Research Institute for Health and Social Change

Community Psychology Meets Participatory Arts

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Abstract

In this paper we explore the research processes and outcomes in a community psychology evaluation of community-based participatory arts projects. We draw on our experiences of preliminary work with artists and arts projects to establish a flexible and participatory evaluation framework, in order to highlight emergent conceptual and practical tensions in the work.

Participatory arts for health

Participatory arts projects have been around for some considerable time. However, perhaps now more than ever before, their role in contributing to the health and well-being of participants is being both supported via funding streams beyond the arts council to include health and social regeneration sources. At the same time, questions are being asked about whether or not a satisfactory 'evidence base' exists to justify the activity and its funding. Within the discourses of an evidence base, it is not enough to be involved in art 'for art's sake'.

Any attempt to explore the impact of arts for health projects must be linked to both the art form and its anticipated effects. The importance of having some model(s) of change lies not only for evaluation but also for project planing. They will assist the field in getting beyond an 'arts for arts sake' thinking - although this may be what is intended for some projects, contributing to the overall cultural capital of society. However, as an evidence base is required, then we need to arfticulate theoretical models of change. In particular, different art forms would be expected to have a different impact on outcomes for people with different kinds of mental health difficulties. Activity based projects (performance, dance and so on) may be expected, amongst other things, to influence psycho-physiological systems and impact on depression and social anxiety. More solitary art forms such as ceramics or painting leading to work of exhibition standard, might be expected primarily to impact on self esteem and aspirations which might indirectly influence low self worth or provide employment possibilities for some people with enduring and chronic diagnosed conditions. Interactive arts forms such as quilting and collective creative writing might be expected to influence social interaction and connections, leading to perceived social support and improved well-being. Depending on duration of projects and their focus they may or may not be expected to lead to employability skill development or further participation in education or training. many projects not identify aims etc and there is no overall theory of change.

First dilemma: what link is expected between the art form and health and well-being?

A Community Psychology Approach

Whilst there are different community psychological approaches, the evaluation of participatory arts projects fits a broad community psychological paradigm. Most projects are directed at those who are vulnerable or marginalised due to their position in society or their (mental) health status, and marginalisation is a key concept in community psychology (Burton & Kagan, 2004; Kagan, Boyd, & Geerling).

Health and well-being - or wellness - is a positive state of affairs, brought about by the simultaneous and balanced satisfaction of personal (health,

optimism, growth), relational (affection, caring), and collective (social justice, equality) needs; needs that are met by material and psychological resources and differential levels of power (Nelson & Prilleltensky, 2004), and wellness is a key community psychological concept.

Evaluation for project improvement, not just for understanding of impact enable reflection and learning, both of which are key community psychological concepts. In our evaluation, we also took into account particular ways of working that are embodied in a community psychological paradigm. These include:

- *Participation:* questions to ask will be developed in part from discussions with artists and p[participants. As the projects progress, participants may be more and more involved in data collection and analysis.;
- *Empowerment:* participation and the feeding back of information on a regular base should ensure that participants in the projects have a clear and unequivocal voice;
- *Diversity:* attempts are already made within the projects to ensure diversity of participation. In our evaluation we also look to ensure that minority voices are heard, but that also absent voices are identified;
- '*Conscientisation'* or the development of understanding: provision throughout of participatory processes and access to information about the projects, will, we hope contribute to greater understanding on the part of all relevant stakeholders in the arts projects and their funding and continuation.

