCA House, Ellison Place
Newcastle upon Tyne NE1 1EE
minicom: 0191 261 2238

artforms
cabaret
combined arts
drama
photography
poetry
writing

services offered
commissions
exhibitions
free newsletter to members
performances
residencies
seminars
talks
workshops

North Kensington Amenity Trust

We are an arts development programme which aims to develop a public arts programme on and around the Trust's land, involving member organisations, tenants, local residents and the users of our facilities - including users/survivors.
In the late 1960s the Westway A40(M) motorway was driven through the heart of North Kensington. Streets were cut in half, six hundred houses demolished and hundreds of families moved from their homes. Twenty three acres of wasteland were left beneath the flyover stretching for a mile across the Royal Borough of Kensington & Chelsea. The Trust was set up in 1971 with the aims of developing the land for the benefit of the community and contributing to the regeneration of the area.
The Trust is about the mental health of the community.

contact
Georgia Ward
North Kensington Amenity Trust, 1 Thorpe Close
London W10 5XL
tel: 0181 969 7511 fax: 0181 969 5936

artforms
digital arts
film & video
live art
performance poetry
photography
street entertainment
visual arts 2D/ 3D
writing

services offered
demonstrations
exhibitions
participatory public arts
performances
residencies
seminars
talks
training
workshops

North Tyneside Arts Studio

We provide space and materials for people to practise as artists. People mostly concentrate on

individual work but there are occasional collaborative enterprises and courses. Artists regularly attend short courses or conferences elsewhere.
We work co-operatively, doing things with our members rather than for them, and offering a diversity of opportunities; some artists might prepare a folio for entrance to higher education courses, undertake commissions, arrange exhibitions, or enter competitions.
Members are encouraged and supported to play a part in the activities of the Studio, such as exhibitions and visits, and to pursue their own creative goals, thus opening channels to a wider community away from that concerned primarily with mental illness and lessening dependence on clinical and other social services.
contact
Jocelyn Caffia
Alan Vaughan
North Tyneside Arts Studio
Linskill Centre, North Shields, Tyne & Wear
NE3 2AY
tel/fax: 0191 296 1156
email: nt.artstudio@virgin.net
artforms
cabaret
caricature
celebratory arts
ceramics
crafts
dance
digital arts
festivals
film & video
glass
life drawing
live art
metal
music
painting stage sets
photography
puppetry
sculpture
site specific
visual arts 2D/ 3D
services offered
commissions
consultancy
demonstrations
performances
research
residencies
seminars
talks
training
workshops
writing
support for members entering formal education
fees
free to members living in N. Shields
otherwise a daily rate applies - normally funded by a member's own local authority
fees for outside work - please enquire

Old Parcels Office Arts Centre

We are a community arts project run by Hull & E Yorkshire MIND.
We promote good mental health through creativity - using the media of community arts.
We provide an open programme of courses and events, some of which are run in conjunction with the Workers' Educational Association and the local Community Education Department.
We also run activities and outreach projects tailored to meet the needs of specific groups in the community.
We are keen to hear from people who want to get involved!
contact
Frances Kelly
Old Parcels Office Arts Centre
Bridlington Railway Station
Station Approach, Bridlington YO15 3EP
tel: 01262 400 000
artforms
aromatherapy
calligraphy
celebratory arts
crafts
drama
festivals
mime
poetry
puppetry
visual arts 2D/3D
writing
services offered
courses: WEA/community education
demonstrations
performances
training
workshops
fees
negotiable; please enquire
any requirements
suitable space

one in four theatre co.

We are specialists in forum theatre techniques, which involve audience participation in exploring problems introduced by the actors.
We have a small membership that changes every now and then as members move on, get day jobs, etc.
All our members are users or former users of mental health services.
contact
Chris Batstone
one in four Theatre Co.
Stringer House, 34 Lupton St
Hunslet, Leeds LS10 2QW
tel/fax: 0113 276 5143
email: 1in4@theatre.ndo.co.uk
artforms
drama
forum theatre
theatre
services offered
demonstrations
performances
seminars
talks
training
workshops
we are always keen to involve new members wherever possible
- especially local to Leeds
any requirements
parking
easy access to workshop / performance space

wheelchair access not necessary
for performances we require:
technical & venue specifications
some on-site stage management

'On the Brink' Theatre Co.

We are an independent theatre company organised and run exclusively by service users. The company's aim is to perform in as wide a range venues as possible in order to destigmatise the whole area of mental health/illness.
The company uses forum theatre, and all performances are company-devised and based on personal experiences.

contact
Paul Murray
On the Brink Theatre Co.
1 Wartopp Court, Melton Rd, Burton Lazars
Leicestershire LE14 2UT
tel: 01664 562 176 / 079 777 696 47

artforms
forum theatre
workshops

services offered
please enquire

Pool Arts

We are a user led group, based on the principles of advocacy and inclusion, seeking accessible and sustainable studio spaces where artists from diverse cultures who have experienced emotional distress can work independently. Members may have attended other arts groups and will be clear about the direction of their work.
We will link to the wider arts community through mentoring, residencies, visiting artists, placements, exchanges and exhibitions.
We are seeking space in the proposed Healthy Living Centre at the old Victoria Baths on Hathersage Road. During the summer of 2000 Alison Kershaw and Pool Arts worked at the Baths to make a series of site related artworks. The residency culminated in an exhibition in September 2000: 'Remember to Breathe'
St Lukes Arts Project and Central Manchester User Partnership are coordinating the meetings to formally establish the group.

contact
Alison Kershaw
Pool Arts
c/o St Luke's Arts Project
St Luke's Church, Guidepost Square
Longsight, Manchester M13 9AB
0161 273 1492

artforms
celebratory arts
digital arts
festivals
performance poetry
poetry
site specific
street entertainment
visual arts 2D/ 3D
writing

services offered
commissions
exchanges
exhibitions
mentoring
placements
residencies
seminars
talks
training
workshops
writing/editing

fees
or expenses; please enquire
entitled to therapeutic earnings.

Recycled Lives Theatre Company

We are a user led organisation allowing drama to interpret our views about life and our relationship to it. We try to convey the complexity of this relationship - where humour rubs shoulders with despair and openness with prejudice - and use slices of our own lives to educate nurses and social workers.
We explore heavy issues in a light and entertaining way - unless the message would be better served in a non-fictional context; then we do not censor the ugliness or beauty of a situation.
We shall take advantage of the public's evident capacity to learn for as long as prejudice curtails our potential in societal reform.

contact
Crawford Coveney
Recycled Lives Theatre Company
Copper Kettle Centre, Norwich
tel: 01603 615 967

artforms
drama
forum theatre
street entertainment
theatre

services offered
exhibitions
performances
residencies
talks
workshops

fees
nominal contribution
& travel expenses

Restore

We are a creative work rehabilitation service, helping people with mental health problems to enter open employment or to receive long term support within the community.
Art and design are basic to Restore. The Print Group specialises in the design and production of screen printed and hand printed greetings cards, as well as hand painted silk scarves and the finishing of toys designed and made by the Woodwork Group.
We have an on site shop and also undertake bespoke work for local companies and individual customers.
Restore is known throughout the local community for the high quality and imaginative design of its hand crafted work in printing, wood crafts and horticulture.

contact
Rosie Hallam
Restore
Manzil Way, Cowley Rd, Oxford OX4 1YH
tel: 01865 241 434 fax: 01865 241 434

artforms
crafts
festivals
horticulture
toys

visual arts 2D/3D
woodcrafts
services offered
commissions
exhibitions
shop on site
training
work rehabilitation
workshops

Rovers

We are a multidisciplinary team which includes artists, a gardener, a woodworker and occupational therapists.
Sometimes we work one to one, sometimes in small groups, and sometimes in larger 'open house' drop-ins.
Rovers is a part of Central Manchester Healthcare NHS Trust's community mental health service.
contact
Judith Atkin
Rovers
High Elms, Upper Park Rd, Victoria Park
Manchester M14 5RU
tel: 0161 257 0696
artforms
crafts
film & video
photography
site specific
visual arts 2D/ 3D
services offered
commissions
consultancy
demonstrations
exhibitions
research
talks
training
workshops
fees
&/or expenses
any requirements
a co-worker and possibly transport

St Luke's Arts Project

We are an arts project based in a community centre and church - though we are not linked to the church in a religious sense. We offer an open art studio where people come to pursue their own practice or get involved in group projects.
The work mainly consists of drawing and painting. Group projects include carnival and street theatre work involving 'Gegants' - giant processional figures.
We hold exhibitions, go on trips, take part in festivals and events. We encourage those taking part to develop their practice towards professional standards - at their own pace!
We have no formal entry criteria and no formal referral system.
We have fun!
contact
Alison Kershaw
St Luke's Arts Project
St Luke's Church
Guidepost Square, Longsight
Manchester M13 9AB
tel: 0161 273 1492
email: alison.sl-arts@good.co.uk
artforms
celebratory arts
festivals
music
performance poetry
photography
puppetry
site specific
street entertainment
visual arts 2D/3D
writing
services offered
commissions
consultancy
demonstrations
exhibitions
talks
training
workshops
fees
yes - unless for a charitable cause in which case expenses negotiated

South Tyneside Arts Studio

We are an open-access visual arts studio - open to the whole community - with a priority service for people living with mental health difficulties.
Professional artists facilitate general workshops where members follow their own path, choosing their own media and focus for activities.
We also run specific workshops when members can learn new skills in, for example, printmaking, photography, computer graphics.
The studio has a gallery/project space, runs art workshops with other organisations, and has recently set up an 'Arts on Prescription' scheme with local GP surgeries.
contact
Clare Gee
Peter Thomson
South Tyneside Arts Studio
the Old Synagogue, 25 Beach Rd, South Shields
Tyne & Wear NE33 2QA
tel: 0191 454 4004 fax: 0191 454 7638
email: stas@dial.pipex.com
website: http://ds.dial.pipex.com/stas
artforms
crafts
digital arts
photography
printmaking
visual arts 2D/3D
writing
services offered
exhibitions
seminars
talks
training
workshops
Studio artists are self-employed and are often available to work with other organisations
fees
charged for outside organisations
individual member's fees: £15pa
members on benefits: £3 pa
free to people living with established mental health needs

START in Salford

We are a community arts project offering free access to quality arts provision for people experiencing severe and enduring mental ill-health.

