Health humanities and the creative disciplines

Reflections- **Health Humanities and the Creative Disciplines**

Creative practitioners, referred to as creatives in this chapter, include visual artists, musicians, theatre directors and designers, writers and poets. These practitioners regularly engage with health care training and delivery e.g. by participating in educational programmes for nurses and doctors and enhancing the aesthetics and ambience in clinical environments. This chapter considers what the health humanities have to offer creatives. I suggest that health humanities can play a greater role in the training and practice of creatives, offering individual opportunities as well as wider benefits to the community. The reciprocal benefits of creativity and health are considered historically using visual arts and mental health as an example, and within the framework of co-creative practice.

Creative Disciplines and Healthcare Systems and Research: Uneasy Bedfellows
Much has been written about what the arts bring to healthcare e.g. supporting wellbeing and enhancing quality of life for patients and staff (Arts Council England, 2016). They have even been considered a 'shadow health service', helping to maintain good health as well as to address health problems (Crawford, 2018). However the input of creatives and the arts that they offer are often instrumentalised, that is, considered a type of treatment, much like a dose of medication. Such discourse is often framed in biomedical terms incorporating intervention, evidence and standardised measurement reflecting the dominance of biomedicine in Western healthcare. A recent report identifies the 'active ingredients' of arts programmes in order to improve and better measure them (AESOP/BOP, 2018). This neglects the wider benefit of creative participation such as what psychologist Abraham Maslow referred to as peak experience, where artistic endeavour is often associated with self-actualisation, or the highest form of human need fulfillment (Maslow, 1943). More recently it has been suggested that so called 'small C creativity' can be beneficial, that is, bringing arts and crafts into everyday activities (Bellass et al, 2018) and that 'anti perfectionism' may actually be key to happiness and fulfillment (Dolan, 2019). Beyond individual enhancement, the arts and humanities have demonstrated wider societal benefits of art and humanities e.g. civic pride and social cohesion (e.g. The arts must reach more people, 2018; Tischler, 2017).

The arts co-exist alongside a healthcare context that has evolved into a highly technical and procedurally focused system, hence creative activities are often framed as 'interventions'. Historically, in the West, there is a tradition of healthcare that is doctor-centred with patients adopting a sick role. This positions doctors as authority figures, at the pinnacle of the decision-making hierarchy within healthcare systems, where patients are passive recipients of care. Whilst the sick role may be functional, assigning individuals exemption from their usual duties whilst they commit to help seeking and regaining full health (Parsons, 1951), it is increasingly recognised that optimal healthcare is delivered using a collaborative, negotiated model that is patient-centred and multi-disciplinary in approach. Such approaches are associated with improved health outcomes e.g. patient satisfaction with healthcare encounters and self-management (Rathert et al, 2013).

Within the health research agenda, biomedical approaches also retain privilege, for example, the results of randomised controlled trials (RCTs) are given 'gold standard' status within hierarchies of evidence. Arts Council England's recent report (2018) acknowledged that such approaches are not sensitive to the nuance of arts activities such as process and transactional elements. This report also cites the motivations of creatives as [a] '*sense of social justice or a*

desire to develop their practice through co-creation or simply a sense of adventure' Further, their satisfaction is derived from their facilitation of '*a kind of epiphany or transformation for the individuals and groups they have been working with*…and [contributing to or reshaping] *their own artistic development'* (p. 66). This suggests clear motivation and benefits for creatives working in this realm.

In a wider context, the emphasis on health outcomes and the impact of arts on educational programmes for healthcare trainees, and practice of health e.g. providing insights into the human condition, preparing students for narrative practice i.e. patient stories, and improving visual acuity, reinforces the privileging of STEM (science, technology, engineering and mathematics) subjects in society. Some are challenging the dominance of a scientific worldview, recognising the increased and perhaps critical role of the arts alongside the sciences (de la Garza and Travis, in press). Here the arts help to navigate uncertainty and ambiguity and to develop holistic consideration of the human condition. Simon Chaplin, Director of Culture, the Wellcome Trust has acknowledged the importance of research 'beyond the academy' including investigating a wider range of research methods that include scientific as well as 'real world' perspectives (Arts Council England, 2018). Here the arts have a critical role to play, within development and delivery of services as well as research.