In practice, a number of features underpin our approach to evaluation, including:

- Viewing evaluation as a process of refining theoretical ideas about the links between the different aspects of a change project with empirical data enabling us to describe not only what changes for whom and it what ways, but also how and why change has occurred.
- Using evaluation as a tool for project improvement, learning and change, that is at its most powerful when owned by project participants or stakeholders;
- Following principles of empowerment evaluation (Fetterman & Wandersman, 2004). These include: improvement; community ownership; inclusion; democratic participation; social justice; community knowledge; evidence-based strategies; capacity building; organisational learning; and accountability;
- A plural approach to methodology, asserting that both quantitative and qualitative data have their place in holistic and systemic evaluation (Midgley et al., 2002) and can be effectively combined (Burton & Kagan, 1998);
- Combining 'stakeholder' and 'organisational' perspectives in the evaluation (Boyd et al., 2001). This puts the perspectives of, and impact on, the participants and other stakeholders at the core whilst also enabling

exploration of projects' efficacy and impact on both the mental health and arts systems;

- Exploring the relationship between inputs and resources, and outcomes, taking account of the initial status, background factors and the particular contextual conditions that exist (Pawson & Tilley, 1997);
- Seeking to involve both artists and participants with mental health difficulties in the evaluation work of the project (HDA, 2000b; Moriarty, 2002; Simpson & House, 2002), reflecting best practice (Fairhurst, in press, 2005; Tew, Gell, & Foster, 2004).

Previous Research and Policy Context

The potential for arts projects to contribute to greater health and social inclusion for marginalized people with enduring and common mental health problems is recognised in policy statements and contributing reviews from a number of Government departments, including the ODPM, DCMS, DoH (Huxley & Thornicroft, 2003; Long et al., 2002b; Long et al., 2002a; SEU, 2004; White, 2003, 2004). A number of reviews have mapped projects, and summarised the evidence from existing arts for health, and more specifically arts for mental health projects (Angus, 2002; Staricoff, 2004; White, 2003). Moreover, evaluation frameworks have been proposed for complex interventions in health promotion and intervention (M. Campbell et al., 2000; Meyrick & Sinkler, 1999; Simpson & House, 2002), social inclusion and mental health (Cameron, Edmans, Greatley, & Morris, 2003; Long et al., 2002b) and arts in health (Angus, 2002).

Health, in all these discussions, is considered broadly, to include quality of life and well-being (Nelson & Prilleltensky, 2004; Power, Bullinger, Harper, & Group, 1999; White, 2004). Social inclusion, too is considered broadly to include social interaction and connectedness as well as social cohesion (Long et al., 2002b).

Throughout, there is little mention of diversity in terms of class, age, ethnicity or gender. One notable exception is the review by Freidli, Griffiths and Tidyman (2002). The consideration of diversity is particularly important given the greater incidence of mental ill health amongst poor, black and ethnic minority groups (Chantler, Burman, Batsleer, & Bashir, 2001; Chew-Graham, Bashir, Chantler, Burman, & Batsleer, 2002; Sashindharan, 2003; Walls & Sashindharan, 2003), and what we know about the intersections of diversity with social capital (C. Campbell & McLean, 2002; Cattell & Herring, 2002; Sixsmith & Boneham, 2002)

Drawing on these reviews, a number of impediments to developing a comprehensive evaluation framework can be identified. These include:

- The failure of many projects to identify aims and objectives, specific to either mental health or social inclusion outcomes (Angus, 2002) or clarity from practitioners and funders in terms of intentions, assumptions, or requirements (White, 2004);

- Lack of progress in developing comparative methodologies, longitudinal studies of outcomes or in moving beyond descriptive case studies (Geddes, 2004; White, 2004);
- Little use of methods that capture the individual and social transformative potential of arts and mental health projects (Hewitt, 2004), whilst recognising the complex nature of the interventions (M. Campbell et al., 2000);
- An emphasis on description rather than explanation[2], and no development of theories of change.