We provide a flexible and responsive range of studio, outreach and one-to-one sessions.
Users participate in a wide range of activities including visits to galleries, exhibitions and sketching trips.
Salford Art Gallery and Museum hosts an annual exhibition of work by Start in Salford.
Users play a major role in shaping the direction and emphasis of the work and serve on the management board.
contact
Bernadette Conlon
START in Salford
c/o the Mental Health Team
Pendleton House, Broughton Road
Salford M6 6LS
tel: 0161 736 2675
artforms
celebratory arts
ceramics
crafts
drama
film & video
performance poetry
photography
poetry
textiles
visual arts 2D/3D
writing
services offered
commissions
consultancy
demonstrations
exhibitions
residencies
talks
workshops
fees
&/or expenses (negotiable)

START Studios

We are a network of studios for adults recovering from mental illness where arts training is offered by artists specialising in a range of media.
START aims for the highest standards and offers genuine opportunities for achievement within the wider artistic community.
Links with Adult Education enable artists on START's register to run sessions in other settings.
START has exhibited extensively in the UK and produced commissioned works in community settings, giving members the opportunity to work alongside practising artists and gain experience, skills and confidence.
A tailor-made therapeutic earnings scheme enables members to be paid for commissioned work or sales.
contact
Morag Musk
START Studios
High Elms, Upper Park Rd, Victoria Park
Rusholme, Manchester M14 5RU
tel: 0161 257 0675 fax: 0161 225 9446
artforms
applied arts
crafts
mosaic
painting & drawing
photography
pottery
stained glass
textiles
visual arts 2D/3D
services offered
commissions
consultancy
demonstrations
design
exhibitions
research
sales of work
talks
training
workshops
fees
&/or expenses; depends on the project

Stockport Arts & Health

We coordinate the arts in Stockport's Health Services, engaging artists to work with groups in hospitals and in the community.
We are the base for the Arts on Prescription and we work with other local arts in mental health projects. We have organised projects in - and commissions for - new local mental health centres with the additional aim of engaging local communities in overcoming stigma and 'nimbyism'.
We employ artists to work with staff on their creative development as part of Stockport's Staff Health Initiative programme.
We work with people disadvantaged by physical, emotional or economic circumstances to foster and share empowerment through creativity.
contact
Adrienne Brown
Stockport Arts & Health
St Thomas' Hospital, Shaw Heath, Stockport
SK3 8BL
tel/fax: 0161 477 4054
email: adibrown@appleonline.net
artforms
crafts
film & video
mosaic
music
photography
poetry
site specific
textiles
visual arts 2D/ 3D
writing
services offered
commissions
consultancy
demonstrations
design
exhibitions
gallery
performances
research
residencies
talks
training
workshops

Studio 3 Arts

We work with a range of community groups.
Our work in mental health has involved drama, video and art workshops with user/survivor groups, as well as awareness raising work with a range of people from schools to healthcare professionals, and involving service users in a variety of ways

from the creating of a touring exhibition to the advising of a scriptwriter.
Our short plays on mental health issues are used at conferences and events and our video based resource 'A Little Understanding' is available to schools and groups working with young people.
contact
Kathryn Gilfoy
Studio 3 Arts
Faircross Community Complex
Hulse Ave, Barking, Essex IG11 9UP
tel/fax: 0181 594 7136
email: studio3arts@dial.pipex.com
website: studio3arts.org.uk
artforms
all, potentially: our projects are tailor made and the medium is chosen to serve them
services offered
we aim to provide whatever services are required by those with whom we work and the needs of a project
fees
nominal to organisations such as schools

Studio Upstairs, London & Bristol

We are a working arts community for those whose interests, abilities and talents can be expressed through the arts, yet who for various reasons are unable or choose not to participate within existing institutions.
The studios are managed by practising artists and actors, many of whom are registered art or drama therapists or psychotherapists.
Attention is given to dialogue and the need to be heard - encouraging movement from isolation to relating.
Studio Upstairs (London) is an associate of Diorama Arts Centre; members exhibit at the Diorama Gallery and perform in the Diorama Theatre.
Studio Upstairs (Bristol) is an associate of Spike Island; members exhibit at the Spike Island Gallery and perform in the Spike Island Theatre.
contact
Douglas Gill
Studio Upstairs
Diorama Arts
34 Osnaburgh St, London NW1 3ND
tel: 0171 916 5431 fax: 0171 916 5477
email: mail@studioup.u-net.com
website: www.diorama-arts.org.uk Douglas Gill
Studio Upstairs
Spike Island, 133 Cumberland Rd
Bristol BS7 9AN
tel: 0117 942 6604
artforms
dance
drama
film & video
live art
theatre
visual arts 2D/3D
services offered
commissions
consultancy
exhibitions
performances
research
talks
training
workshops
fees
we can negotiate with Social Services for individuals' fees: or an independent contribution can be made
fees or expenses for work elsewhere (depends on how much is in the kitty!)
performances may tour nationally

Survivors Poetry Manchester

We are a group run by and for survivors, giving everyone a chance to develop writing and performance skills in a safe, friendly and supportive environment.
We're now attracting local poets of calibre as well as people coming through the mental health system.
We have four facilitators: Pat Winslow, Louise McKenny-Wallwein, Rosie Garland and Claire Prendergast.
contact
Clare Prendergast
Survivors Poetry Manchester
c/o Commonword, Cheetwood House,
21 Newton St, Manchester M1 1FZ
tel: 0161 226 8264
email: clarepren@yahoo.com
artforms
cabaret
drama
live art
performance poetry
singing
street entertainment
theatre
writing
services offered
performances
residencies
training
workshops
fees
&/or expenses
any requirements
advice on and support in fundraising opportunities, money creation and money management

Survivors' Poetry Scotland

We are a group which promotes literature and personal development through creative writing workshops, performances, publications and other arts events for people who identify as survivors.
The workshops promote the writing, reading and speaking of our own words in a friendly, positive atmosphere.
The aim is to develop skill and confidence in the way we express ourselves.
In addition to Glasgow there are now Survivors' Poetry groups operating in Dumfries, Edinburgh, Dundee, Aberdeen and Inverness.
contact
Chris Ballance
Wallace MacBain
Survivors' Poetry Scotland
38 Cranwarth St, Glasgow G12
tel/fax: 0141 357 6838
email: sps@spscot.co.uk
artforms
dance
mime
music
singing

storytelling
services offered
workshops in skills including:
presentation
voice projection
training course once a year
4 creative writing groups per week
1 performance group per week (with bookings from around the UK)
1 performance evening per month
fees
all the groups/events are free
(we ask for a small donation to cover the cost of tea/coffee)

TAP (Trust Arts Projects)

We provide local NHS services with a professional programme of collaborative and interactive arts activities, exhibitions and events.
TAP aims to establish meaningful interventions on the social, health, cultural and educational as well as the physical fabric of the urban environment and its communities.
We aim to build bridges with local communities, services and organisations, fostering multi-agency and multi-cultural partnerships, by developing outreach art and design projects that decentralise the provision of creative interventions by working directly with the healthcare community in different locations.
We work across London; the projects, exhibitions and events are therefore as varied and abstract as London is diverse.
contact
Belinda Sosinowicz
Trust Arts Projects
South London & Maudsley NHS Trust
Rose McAndrew Centre, Beale House
Lingham St, London SW9 9GH
tel: 0958 211 839
email: belinda@interventions.fsbusiness.co.uk
artforms
crafts
digital arts
film & video
live art
music
poetry
photography
site specific
theatre
visual arts 2D/ 3D
writing
services offered
commissions
consultancy
design
exhibitions
research
residencies
seminars
talks
training
workshops
writing/editing
fees
charged

Theatre Exchange

We are a community and educational company which works extensively in schools and with youth and adult groups in the community. Disability arts is a core area, from one day workshops / training sessions to six or nine month projects.
Many of the groups we work with regularly involve a high proportion of users / survivors.
contact
Beth Wood
Theatre Exchange
Leatherhead Leisure Centre
Guildford Rd, Leatherhead,
Surrey KT22 9BL
tel/fax: 01372 362 700
email: theatre-exchange@tecres.net
artforms
drama
theatre
services offered
demonstrations
exhibitions
performances
residencies
seminars
talks
training
workshops
fees
usually we put together projects with partners, for example disability arts groups, and then attempt to secure funding for the project from public bodies such as South East Arts &/or grants & trusts
any requirements
support staff who can assist our directors & workshop leaders & who are familiar with the project participants

Theatre Resource

We are a community and participatory arts organisation based at Great Stoney, the new Arts and Education Centre in Ongar.
We run a diverse programme of activities at the Centre and throughout Essex providing access to arts projects - using drama, music, dance and visual arts techniques - for people with disabilities and those who experience disadvantage.
We work to empower people to gain an active role within the cultural life of the community.
contact
Edwina Simpson
Theatre Resource
Great Stony, Ongar Arts & Education Centre
High St, Ongar
Essex CM5 0AD
tel: 01277 365 626
fax/minicom: 01277 365 003
artforms
dance
drama
music
visual arts 2D/3D
services offered
please enquire

Trongate Studios

We use the visual arts to combat the demoralising effects of mental ill health for people returning to the community after hospitalisation.
We encourage the development of individual artistic abilities in a creative and supporting environment. By actively participating and engaging in dialogue with professional artists, members may

experience benefits that positively affect their mental health.
Individuals are seen as artists and members of the Studios rather than clients within the mental health system. Our philosophy is that through positive encouragement and support members will develop a sense of self esteem and confidence that will assist their integration into society.
contact
David McDonald
Trongate Studios
18 Albion St, Glasgow G1 1LH
tel: 0141 552 2822
fax: 0141 552 3490
email: Info@project-ability.co.uk
artforms
digital arts
film & video
photography
visual arts 2D/3D
services offered
commissions
demonstrations
exhibitions
performances
seminars
talks
workshops
fees
studio space & materials are free of charge to Studio members

User Group Information Project Mind Cymru

We are a contact point for information about the arts in mental health in Wales. We providing information of all sorts to user/survivor groups. We produce a quarterly bilingual newsletter.
contact
Kate Jones
Penmarric House, Llandrindod Wells LD1 5UL
tel: 01597 825528
e-mail: info@userproject.freeserve.co.uk
website:
www.communityweb.org/mindcymru-userproject
artforms
any
services offered
contact point
information
newsletter

Venture Arts

We promote creativity and care. We offer people with mental health problems and with learning difficulties, from all ethnic backgrounds, the opportunity to exercise their artistic skills.
We offer close interaction on joint projects and individual work - thus helping to develop self esteem and self awareness whilst promoting cooperation in a non-intrusive environment.
contact
John Adshead
Venture Arts
45 Old Birley St, Manchester M15 5RF
tel: 0161 2321223
email: john@jadshead.fsnet.co.uk
artforms
drawing & painting
mosaic
percussion
photography
pottery
printmaking
services offered
commissions
demonstrations
design
exhibitions
greetings cards
sales of works
disabled access

Wolf + Water Arts Co.