Creativity and Mental Health: Healthcare Supporting Artistic Expression
An historical perspective helps to shape the multiple ways in which health might support creative development, often amidst adverse circumstances in the case of artists with mental health problems. The exhibition 'Art in the Asylum' (Djanogly gallery, Nottingham 2013) considered this by examining the origins of the use of art in mental health environments, both therapeutically and diagnostically. It is also considers the crossover points, where art by patients became considered art in its own right. Within this realm, we see numerous examples of creative development inspired by clinical or care contexts and arising from collaboration with healthcare professionals. These benefits included creative opportunities, privileged artistic status and recovery potential.

W. A. F. Browne was asylum superintendent at the Crichton Royal Institution in Dumfries, Scotland from 1838 to 1857. He worked collaboratively with a patient named William Bartholomew (1819-1881), encouraging his artistic expression. Bartholomew was formerly an engraver and hat maker before admission to the Crichton. He was initially diagnosed with mania and later with *delirium tremens* (shaking usually attributable to alcohol withdrawal). It was noted that after he settled into his stay in the asylum he began to read and draw. Browne was an early proponent of the moral treatment of patients in psychiatric settings, encouraging them to draw, paint and act, also collecting their work and writing a scientific paper about 'mad artists' in 1880.

Browne and Bartholomew worked on a series of large-scale portraits of patients (those incarcerated with Bartholomew) that depicted different types of conditions, e.g. Idiocy (learning disability), Melancholia (depression) and Theomania Extatica (believing oneself to be God). As Browne noted: "*the species of alienation, diagnosed by the attendant physician, has been appended to each*". These portraits were used by Browne when he was lecturing on 'mental diseases' to medical and nursing students (Park, 2010). Browne noted some of Bartholomew's other artistic output to be 'absurd and mythical' and having 'wild magnificence', it is likely therefore that his patient portrait series provoked a more positive response, likely to have been

beneficial to his status and treatment as an asylum patient. The collaboration represented an opportunity for Bartholomew to showcase his artistic skills by providing technical expertise as well as personal insights, to create an important visual teaching tool. This type of opportunity would have been a rarity at that time. Bartholomew's patient series is now housed at Edinburgh University Library.

A further example was the collaboration between British Surrealist artist Julian Trevelyan (1910-1988) and the Maudsley Hospital psychiatrists' Eric Guttman and Walter MacClay. Trevelyan took part in a series of mescaline experiments alongside the clinicians and psychiatric patients. These sought to further under experiences of visual hallucination. Surrealist artists such as Trevelyan were interested in psychical processes and such collaboration enabled them to gain insights into e.g. Freud's concept of the unconscious (Hogan, 2001). The mescaline experiments provided a unique opportunity for Trevelyan to learn more about hallucinatory experiences, one that influenced his later creative output.

Mary Barnes (1923-2001) was a patient at the critical psychiatrist R. D. (Ronnie) Laing's therapeutic community in East London during the 1960's. There she was encouraged to 'go down' into her psychosis in order to recover. Her creative expression was encouraged by her psychiatrist Joseph Berke, who worked closely with Laing. Barnes used her experiences of psychosis and her relationships with Laing and Berke as creative material, often depicting them in her outputs e.g. 'IT' composed of wild expressionist furies of oil paint that documented her psychotic rage, and the 'Baby Bear' series featuring Berke. She wrote definitively about the cathartic power of art and its ability to help create a new identity. She stated: '*Kingsley Hall saw the birth of my painting, in 1965. In a wild, breaking-down state...I was going down into the dark… I was going down, down into rage and despair, moaning, groaning, tearing and biting - to get out of a net, to escape from a murderous tangle*.', and: '*I was alive, at home, all inside my body'*. Barnes's creative output helped define her as an artist rather than someone who experienced psychotic illness. She went on to co-write a book with Berke entitled 'Two accounts of a journey through madness', detailing their often volatile relationship. After leaving Kingsley Hall she lived and worked as an artist. In the past decade there have been two solo shows of her work in London, 'Mary Barnes' at SPACE studios (2010-11) and 'Boo-Bah' Bow Arts- The Nunnery (2015).