We use arts and theatre techniques creatively and therapeutically - with groups drawn from mental health, criminal justice, social, learning disability, youth, education and conflict resolution services - to explore issues of mental health, interpersonal relationships and conflict resolution.
contact
Peter Harris
Wolf + Water Arts Co.
Beaford Centre, Beaford, Winkleigh
N. Devon EX19 8LY
tel: 01805 603 628 fax: 01805 603 202
email: w&w@eclipse.co.uk
website:
www.wolf-and-water.freeserve.co.uk
artforms
dance
drama
film & video
music
puppetry
singing
theatre
visual arts 2D/ 3D
services offered
demonstrations
exhibitions
performances
residencies
seminars
talks
training
workshops

Women and Theatre (Birmingham) Ltd
We are a producing theatre company specialising in health promotion. Mental health is one of the themes we explore.
Through close research and needs assessment, in partnership with service providers and the community, we devise accessible, humorous, moving and challenging drama of high quality. Above all our work focuses on communication and the sharing of real life experiences. It provides an ideal training opportunity, and a forum through which to identify with others, deepen understanding and facilitate change.
contact
Victoria Firth
Women and Theatre (Birmingham) Ltd
the Friends Institute, 220 Moseley Rd
Birmingham B12 0DG
tel: 0121 440 4203 fax: 0121 446 4280
email: womenandtheatre@btinternet.com
artforms
drama
theatre
services offered

demonstrations
performances
residencies
seminars
talks
training
workshops
fees
enquire; can help groups to raise funds

Yorkshire Women Theatre

We create bespoke projects for groups, conferences, communities and touring.
We pursue issue based work in the areas of health and related social topics.
We have produced programmes of participatory work on drug awareness, domestic violence, equality issues, general health, and we have piloted an Open College course.
The mainstay of our work is drama/theatre related but we also work with artists, writers and designers as appropriate.
contact
Julie Courtney
Emma Gee
Yorkshire Women Theatre
Unit 10, Chapel Town Business Centre
Chapel Town Rd, Leeds LS7 3DX
tel: 0113 262 6900 fax: 0113 2374 365
artforms
drama
theatre
services offered
demonstrations
performances
residencies
seminars
talks
training
workshops
fees
depend on the programme; please enquire

ZAP (Zion Art Project)

We are the art Drop-in at the Harp Café.
ZAP includes the Women's Art Group, and ACE (African Caribbean Expressions) which is specifically aimed at black people who are experiencing mental distress. ACE functions jointly with the African Caribbean Mental Health Project Drop-ins from which most of its members derive.
We offer a warm and friendly atmosphere with music and hot drinks.
contact
Martina Street
ZAP (Zion Art Project)
Kath Locke Centre, 123 Moss Lane East,
Hulme, Manchester M15 5DD
tel: 0161 455 0215 fax: 0161 455 0213
artforms
drama
photography
visual arts 2D/ 3D
services offered
demonstrations
exhibitions
performances
seminars
talks
workshops

PART 2
INDIVIDUAL ARTISTS

Judith Atkin

I am an artist who works part time with people who have mental health problems. I'm part of a multidisciplinary team (Rovers and START Studios) which includes 6 other artists, a gardener, a woodworker and occupational therapists.
Sometimes I work with people in one to one settings, sometimes in small groups, and sometimes in larger 'open house' drop-ins.
Some groups are quite structured, where projects are followed; others are less formal - where people can follow their chosen lines of enquiry.
I also produce personal work: paintings in a range of media.
address
c/o Rovers , High Elms, Upper Park Rd, Victoria Park, Manchester M14 5RU
tel: 0161 257 0696
artforms
visual arts 2D
services offered
commissions
consultancy
demonstrations
design
exhibitions
talks
training
workshops
fees
expenses

Faith Bennett

I am an artist/facilitator.
I have run projects with young homeless travellers and various community groups.
address
79 Robertson Rd, Eastville, Bristol BS5 6LA
tel: 0117 951 9249
artforms
visual arts 2D/3D
services offered
workshops
fees
generally £80 - £100 per day

Caroline Born

I am a movement therapist facilitating dance performances and running dance & drama workshops.
Movement & dance releases the spirit - any body's body can dance in any way dancing with your body with any part.
address
5 Sunnyside, South Milton, Kingsbridge
S. Devon TQ7 3JW
tel: 01548 560 786
artforms
dance
drama
services offered
residencies
workshops

Nigel Bowden

I am a writer.
Apart from personal experience of mental illness within my family, I have been a social worker and have worked for the mental health helpline 'Saneline'.
One of my plays, 'Meg & Vee', is on the subject of schizophrenia. It was shortlisted for the Verity Bargate Award and was runner up in the Croydon Warehouse International Play Competition. I have also written a TV script on the same subject.

address
Flat 5, 155 Marine Parade, Brighton BN2 1EJ
tel: 01273 67788
artforms
drama
theatre
writing
services offered
performances
fees
royalties

June Brown

I am working as a writer/facilitator on a freelance basis employed by Dundee Rep Arts Advocacy Project, Perth Association for Mental Health, and Rural Outreach Projects.

address
43 Station Rd, Invergowrie, Dundee
tel: 01382 561 943
email: June@specs95.freeserve.co.uk
artforms
writing
services offered
facilitation
workshops
any requirements
occasional photocopying
writing materials

Langley Brown

I am an artist/facilitator/retiree who has worked umpteen years in the mental health/illness continuum as artist, facilitator, project director and punter.
I see 'the arts in mental health' (Inspired Arts) movement, not just as a reaction to a prevailing pathology of 'mental-illness', but as an assertion of the belief that a society's emotional well being is unattainable without the will nor the means for its members to engage and realise their individual and collective creative potential.
It's me that's put this Directory together; whilst the process has nearly driven me crazy, I have been moved and inspired by the scale and depth what's going on.
I'm also working with Tricia Durdey, Aidan Shingler and i am on Cry for Sanctuary to explore and formulate creative alternatives to our inherited mental health system.
In 2001 I hope to complete my MPhil thesis 'Is Art Therapy? (Mental Health and the Visual Arts)' at the Manchester Metropolitan University.

address
20 White Knowle Rd, Buxton
Derbyshire SK17 9NH
tel: 01298 78637
email: langleybrown@yahoo.com
artforms
mixed media
mosaic
site specific
visual arts 2D/3D
services offered
commissions
consultancy
exhibitions
residencies
seminars
talks
training
workshops
writing/editing
fees
negotiable & according to means

Paul Dews

I am a visual artist. I graduated from Dartington College of Arts in 1989 with a degree in Art & Social Context.
I hold art and music sessions at St Lukes psychiatric hospital in Huddersfield.
Community projects include a mosaic with a group of women at Windybank Family Centre in Huddersfield.
Public arts commissions include a mural for the entrance doors at South Tyneside Art Studio in South Shields.
Private commissions include a large glass painting for a client in Hartlepool, and illustrations for an adult fairy story.
During 2000 I am giving talks and practical workshops at Bradford University on the subject of arts practice within the mental health area.

address
9 Taylor Hill Rd, Lockwood, Huddersfield
W. Yorkshire HD4 6HN
tel: 01484 541 214
artforms
cartoons
glass painting
illustration
mosaic
murals
music making
portraits
posters
visual arts 2D/3D
services offered
commissions
exhibitions
projects
talks
workshops

Dr. Philip Dixon-Phillips

I am a swash buckling ~ swung dash, phlopdown comic/poet from Sunderland, Co. Durham ..... (virgules permitting)
(Hopes to keep the arts world canny so divvn't dunch us).

address
'Phlopdown', 36A Howard Rd, Ilford, Essex IG1 2EX
tel: 0181 514 2517
artforms
cabaret
drama
performance poetry
theatre
services offered

demonstrations
performances
seminars
talks
fees
expenses ok but payment better - even if book tokens!
any requirements
help with finance and friendly support

Ruth Dunster

I am a user/survivor artist/facilitator.
I've done a lot of work with Survivors' Poetry Scotland compiling books targeted at learning-difficulty users and professionals respectively (but not exclusively); at 'normal' people in the local community; and at the local press to document experience for users and professionals in the transition from hospital closure to community care. As a result the SPS cabaret has gone out to professionals as well as users.
I'm now moving into user participation in consultation processes for service provision development: Millar Committee for Mental Health Services; Scottish Health Advisory Service; liaison with Glasgow Advocacy Network.
I like talking to anyone who is trying to do things!
address
c/o Survivors Poetry Scotland
30 Cranwarth St, Glasgow G12
tel/fax: 0141 357 6838
email: sps@spsscot.co.uk
artforms
drama
singing
writing
services offered
advocacy
exhibitions
performances
workshops
fees
& expenses negotiable
any requirements
help with financial details
good communications in advance

Tricia Durdey

I am a dance workshop leader, dedicated to working with adults of all ages and abilities to facilitate a freeing of creativity, and an enjoyment and understanding of physical and emotional expression.
I am a choreographer who especially enjoys creating work for the non-trained and sometimes physically 'disabled' dancer, as it challenges a more honest and in-depth exploration of movement.
I am an 'aged' dancer who is enjoying the challenge of opposing the world of mainstream dance.
I run multi-media art workshops with people with profound learning disabilities.
I am developing a series of workshops on 'freeing creativity'.
I am also working with Aidan Shingler and Langley Brown on Cry for Sanctuary (see under national organisations).
address
6 Thorntree Cottages, Cromford Rd
Wirksworth, Derbyshire DE4 4FL
tel: 01629 825 029
artforms
dance
services offered
facilitation
residencies
training
workshops

Guy Eades

I am an artist and manager of Healing Arts Isle of Wight.
I also offer commissions and design in the visual arts beyond the island, as well as consultancy in healthcare arts management.
address
St Mary's Hospital, Parkhurst Rd, Newport,
Isle of Wight PO30 5TG
tel: 01983 534 253 fax: 01983 525 157
email: healingarts@iowht.swest.nhs.uk
artforms
visual arts 2D/3D
services offered
commissions/design in visual arts
consultancy in arts in healthcare managemen

Judith Gait

I am a patchwork maker.
I have been involved for several years in projects with various groups who use the production of patchwork quilts as a positive focus to help build self confidence and peer-group support. Some of this work has been benchmarked by the Health Education Authority in their Summary Bulletin Art for Health and is now live on their website.
address
St Mary's Cottage, Hemington, Bath BA3 5XX
tel: 01373 834 033
artforms
crafts
patchwork
services offered
commissions
demonstrations
exhibitions
workshops

Clare Gee

I am full-time arts manager of South Tyneside Arts Studio - an arts & mental health visual arts studio open to the local community.
I am also a professional artist working mainly in painting, photography & digital media. I also write poetry.
The majority of my full-time work is management based, facilitation etc, but I also run general sessions in the workshop in a wide range of 2D visual arts including printmaking, textiles, drawing, painting, sculpture & crafts based media.
address
Cestria, 21 Gladstone St, Hartlepool B24 0PE
email: clare@watsonpress.co.uk
artforms
digital arts
photography
printmaking
visual arts 2D/3D
services offered
workshops

Sandra Goody

I am fine art trained and use these skills in community settings in response to to an expressed need for 'art'. This has broadened my art / creative experience. Sometimes we do groups where none feels particularly expert - at other times one or a few of us know what we're doing, and that's our starting point.
I have learnt a lot about style, democracy, process and the different desires people have when they contemplate creativity ... complicated? Baffling? - it is - but it is also very energising and full-feeling / satisfying / alive / fulfilling!
I'm an art therapy trainee.

address
c/o 41 Kirkleatham St, Redcar, Cleveland
tel: 01642 490 881

artforms
film & video
installation-based sculpture
live art
photography
visual arts 2D/3D
visual arts-related performance

services offered
workshops
writing

fees
expenses only

Sharon Hall

I am an artist and project manager with ten years' experience of initiating and delivering to completion arts, environment and health projects. I specialise in arts projects in mental health settings, particularly in-patient care, and I am currently working as an artist and project manager in the in-patient mental health wards of Leighton Hospital, Crewe and the Royal Bolton Hospital, Bolton.
I am co-director of FaceArts, a not-for-profit organisation set up to promote the beneficial role of the arts and professional artists in in-patient mental health care and treatment in developing individuality and well-being and combating social exclusion.
As a service user, I offer user-led experience and professional expertise.
Within mental health communities I work with users, providers and carers, introducing art and the creative process, engaging people in collaborative creative activity, responding to their creative assets, drive and imagination, sharing skills and enthusiasm and encouraging participation while responding sensitively and creatively to the setting.

address
52 Hough Lane, Northwich, Cheshire CW9 6AB
tel: 01606 76628
email: sharon@facearts.freeserve.co.uk

services offered
arts/mental health consultancy
arts training for mental health service providers
budget management
commissioning and managing artists
community consultation through the arts
fundraising
project management, from initiation and feasibility to completion
project evaluation

Richard Hammond

I am an artist/IT consultant.
I run a small web design/internet consultancy and work part-time as a sessional artist in a studio based in a local mental health day services day centre.
My own artwork covers painting, collage, digital artwork & drawing.

address
Watson Press, 21 Gladstone St, Hartlepool TS24 0PE
email: richard@watsonpress.co.uk
website: www.watsonpress.co.uk

artforms
digital arts
film & video
IT/web design
photography
visual arts 2D/3D

services offered
facilitation
training
workshops

Paula Hansen

I am a writer. I wrote poetry when I was younger and still do a little, but have recently been writing my life story and write a bimonthly newsletter with a circulation of about 950 copies, funded by social services.

address
5 Russell Way, Higham Ferrers, Rushden Northants NN10 8EJ
tel: 01933 387 496

artforms
photography
poetry
writing

services offered
demonstrations
seminars
talks
workshops

fees
expenses only

any requirements
disabled parking
lift if venue above 1st floor

Wendy Hee

I am Arts Access Officer for Birmingham City Council.
I can also work further afield as a consultant in arts access.

address
Arts Access Officer
Birmingham Museum and Art Gallery
Chamberlain Grove, Birmingham B3 3OH
tel: 0121 303 4175 fax: 0121 303 1394
email: arts-&community@birmingham.gov.uk

services offered
support & advice in all artforms

fees
expenses

regions covered
all

Mandy Holland

I am an artist/photographer.
I created 'Out to Lunch - a Personal Exploration of the Psychiatric System', a photographic exhibition which has toured nationally to venues which

include London Diorama Arts Centre, Bristol Watershed Media Centre, Birmingham MAC, and Milton Keynes Gallery.
'Out to Lunch' was featured on BBC's 'From the Edge' and ITV's 'Link'.
I give talks on 'Out to Lunch' and my experience of mental illness.
address
37 Windsor Street, Wolverton, Milton Keynes MK12 5AL
tel: 01908 313 151
artforms
photography
visual arts 2D
services offered
exhibitions
talks
fees
negotiable

Roy Holland

I am a writer, and a user/survivor artist/facilitator. My poetry, translation and criticism is designed to be read not performed.
I hope to begin facilitating Survivors' Poetry's training soon.
address
Flat D, 62 Alderney St, London SW1V 4EX
tel: 0171 821 9025
artforms
art history
music
writing
services offered
art criticism
facilitation
performance
translation

Nick Hudson-Davies

I am a consultant on lesbian, gay, bisexual and mental health.
I use masks, puppets and role play in drama workshops on lifestyles training programmes and gender stereotyping.
I also run workshops in environmental arts and crafts, 'funk-junk', mosaics, glass painting and kite making.
address
104 Nant Peris, Chester, Cheshire CH1 5RW
tel: 01244 383 025
email: nhudson_davies@hotmail.com
artforms
celebratory arts
dance
drama
environmental arts
film & video
kite making
music
photography
puppetry
street entertainment
theatre
visual arts 2D/3D
writing
services offered
consultancy
exhibitions
performances
residencies
training
workshops

Aidan Jolly

I am a multimedia musician and community arts worker who has experienced mental health problems and used mental health services.
I don't think mental health issues are raised often enough in 'everyday' community arts work. Most people experience mental distress at some time in their lives, but it's just brushed aside. Many forms of oppression have their associated mental health problems, and I am interested in - & try to work around - the way in which all these issues meet, and the way by which the arts empower people and societies to fight oppression.
address
54 Stamford St, Mossley OL5 0HS
tel: 01457 834 586
email: aidan.jolly@btinternet.com
artforms
digital arts
drama
film & video
music
photography
singing
theatre
services offered
demonstrations
exhibitions
performances
residencies
seminars
talks
training
workshops
I enjoy working with co-workers and welcome collaborative approaches

Alison Kershaw

I studied as a Fine Artist at Falmouth School of Art (1985) and since then I've worked with people with mental health needs in various settings.
I was fortunate to be involved in developing the St Lukes Arts Project and this is where I base most of my work.
I see the collaboration and facilitation process as central to my practice as an artist. I think artists could be available to their locality as resources and catalysts for communication, healing, regeneration and entertainment. Art is linked to all these areas and can, if given sufficient time and resources, change lives!!
address
2 Clare Rd, Levenshulme, Manchester M19 2GP
tel: 0161 612 6207 mobile: 0467 356 302
email: alison.sl-arts@good.co.uk
artforms
celebratory arts
festivals
film & video
photography
puppetry
site specific
street entertainment
visual arts 2D/3D
services offered
commissions
consultancy
demonstrations

exhibitions
residencies
talks
workshops
writing

Sandra Lahire

I am a user/survivor film maker. Usually my work has been funded by the Arts Council, Lottery and Channel 4.
I studied film at St Martins School of Art, then at the RCA where I did an MA in Film & Environmental Media. Writings include Lesbians in Media Education published in Visible Female (ed Hilary Robinson, Camden Press 1987) and articles for Undercut.
International screenings of my work include: Creteil Film Festival, Locarno; Sao Paolo Film Festival; Berlin Film Festival; Turin Film Festival; Jerusalem Film Festival; Feminale, Cologne.

address
10 Cranmer House, 60 Surrey Lane
London SW11 3TA
tel: 0171 738 2083

artforms
film & video
photography
visual arts 2D/3D
writing

services offered
demonstrations
exhibitions
performances
seminars
talks
workshops

fees
help with transport - ticket paid for!

Julie Latham

I am a musician - just beginning to work in the mental health field.
I am very keen to develop my work with Circle Dance, and I am open to any suggestions from people who feel they would like to explore this further.
In addition, as 'Beats Working', I can offer African Drumming workshops, with or without my partner.

address
59 Fernie Avenue, Melton Mowbray
Leicestershire LE13 0HZ
tel: 01664 561 997

artforms
dance
music
percussion

services offered
workshops

fees
+ additional expenses for travel

any requirements
co-worker who knows the group
tape machine
large space (eg hall / dance studio)
wooden floor if possible

Jeff Lawson

I am - a songwriter.
I write about the human condition, folly, mental distress. Sounds grim? It isn't! Lots of irony.
I write when I feel the need but I'm available for commissions.
I am ...

- a writer. Songs, poems, stories, articles, research, commissions
- a musician. Guitar and funny noises. I learn by listening
- a singer. There's always something to sing about
- a performer. I do a nice line in singing for my supper. would you like the benefit of my experience for your performance?
- an entertainer and raconteur. I want you to leave my gigs feeling good
- jam. Music and writing workshops are fun
- a recorder. WE can write songs, organise performances and do a spot of recording on my lovely recording machine
- a collaborator. Marry your words and your drama to my music
- an escapee from the mental health system. Ex-patient, RMN, Advocate
- a voice. With years of experience as a professional advocate
- a trainer. Stigma, Advocacy, Empowerment, Inclusion, Involvement.