Co-creativity

Within arts and health discourse, critical consideration of current models of delivery, collaboration, and types of evidence are being negotiated. One concept gaining traction is co-creativity, a method of working collaboratively alongside diverse populations including those with cognitive impairments e.g. people with dementia. Co-creativity is characterised by shared decision-making and ownership, reciprocity and relationality (see Zeilig et al, 2018). Emergent findings indicate that this approach is found to benefit all involved and that it promotes transdisciplinary processes, i.e. those that move beyond disciplinary boundaries, enacting change in practices. One such project explored co-creativity over 12 months in a series of 4 workshops, each focussing on a different artform: dance, visual art, theatre and music. The workshops shared leadership and decision making with all participants, including those with dementia and their partners. The sessions were found to generate novel artistic outputs, whilst developing and solidifying collaborative partnerships (Tischler et al, 2018). For creatives, the project inspired new work and new relationships, whilst strengthening others, as one said: *'new*

ideas, creative partnerships, friendships and creative working practice have developed over this last year'.

New Directions

There are an increasing number of roles for socially engaged artists i.e. those working actively in health and social care settings and for whom collaboration, activism and community change is part of their practice. For those identifying as having lived experience of mental health problems, collaboration with the health sector can represent artistic opportunity, affirmation and therapeutic benefits (Tischler, 2018). This is only achieved through bespoke and tailored support that enables full participation in collaborative projects. As an artist working with Daily Life Ltd, an arts and health charity stated about her collaboration on a mental health themed project: 'I*'ve grown so much this year. Just working with others and being a bit calmer and more measured'.* Another refers to therapeutic benefits of these projects*:* 'I *was definitely feeling a bit angsty at the time and it just got out some catharsis'.*

Despite calls for more artists working in healthcare, and benefits such as increased employment opportunities, creative stimulus and job satisfaction, socially engaged roles are often considered undervalued and poorly remunerated (Artworks Evaluation Survey, 2014; Arts on Prescription, 2018). There are however socially engaged artists who are critically acclaimed e.g. the architectural collective Assemble, who work with communities to improve the local area and who won the lauded Turner Prize in 2015. The Co-creative Change project was recently awarded £360 million by Arts Council England to form national and international networks that explore the role of artists and cultural organisations in co-creating change with local communities.

The Ben Uri art gallery and museum provides an example of a cultural organisation entirely reconfiguring itself to position it at the forefront of developments in arts and health. Founded in 1915 as a collection of work focused on the work of British and immigrant Jewish artists, it evolved to expand its remit to the individual, social and political issues of identity and migration. With a substantive collection featuring work by artists including Marc Chagall, George Grosz, and David Bomberg, themes of war, religion, identity feature prominently and provide powerful stimulus for therapeutic intervention. The collection has been featured in work on projects with asylum seekers, people with learning disabilities, and people living with dementia.

From 2019, the organisation will split its resources between two primary projects: research and exhibition of émigré art, and an arts and dementia research institute. This represents the first such initiative by a cultural organisation to allocate equal resources between curatorial and art historical activity, and arts and health research. Although an altruistic motivation could underpin this decision, the move may also be viewed as a bold, strategic positioning of Ben Uri at the forefront of arts and health research and development. Ben Uri's position reflects the power of the healthcare agenda, in this case, the global public health priority of dementia to influence the strategic direction of a cultural organisation.

Conclusion

The future for creatives with an interest in health appears bright. The health humanities offers increasing opportunities for collaboration, development of innovative research methodologies, and an enhanced role in the development and delivery of healthcare. Whilst these are positive developments, co-creative approaches should be further implemented to ensure that creative

roles are fully valued and supported, recognised as equal collaborators with a unique and vital skill set. This will maximise opportunities for their own practice as well as benefiting health practices and systems and those cared for within them.

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