This is my world
inclusive.
I will come to your town and work with groups with writing, with music and with friendship.
I offer consultancy, research and facilitation in Social Inclusion and Social Affirmation, with worthfulness.
Make music and words; make friends; have a party - all are invited
fun and not as arrogant as this makes me sound.
Check me out in the ***i am live*** Report (2000);
i am... pleased to meet you. Hope you guessed my name ...
i am JEFF; call soon.

address
95 Longwood Rd, Huddersfield HD3 4EY
tel: 01484 329 507
email: jefflaw@ntlworld.com

artforms
cabaret
celebratory arts
festivals
live art
music
performance poetry
songwriting
theatre
writing

services offered
commissions
consultancy
performances
residencies
talks
training
workshops
writing

fees
expenses for benefits etc

Tessa Kate Lowe

I and the groups of which I am sometimes a part are just simply relevant
(as are you and yours!).

address
6 Medway Court, Sutton Coldfield B73 6DT

tel: 0121 354 7079
artforms
cabaret
drama
film & video
music
performance poetry
storytelling
visual arts 2D
writing
services offered
demonstrations
exhibitions
performances
seminars
talks
training
workshops
fees
charged & donated to eg Brainstorm/Madcap (expenses ok, though)
entitled to therapeutic earnings

Julie McNamara

I am an award-winning singer and songwriter (I won a Vinyl Dreams Award through the Arts Council of England in 1999), a painter, poet and storyteller.
In my work on stage I move from madness and misery into mayhem and magic, using stories, poetry and visual images with carefully crafted backing tracks.
I am a radical activist in mental health and an outspoken survivor of the mental health system.
My work is driven by a passion for justice and for a society where difference is a celebration, not a contamination.
My concerts and workshops aim to be a challenge to conventional thinking and a celebration of difference.
address
39 Westmill Court, Kings Crescent Estate
London N4 2XW
tel: 0171 503 4363
email: juliemc@globalnet.co.uk
artforms
cabaret
drama
film & video
music
performance poetry
singing
storytelling
visual arts 2D
writing
services offered
demonstrations
exhibitions
facilitation
performances
residencies
seminars
talks
workshops
fees
15% of annual labour is free or at low cost to unfunded groups
funded groups charged on a scale from £150 to £300 per day
any requirements
clear map to the venue
lift, or taxi fare, where station is far from venue

Jonathan Pettitt

I am a user/survivor painter,
address
34 Bowley Rd, Hailsham
E. Sussex BN27 2DJ
artforms
visual arts 2D
services offered
commissions
exhibitions
work for sale

Manon Plouffe

I am an arts facilitator. I have run and developed a course which addresses the lack of motivation for individuals working in the mental health field.
I also run workshops in dance, meditation or visualisation.
I have written a training pack and provided training in forum theatre focusing on young people and bullying issues.
address
24 Eaglesfield St, Maryport, Cumbria CA15 6HG
tel/fax: 01900 816 343
email: manon@plouffe.freeserve.co.uk
artforms
cabaret
dance
drama
forum theatre
music
photography
street entertainment
theatre
visual arts 2D/3D
writing
services offered
demonstrations
exhibitions
performances
residencies
seminars
talks
training
workshops
fees
negotiable; depends on financial situation of purchaser
any requirements
an interpreter, possibly

Steve Plowright

I am a folk singer/song writer, artist, poet, and arts facilitator. I am a sufferer/survivor - believing that part of the survival is going through the suffering.
I am now writing about my traumatic experiences and sharing these in workshops.
I also write Nature Poetry inspired by the Romantic period and am active in the folk music field as a performer of traditional, as well as my own and others', songs.
I offer theme shows (eg the Seasons of the Year - a mixture of poems, songs and traditions through the yearly cycle).
I have worked in day centres, in hospitals and with various community organisations.
address
21 Dallas York Rd, Beeston, Nottingham NG9 2EZ
tel: 0115 925 3690
artforms

celebratory arts
festivals
folk crafts
folk music
live art
performance poetry
poetry
street entertainment
visual arts 2D/3D
writing
services offered
commissions
demonstrations
design
exhibitions
facilitation
performances
residencies
talks
workshops on seasonal themes
writing
fees
& expenses
negotiable for mental health groups
entitled to therapeutic earnings

Clare Prendergast

A writer and performer. I work on the themes of childhood madness and sex.
I am interested in process rather than product - although a good product is a bonus.
I am co-creator - with Rosie Lugosi - of the Pink Ladies: we do performance workshops, write and perform shows which explore madness. We are currently touring Around the World in 80 Dykes, and the Ladies Room.
address
28 Alexandra Rd, Moss Side
Manchester M16 7BA
tel: 0161 226 8264
email: clarepren@yahoo.co.uktheatre
artforms
cabaret
live art
performance poetry
singing
street entertainment
writing
services offered
performances
residencies
training
workshops
fees
&/or expenses
entitled to therapeutic earnings
any requirements
advice on earning money & not losing benefit ... choosing to come off benefit and being a professional artist

Taraq Qureshi

I am a user/survivor actor and forum theatre practitioner. I have attended numerous arts related courses since receiving my diagnosis and as a result I have produced three short films and a one act play.
I also represent the views of users on various organisations: Mind, Mindline, Diverse Minds.
I see myself as an all rounder - a Jack of all trades, master of none.
address
62 Carnarvon Rd, Stratford, London E15 4JW
tel: 07768 347 786
fax: 07768 349 118
email: mindct@hotmail.com
artforms
drama
film & video
forum theatre
theatre
writing
services offered
commissions
consultancy
writing/editing
fees
or expenses - depends on the organisationr

Sandra Riley

I am a crafts therapist and part-time activities coordinator for Leicester's mental health services. I also teach and have done voluntary sessional work for a number of organisations including East Midlands Shape.
I am a member of the Embroiderers' Guild and of the Living Threads Textile Group.
address
1 Curzon St, Gotham, Notts NG11 0HQ
artforms
crafts
embroidery
multimedia
textiles
visual arts 2D/3D
services offered
demonstrations
exhibitions
workshops
any requirements
to be met at station to help transport materials etc

Aidan Shingler

I am a Reality Tester.
I am involved in a number of projects:
Beyond Reason is a body of work created to explore the creative and spiritual potential of difference. In 2000 the work is to be published with an expansive text.
Cry for Sanctuary : in partnership with Tricia Durdey and Langley Brown and in association with the Arts in Mental Health Forum, we are researching and developing ways to revive alternatives to the psychiatric institutions and the institution of psychiatry.
Inspired Art Movement - i am: in partnership with Padraig Tolan and the Arts in Mental Health Forum, we are working to reclaim a collective and individual identity elevated and released from medical jargon and labelling.
address
6 Thorntree Cottages, Cromford Rd, Wirksworth
Derbyshire DE4 4FL
tel: 01629 825 029
artforms
visual arts 2D/3D
writing
services offered
commissions
demonstrations
exhibitions
reality testing

seminars
talks
Beyond Reason is available for exhibitions in its original 3 dimensional form or on photographic panels
any requirements
permanent home for Beyond Reason

Phil Simmons

I am a writer and facilitator. My work involves poetry, short story, journalism, teenage children's stories, and translation.
Most of my work is not directly linked to mental health issues, although I'm happy to discuss my experiences with students / audiences when the subject arises. I suppose I see myself more as a mainstream writer - albeit an awkward, idiosyncratic one - rather than a 'survivor artist' - since I fear such labelling tends to limit or otherwise shape other people's expectations.
address
11 Calder Terrace, Low Rd, Conisbrough
Doncaster DN12 3DP
tel/fax:
01709 861 061
email: phil@trotcat.freeserve.co.uk
artforms
writing
services offered
demonstrations
facilitation
performances
residencies
seminars
talks
training
workshops
fees
readings: negotiable;
otherwise:
£150 per day
£80 per half day
any requirements
a map
a start time
a train-fare
the price of a couple of beers beforehand (after, if it's a workshop / school event!)

Alison Smith

I am not into labels but am part of the deaf, disability and survivor communities.
I am the National (UK) Outreach Coordinator for Survivors' Poetry (1995-2000) and I worked in Arts & Disability & Touring at the Arts Council of England (1993-1995).
I perform sign poetry, organise and participate in events such as workshops, performances, seminars, facilitator training, management & fundraising.
address
Alison Smith
Disability Arts Worker
(Northumberland)
Northern Disability Arts Forum
MEA House, Ellison Place
Newcastle Upon Tyne, NE1 8XS
tel/minicom: 0191 261 2238
fax: 0191 222 0708
email: alison@ndaf.org
artforms
cabaret
festivals
performance poetry
poetry
sign poetry
theatre
services offered
commissioned work
performances
research
residencies
seminars
talks
workshops
writing/editing
consultancy in:
management
marketing
fundraising
training in:
survivor awareness
disability awareness
deaf awareness
any requirements
BSL interpretation in large groups

Rose Snow

I am a writer and advocate.
address
19 Roundwood Rd, Northenden,
Manchester M22 4AU
tel: 0161 998 5114
artforms
performance poetry
weaving
writing
services offered
commissions
performances
talks
workshops
writing/editing

Tessa Sowerby

I am a researcher, consultant and trainer in health and social care.
My workshops are tailored individually to meet the needs of an organisation and can be integrated into training programmes.
address
Clockmakers Cottage, West St, Kingscliffe.
PE86 X3
tel: 01780 470 040
artforms
drama
mime
photography
puppetry
visual arts 2D/3D
writing
services offered
consultancy
demonstrations
exhibitions
performances
research
seminars
talks
training
workshops
artforms are used as media for workshops

Spicy Fingers

I am a drummer and performance poet involved in helping people towards a better way of life using their personal power and spiritual connection in order to enhance their creativity and their personal connection with the creative force.
I am also a counsellor in the field of personal development and I give regular therapy sessions in Neuro Linguistic Programming (NLP), spiritual awareness and angelic healing.
I have performed on the media and in several countries.

address
94 Albert Rd, Aston, Birmingham B6 5NH
tel: 0121 241 4871
email: spicy@betterment.org.uk

artforms
music
performance poetry
street entertainment
visual arts 2D
writing

services offered
demonstrations
exhibitions
performances
seminars
talks
workshops

Rosie Summerton

I am a visual artist.

address
Dundee Rep Theatre
Arts Advocacy Project, Tay Square,
Dundee
tel: 01575 530 219

artforms
film & video
visual arts 2D/3D

services offered
demonstrations
exhibitions
performance
residencies
seminars
talks
training
workshops

Padraig Tolan

I am a cultural activist in the arts and mental health - working to:
create positive journeys through systems for users/ survivors
create opportunities for cultural expression
raise awareness of the social impact of living with a diagnosis
reduce stigma around - so called - 'mental illnesses'
create ***i am*** as an inclusive, responsive and relevant network
How? By organising and contributing to seminars and conferences; leading and contributing to workshops; contributing to training - within Health, Social Services, Voluntary and Arts Sectors - around issues to do with user/survivor experience - including my own - cultural rights, the unique power of creative self-expression, social exclusion - including my own - and routes to equal and active citizenship.
I paint - sculpt - draw - exhibit - sell - when I can;
I write - am published - when I can;
I live with it - not suffer from it - when I can !!!
I facilitate writing and visual arts workshops.

address
3 Waddington St, Durham DH1 4RE
tel: 0191 386 0702 fax: 0191 375 5140
email: ptolan@waddingtoncentre.co.uk

artforms
drama
visual arts 2D
writing

services offered
demonstrations
facilitation
residencies
seminars
talks
training
workshops

fees
negotiable, depending on scale and duration of work

any requirements
to be met at the station
a co-worker or personal assistant for 2 or more days' work

Georgia Ward

I am very much a facilitator between non-arts organisations & the arts; I find artists to lead and create projects.
As an example, Southdowns Health NHS Trust appointed me to find artists to work on the design teams for 5 new buildings (3 mental health). This developed further now that the Trust has an arts policy and a participatory arts programme.
This is what I like to do ... take things a bit further with clients and help them develop their projects into longer term sustainable programmes.

address
268 Westbourne Park Rd, London W11 1EJ
tel: 0171 727 3930

artforms
digital arts
film & video
live art
photography
public art
street entertainment
visual arts 2D/3D

services offered
arts advisor
curating
exhibitions
facilitation
performances
teaching in galleries with groups
workshops

fees
teaching: up to £100 per day
arts consulting for public arts projects: up to £200 per day
(writing policy & fundraising, strategies etc)
project management: up to £150 per day

Diane Webb

I am a haiku poet and have learnt a lot about the relationship between haiku and healing; I received a Mind Millennium Award to develop this work.
I am passionate about the relationship between allowing our creativity to flow and mental health.
I am also a development worker for user involvement in mental health at Sutton Council for Voluntary Service.

address
14 Old School Court, Poplar Rd, Leatherhead, Surrey KT22 8SN
tel: 01372 361 204

artforms
drama
photography
theatre
writing

services offered
demonstrations
facilitation
seminars
talks
workshops

Jack Withers

I am a working-class writer and freedom-fighter.
I perform throughout Scotland and in Germany. I was once termed 'the most exciting and disturbing writer discovered' on BBC Radio Scotland until I became too disturbing.
Todd McEwan, the novelist, said of me 'that if Bertold Brecht and Cole Porter had had a child together that would have been Jack himself'.

address
16 Belmont Crescent, Glasgow G12 8EU
tel: 0141 339 9492

artforms
cabaret
dance
performance poetry
singing
theatre
writing

services offered
exhibitions
performances
workshops

fees
or expenses; negotiable

any requirements
primarily friendship

Barrie Wood

I am a freelance camera operator (BECTU 146881) and a user/survivor.
I have worked at the BBC in sound effects and, from 1960, for 15 years at the London Palladium and the Talk of the Town in lighting, scenery and props (among others I met the Beatles, Cliff Richards, and the Shadows!).
I took courses in camera and lighting and have worked as a freelance camera operator, mainly on video news gathering and theatre productions.
Being registered with Southern Screens I have the chance to meet students after they have finished their courses. I enjoy helping people starting out in the business. Whilst they are much better prepared in computer and technical digital application, I can offer the years of experience of working in the real world, facing location problems and making the best in bad conditions.

address
3 Hilgrove Rd, Saltdean, Brighton
Sussex BN2 8QG
tel: 01273 308 129

artforms
film & video
lighting

services offered
training
workshops

fees
expenses only

PART 3
NATIONAL ORGANISATIONS

ADA inc

ADA inc is a consultancy specialising in Arts, Disability and Access. It works on projects which are informed by inclusive practice, thereby addressing the social exclusion agenda. It offers training, auditing, project management and consultancy services to the subsidised arts sector.
ADA INC was created by Jo Verrent, a disabled consultant who has over 15 years experience in this field. Jo is a member of the Capital Lottery panel at the Arts Council of England, a director of Graeae Theatre company, and a founder member of inspired arts movement: the national forum for arts in mental health (i am).

artforms
all

services
consultancy
fundraising
lecturing
presentations
monitoring & evaluation
project management
training

charges
ADA charges for its services

contact/address
Jo Verrent, Spring House, Spring Farm Lane
Harden, West Yorkshire, BD16 1BS
tel: 01535 274 277
wheelers@dial.pipex.com

the Art House

The Art House supports disabled and non-disabled artists and craftspeople aspiring to develop their professional practice.
Set up by artists with disabilities, the Art House believes in, and works towards, enabling all artists to have access to work, training and exhibition opportunities in accessible settings.
The Art House facilitates networking, campaigns for equal opportunities for, and represents the needs and views of, disabled visual artists, and promotes good practice in visual arts organisations, galleries, funders and others.

artforms
all visual/tactile art forms

services
offers members:
neswsletter & opportunities bulletin
residency and exhibition opportunities

seminars
training
workshops
membership
the Art House is a membership organisation open to artists and makers, with a Supporters Scheme for others
membership: £5 or £10 pa
contact/address
Liz Whitehouse
Room 39, D Mill, Dean Clough, Halifax
W Yorks HX3 5AX
tel/minicom: 01422 342 070
fax: 01422 253 724
email: arthouse@virgin.net

Artswork

a national youth arts development agency with a 12 year history of delivering excellent youth arts projects, partnerships, training and developmental work outside of the formal education sector.
Artswork has pioneered arts projects with young people at risk and has worked with young people with mental health problems.
artforms
dance
drama
film & video
music
performance poetry
photography
poetry
writing
services
advice
commissions
consultancy
design
performances
research
seminars
talks
training
workshops
writing/editing
charges
Artswork charges - though some work in Southern Arts Board region will not require a fee
contact/address
Virginia Haworth
Meridian Broadcasting
Southampton Television Centre
Southampton SO14 OP2
tel: 01703 712 582
email: virginia@artswork.demon.co.uk

Arts for Health

Arts for Health is a national voluntary centre that provides practical help, information and advice to those concerned with using art and design in health care.
The centre assists with the practical development of art and design projects, advising on funding, planning, management, monitoring and evaluation, and establishing networks between new and existing projects and organisations concerned with the arts, health authorities and funding bodies.
artforms
all
services
advice
affiliation scheme
assistance
consultancy
guidelines
journal: Artery
monitoring & evaluation
project management
research
charges/membership
please enquire
contact/address
Peter Senior
Arts for Health
the Manchester Metropolitan University
All Saints, Oxford Rd,
Manchester M15 6BY
tel 0161 236 8916
0161 247 1091
fax 0161 247 6390
email: P.Senior@mmu.ac.uk
www.artdes.mmu.ac.uk/arts4hth.htm

Asylum

a quarterly magazine for democratic psychiatry; a non partisan, non profit making forum for anyone interested in mental health issues.
Groups use Asylum to contribute to the debate, without ourselves having a defined view. As a collective we feel it is important for all views to be expressed and discussed equally.
We welcome articles and images about what it is like ‘to be there’. We realise that many are in fact ‘put there’ by others. They often don't know what they have done, and if not told what it seemed that they did, have no chance to say what they felt and understood was so.
services
publishes articles, poetry and graphics
advertises events & activities
contributions
can be edited with the author - who retains copyright
anonymity accepted where necessary
graphics in black & white only
copy & graphics on disc preferably; will discuss compatibility
contact/address
Professor F.A.Jenner
Manor Farm, Brightholmlee
Wharncliffe Side , Sheffield S35 ODB
tel: 0114 286 2546 fax: 0114 286 4591
email: F.A.Jenner@Sheffield.ac.uk

Black Arts Alliance

The largest network of Black artists in the UK exists to remove the marginalisation that Black arts and cultures can experience within the mainstream arts infrastructure.
We believe that the arts are not elitist but can be both appreciated and created by all people regardless of race, gender, differing disabilities and sexual preferences.
‘Black' refers to all people from African, Asian, Caribbean and American origins. BAA acknowledges and respects the diversities that exist and concedes the different historical experiences that have been encountered and survived.
artforms
all
services

colloquiums
exhibitions
performances
seminars
workshops
membership
up to £10 pa max
contact/address
SuAndi, Black Arts Alliance/artBlacklive
PO BOX 88
SDO
M20 1BX
tel: 07000 222 278
(07000 BAA-ART)
fax: 07000 278 329
(07000 ART-FAX)
email: baa@baas.demon.co.uk

Centre for the Arts and Humanities in Health and Medicine (CAHHM)

CAHHM is working to establish the therapeutic value and conceptual basis of a new specialty in health care: that of the arts and humanities in health and medicine.
A new research centre in the University of Durham dedicated to the role of the arts and humanities in the improvement of the quality of community life and of the lives of individual patients and health professionals, CAHHM aims to raise awareness of the new 'specialties' of medical humanities and arts in health amongst health care workers, NHS Trusts and Universities; and to encourage and facilitate career development in the new specialties.
CAHHM hopes to achieve these aims by educational activities, research, co-operation with other agencies and by dissemination and publication of information and research work.
services
dissemination of information
journal: 'Medical Humanities'
coordination and cooperation with arts in health projects to provide support and evaluation
research to establish evidence base for the new specialty, and to explore the insights that literature, art, and philosophy can give to health care, and to assess the value of arts and humanities courses for health workers
contact/address
Dr Jane Macnaughton (Director)
Centre for Arts & Humanities in Health & Medicine
University of Durham, Durham
tel: 0191 374 1294
fax: 0191 374 3748
email: jane.macnaughton@durham.ac.uk
website: http://www.dur.ac.uk/cahhm/

Cry for Sanctuary

Cry for Sanctuary explores options for more inspirational healing environments for people in emotional crisis.
Cry for Sanctuary is asking people with experience of crisis what they want in order to respect their experience and to stimulate and support the healing process.
Cry for Sanctuary aims to generate creative and practical options for change; options based on the aspirations of the experts - that is: those with personal experience of emotional crisis and of society's means of dealing with it.
The intention is to inspire change in the existing institutions and, more importantly, to create sanctuaries founded upon the aspirations of those with experience of emotional crisis.
artforms
any
services
focus groups
workshops
charges
fees are negotiable
requests
attractive space for workshops/focus groups
please contact Cry for Sanctuary if you wish to contribute to the research
contact/address
Tricia Durdey
Aidan Shingler
Langley Brown
Cry for Sanctuary
6 Thorntree Cottages, Cromford Rd,
Wirksworth, Derbyshire DE4 4FL
tel: 01629 825 029
email: langleybrown@yahoo.com

i am: inspired Art Movement the UK national forum for the arts in mental health

i am is a user / survivor / artist-led organisation advancing awareness of, and access to, the arts in relation to mental health and those with experience of difference or emotional distress.
i am is gathering and disseminating research and information, and celebrating inspirational good practice in the arts and related issues in the mental health field.
i am is working with users and survivors of the mental health system on an individual, group, project and organisational basis, and at individual, local, regional, national and international levels.
i am is raising awareness of the realities of living with distress and striving to enable those living with mental ill health to be treated as equal and creative citizens, with full access to the arts within their own communities and society as a whole.
services
advice
conferences
courses
forums
research
residencies
seminars
workshops
membership
free and open to:
individuals, including arts participants, artists, coordinators, arts workers and health workers with an interest in the field of arts in mental health
groups, organisations, and bodies, whether constituted or not, with an interest in the field of arts in mental health
charges
most services are free
fees charged for (eg) attendance at seminars, conferences etc
(please enquire)
contact/address
Padraig Tolan
i am
3 Waddington St, Durham DH1 4RE
tel: 0191 386 0702 fax: 0191 375 5140
email: ptolan@waddingtoncentre.co.uk

National Music & Disability Information Service

the national development agency for participatory music-making in the community, Sound Sense runs the National Music & Disability Information Service (NMDIS).

services

free advice to give people with disabilities choices to enjoy, be involved with and benefit from music
demonstrations
seminars
talks
training

charges

please enquire

contact/address

Sarah Bennett-Day
National Music & Disability Information Service
Riverside House, Rattlesden
Bury St-Edmunds , IP30 0SF
tel: 01449 736 287
fax: 01449 737 649
email: 100256.30@compuserve.com

National Network for the Arts in Health (NNAH)

NNAH is working to develop and sustain a dynamic network of individuals and organisations with an interest in the relationship between arts and health.
NNAH membership interconnects a broad spectrum of of groups and individuals from the arts, humanities, sciences and health sectors.
NNAH seeks to ensure that through the use of visual, performing and multi-media arts, health care environments continue to be enhanced, and the experiences of health care users and practitioners continue to be improved.
The organisation's values encompass care, generosity, imagination, creativity, energy and professionalism.

services

membership directory
projects directory
funding directory
quarterly newsletter
calendar of events
bibliography
online message boards and conference room
regional and national meetings
lobbying

membership

group £100
individual £35
concession £20

contact/address

Xanthe Phillips (Information Officer)
Lara Ellen Dose (Director)
118 Commercial Street, Spitalfields
London E1 6NF
tel: 020 7247 6015 fax: 020 7247 5256
email: info@nnah.org.uk
website: www.nnah.org.uk

Survivors' Poetry

A literature and performance resource providing workshops, performances, readings, networking opportunities and training for survivors of mental distress.
Survivors' Poetry is the hub of the UK-wide Survivors' Poetry Network.
The current programme, Surviving the Millennium, includes:

Survivors' Festivals

which links into literature festivals in the UK ensuring that they include survivor poets;

Survivors of the Future,

which includes a programme to engage Young Survivors, Asian and Black Survivors across England with a range of free training, employment and creative opportunities.

artforms

music
poetry
performance poetry
writing

services

commissioned work
performances
publishing information
seminars
talks
training
workshops
writing & editing

charges

the following are free:
admission to events and workshops in London
membership
mailings

contact/address

Lisa Boardman
Survivors' Poetry, Diorama Arts Centre
34 Osnaburgh St, London NW1 3ND
tel: 0171 916 5317 fax: 0171 916 0830
email: survivor@survivorspoetry.org.uk

APPENDIX II
PARTICIPATION IN THE ARTS CAN...

1. **Increase people's confidence and sense of self-worth**
2. **Extend involvement in social activity**
3. **Give people influence over how they are seen by others**
4. **Stimulate interest and confidence in the arts**
5. **Provide a forum to explore personal rights and responsibilities**
6. **Contribute to the educational development of children**
7. **Encourage adults to take up education and training opportunities**
8. **Help build new skills and work experience**
9. **Contribute to people s employability**
10. **Help people take up or develop careers in the arts**
11. **Reduce isolation by helping people to make friends**
12. **Develop community networks and sociability**
13. **Promote tolerance and contribute to conflict resolution**
14. **Provide a forum for intercultural understanding and friendship**
15. **Help validate the contribution of a whole community**
16. **Promote intercultural contact and co-operation**
17. **Develop contact between the generations**
18. **Help offenders and victims address issues of crime**
19. **Provide a route to rehabilitation and integration for offenders**
20. **Build community organisational capacity**
21. **Encourage local self-reliance and project management**
22. **Help people extend control over their own lives**
23. **Be a means of gaining insight into political and social ideas**
24. **Facilitate effective public consultation and participation**
25. **Help involve local people in the regeneration process**
26. **Facilitate the development of partnership**
27. **Build support for community projects**
28. **Strengthen community co-operation and networking**
29. **Develop pride in local traditions and cultures**
30. **Help people feel a sense of belonging and involvement**
31. **Create community traditions in new towns or neighbourhoods**
32. **Involve residents in environmental improvements**
33. **Provide reasons for people to develop community activities**
34. **Improve perceptions of marginalised groups**
35. **Help transform the image of public bodies**
36. **Make people feel better about where they live**
37. **Help people develop their creativity**
38. **Erode the distinction between consumer and creator**
39. **Allow people to explore their values, meanings and dreams**
40. **Enrich the practice of professionals in the public and voluntary sectors**
41. **Transform the responsiveness of public service organisations**
42. **Encourage people to accept risk positively**
43. **Help community groups raise their vision beyond the immediate**
44. **Challenge conventional service delivery**
45. **Raise expectations about what is possible and desirable**
46. **Have a positive impact on how people feel**
47. **Be an effective means of health education**
48. **Contribute to a more relaxed atmosphere in health centres**
49. **Help improve the quality of life of people with poor health**
50. **Provide a unique and deep source of enjoyment**

From François Matarasso(1997) *Use or Ornament? The Social Impact of Participation in the Arts*. Stroud, Comedia (p.x)

APPENDIX III
NARRATIVE GRID

Narrative Grid for the evaluation of Pathways

Rae Story, Pathways 09/03 *working document,*

Narrative	Measures of Success	Means of Verification	Assumptions/Risks
<u>Goal</u> To run an 8 month pilot project to integrate the arts within the practise of health care and preventative methods.	• People using the service • Self-expression of well-being • Reduction in symptoms	• Throughput data & stats • In-depth interviews with clients • Diary studies (clients & workers) • Anecdotal reporting by others	• Target beneficiaries can be located and attracted to service • Providing time & space for self will enhance well-being

Aims and Objectives			
• To deliver participatory arts practise addressing mental health issues among older and younger people in Woodhouse & Benchill, Wythenshaw. • To improve well being & enhance quality of life in 2 target groups • To develop creative practice as part of an innovative research & referral development project in community mental health • To build partnerships with other services, organisations and agencies with the prospect of future co-ordinated arts & mental health provision city wide • To uncover meaning for terms like 'well-being' and 'quality of life' among the target groups.	• To have project up and running & attract beneficiaries from target groups • Cross generational work • Cross art form work • People feel valued • Enhanced feelings of well-being, self-esteem, self-confidence & reduction in stress, • Artwork & research co-mingle and compliment one another • Artists work in collaboration with the communities, researchers and steering group to develop creative approaches to dealing with mental health issues • Using partipatory methods of evaluation • Maintain focus group and Hands On Network • Having documentation of differing views & perspectives from the local community	• Throughput data & stats • Artists documentation • Photos • In-depth interviews with beneficiaries • Self-reporting - diary records, comments box, graffiti wall, video box, • Art work generated & annotated • Participatory observation • Questionnaires • Community surveys	People will be willing & able to engage with evaluation methods e.g. interviews/comments boxes etc.

Activities • Photography • Movement • Performing Arts • Collaborative art forms • Journeys • User-led artworks & activities • Research & development of referral pathways • Ongoing evaluation • Ongoing monitoring & evaluation	• Activities take place & attract clients • Impromptu discussion about journeys and life pathways • Levels of interest maintained • Coverage in local newspaper/ community radio • Launch day with taster session	• Data base records • Other Venue Staff Interviews • Leaflets/adverts/ timetables • Photos • Video documentation	
Input • Space in venues (Tree of Life, Signpost and Benchill) • Artists • Co-operation and support from GPs and Discovery Teams (volunteers) • Administration • Focus Group • Steering committee • SMHLN co-ordination • Funds • Materials • Crèche facilities • Researcher& evaluator time & resources	• Funding secured • Venues agreed • Appointment of artists, • Co-ordinator & evaluator • Materials purchased • Steering and focus groups meet regularly for support, comment & feedback • Feedback loop in place between beneficiaries-artists-volunteers-researchers-SMHLN-onto PCT & other statutory agents	• Funding Records • Accounts • Employment/ invoice records • Therapist meetings • Receipts for purchases made • Steering group & focus group meetings minutes • Photos • Evaluation papers discussed and feedback between groups • Copies of records of work/meetings done.	• Workers & volunteers available & qualified • Funding sources available

APPENDIX IV
APPRECIATIVE INQUIRY

Notes on the aspects of AI that lend themselves to the evaluation of PATHWAYS; by Rae Story December 2003

Evaluation Using Appreciative Inquiry Approach

I have been looking for a research design that compliments the work of the PATHWAYS artists, benefits the participants and lends itself to the continued journey through and beyond this project. I have come up with a condensed version of the Appreciative Inquiry (Mayoux 2003, Cooperider 2000)

Notes

- That we create our own realities by talking, what we talk about and the way in which we talk about it becomes reality. Therefore, the more talking that we do that reflects on positive experience and imagines positive futures the more real these things become.

- This approach adopts an appreciative stance rather than 'problem solving', its main steps bring out positive stories of the moments of achievement which the participants most value, combining these for a vision of the future and then co-constructs the future through innovation and action.

- The idea is that people are more willing to take steps toward their future when they can take achievements, skills and values with them that are grounded in their past.

- Questions are devised that build the capacity, skills and learning of participants. The main questions that I will draw on for the PATHWAYS evaluation are:

Discover	*the best of what is*
Dream	*what might be*
Design	*co-construct what will be*

- If people take part and give their time to evaluations then they should benefit from this experience.

The Research Questions

To be carried out by the researcher (or artist) in a group forum

1 Discover

What have you found out about yourself during your involvement with PATHWAYS projects?

Can you think about your positive experiences, skills, knowledge and share a moment with us that you felt a real sense of achievement.

(can be done in twos and then fed back to group – notes taken on flip chart)

2 Dream

Thinking about all the new, positive, experiences and values that you have discovered can you for a moment shut your eyes and IMAGINE an ideal future for yourself, building on what you are discovering where would you like to see yourself in 6 months time?

Can we go around the group and share some simple statements about our positive futures? (the artists can go around and help people come up with these 'provocative propositions' (but that are achievable). Feed back these statements to the group, build empathy and listening skills.

3 Design

Now, individually, take some of the paper and start to jot down the steps that you need to take to begin to realise your dream.

I want you to think about ACTIONS that need to occur for you to reach your dream.

Can you break these down to short term and long terms goals

we can use the 'Who?' 'What?' 'When?' and 'Why?' questions to help structure this.

OR

We can use the Request, Offer & Commitment
Request: something we want to ask to help us on our journey
Offer: something that we can give (knowledge, skills, values)
Commitment: something that we can commit towards this process – like attending PATHWAYS sessions, - commitment to take specific actions that are within his'/her ability to deliver.

APPENDIX V

‘INWARDS / OUTWARDS’

An analysis by the author, drawn from statements in *Art & Soul & the Cold Blue Walls*

(Brown & Thomas, 1994; and see above, Ch.2).

The self-reported benefits listed below are taken from the above book of writings by users of mental health services in Oldham, Salford and Manchester who participated in arts projects.

The statements have been grouped into **inwards** and **outwards**, to test these directional movements against a recurring theme in this study: the relationship between the outer and the inner, between the worls and the individual, between the inward looking direction of therapy and the outward looking direction of art as *making special*, or as simply ‘communicating, or in the words of Aidan Shingler, *reality testing*

The fact that these statements overlap at several points, then, merely reflects and affirms the interrelationship between outer engagement and inner well-being.

Inconsistencies in these statements, on the other hand, may arguably be a factor of the differing levels of experience among the contributors of the making of art; the factors have therefore been listed in a sequence beginning with those attributes that facilitate a new participant’s initial engagement in an art group or project, and ending with the challenges and hard work which are key factors in the most successful projects, as found by the HDA survey (2001; and see above, Ch.2).

Contributors listed factors they felt constituted a successful project:

- a relaxed and friendly environment
- free from pressure
- free of criticism
- to work at one's own level
- no pressure to attain the impossible
- space to share problems
- opportunity to try new things
- a challenge
- hard work!

headings and subheadings used on the following pages:

INWARD

- **looking inward ... a glimmer in the dark ... art as a way out of the tunnel?**
- **towards the light at the end of the tunnel**
- **basking in the sun after the tunnel**

OUTWARD

- **part of a community; friendships, empathy, communication**
- **getting the message across: campaigning & activism**
- **part of the wider society**

INWARD

Using imagination positively and expressing feelings creatively helps to ease tensions, gives us more self-confidence and a feeling of pride as well as being a lot of fun (p.15).

looking inward ... a glimmer in the dark; art as a way out of the tunnel?

- art helps reach inside
- it unlocks thoughts and feelings
- it lessens disturbing thoughts
- it involves soul-searching
- it gets the imagination working the ‘right’ way not the ‘wrong’ way

towards the light at the end of the tunnel (process)

- art helps on the road to recovery
- space for sharing problems
- it helps to combat isolation
- it helps one to concentrate on one thing at a time
- it’s relaxing
- it enables self-expression: ventilating the inner self; communicating feelings
- it provides the opportunity to develop
- and to try new things
- it’s a challenge: it’s hard work!

basking in the sun after the tunnel

- it’s the most positive thing so far
- better than drugs
- life without art would be ‘dull and stagnant’
- releases imagination and creative energy
- feel good about making things
- it’s easy to ‘get lost’ in the work
- things learnt are useful in day-to-day living
- finding unexpected skills in oneself (and others)
- gain in empathy and understanding
- art helps in contributing to society
- chance to prove usefulness
- self-discipline
- commitment
- achievement
- pride
- gaining self-respect
- dignity
- independence
- freedom
- self-reliance
- laughter
- it’s worth all the soul-searching

OUTWARD

Doing projects in the community challenges us to prove that we can be useful members of society and can be a good way of making our voices heard. All these experiences help to fight prejudice and give us a better image (p.15)

becoming part of a community; friendships, empathy, communication

- good to work with others
- art provides outside interest
- mixing socially
- combating isolation
- communicating feelings
- sharing experience
- sharing skills
- finding unexpected skills in oneself and others
- a sense of belonging
- gaining in empathy and understanding
- sharing problems
- laughing!
- touching wider audience

getting the message across: campaigning & activism

- promoting awareness of mental health issues
- fighting prejudice
- fighting on behalf of others

being part of the wider society

- a better image
- reaching a wider audience
- proving usefulness to society
- contributing to society

factors they felt constituted a successful art project

- a relaxed and friendly environment
- free from pressure
- free of criticism
- to work at one's own level
- no pressure to attain the impossible
- space to share problems
- opportunity to try new things
- a challenge
- hard work!

APPENDIX VI
6 'TRADITIONS'

from the author's early notes, 1997

Beyond Therapy? The arts and mental health

MPhil research degree at the Manchester Metropolitan University Langley Brown

some 'traditions' in the Arts & Mental Health

These 'traditions' suggest a flexible framework for case studies *(in bold italics)* exploring different approaches:

1.The Spiritual Tradition

William Blake
The Surrealists
case study# 1A. ***St Luke's Church Arts Project***, Manchester
case study# 1B. ***Aidan Shingler*** and the Spiritual Emergenc/e/y movement

2.The Fine Arts Tradition

Vincent Van Gogh
Art Brut and Outsider Art
case study# 2. ***Trongate Studios***, Glasgow

3.The Applied Arts Tradition

Hospital Arts at Ashworth Hospital, Merseyside
The Batik Project, Riverside, London
case study# 3. ***START Studios***, Manchester

4.The Therapeutic Tradition #1: activity

Carl Rogers
The Arts on Prescription, Stockport
case study# 4. ***The Rovers***, Manchester

5.The Therapeutic Tradition #2: creativity

Donald Winnicott
case study# 5A. ***Art Therapy Department, Salford***
case study# 5B. ***Studio Upstairs***, Diorama Arts, London

6.The Advocacy Tradition

Creative Living Centre, Salford
National Disability Arts Federation, Diorama Arts, London
case study# 6. ***Mind Arts Project (MAPS)***, Stockport

APPENDIX VII
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'Start as You Mean to Go On.' 10.

'The Studio Upstairs.' 10.

Stachniewski Andrew. 'START Right in Art.' 11.

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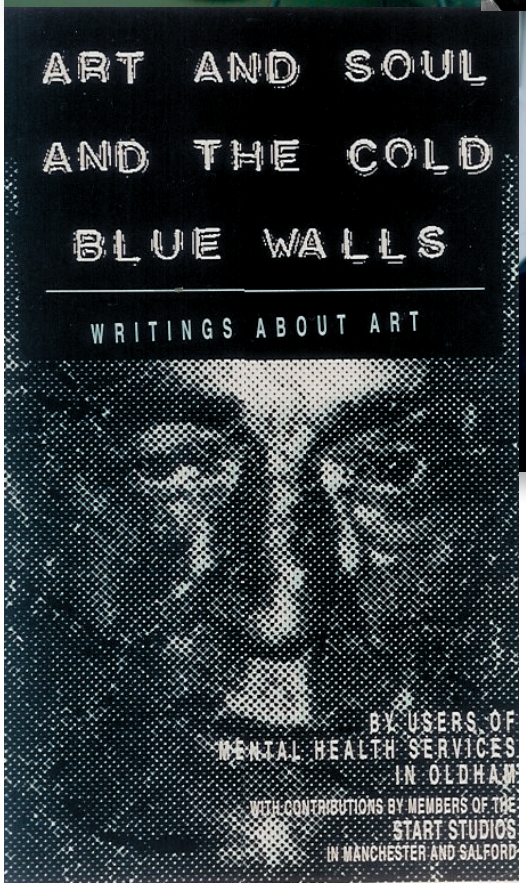
APPENDIX VIII IMAGES & VISUAL NOTES



Clockwise from left

- Art and Soul and the Cold Blue Walls, 1994
- Jack Sutton, SNAPS lead artist, phographing mosaic by START members with artist Dorothy Heywood, 1993
- Hospital Arts team studio, St Mary's Hospital Manchester, 1978; painting 'Fireplace'
- START Bannerama exhibition at Stockport Art Gallery, 1994
- SNAPS: the camera as mask, 1993
- the late Ken Moss

‘ME AS RESEARCHER’ (1999)

DISPLAY BOARDS MADE FOR

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INSPIRED ART MOVEMENT;

THE UK FORUM FORTHE ARTS IN MENTAL HEALTH

Langley Brown, 1996