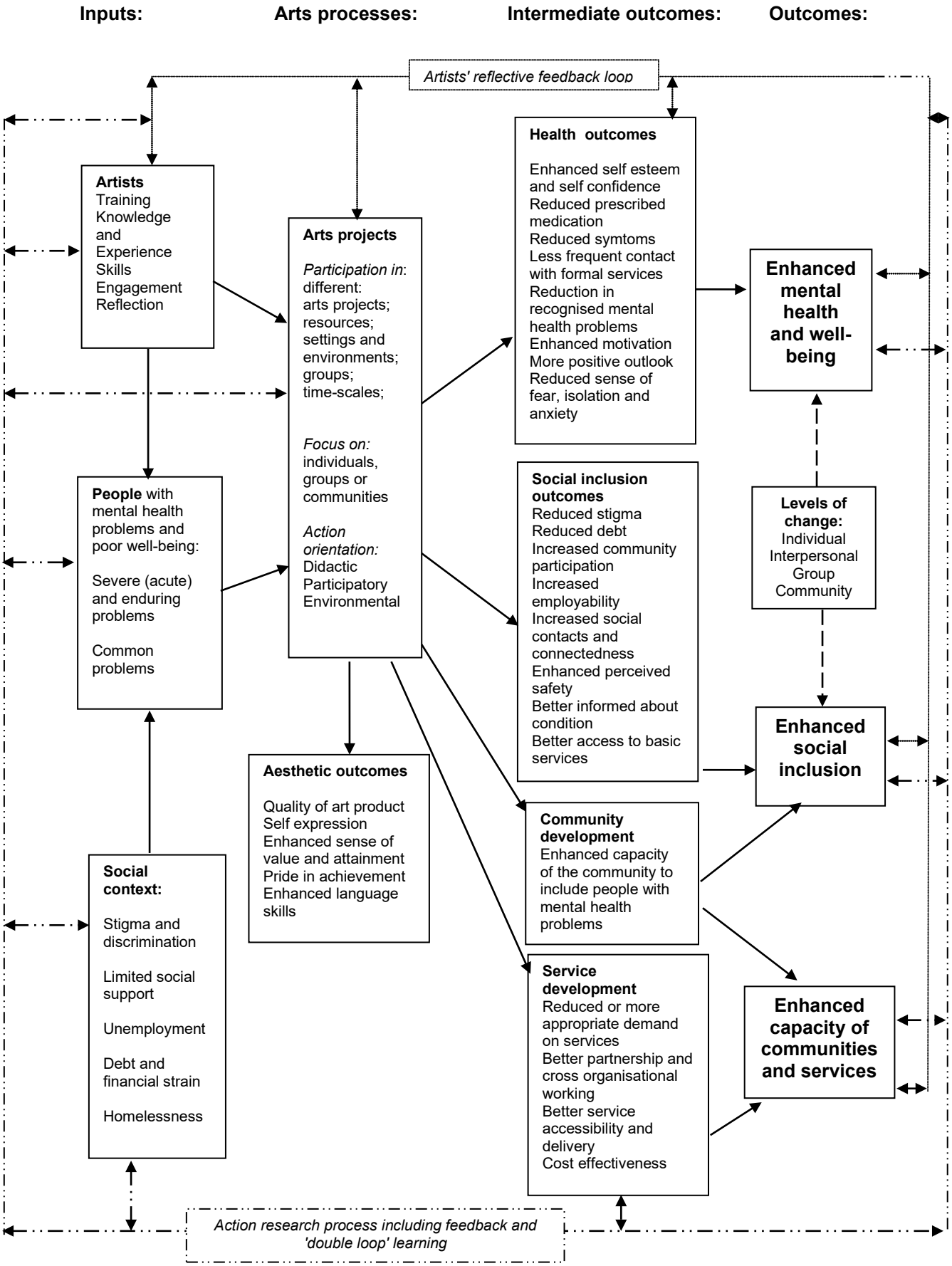
The development of substantive models of change is key to building a robust evidence base for arts in mental health, and can assist our moving beyond an 'arts for arts sake' thinking[3], contributing to both evaluation and project planning.

From our knowledge of previous studies and reviews, we can outline a draft model (Figure 1) connecting the different features of arts in mental health projects. Participants with different mental health problems, artists, and the social context in which they are embedded, are combined with various arts activities. These lead to aesthetic products, and to intermediate outcomes for health, social inclusion, community and service development. These, in turn, lead to individual, interpersonal, group or community levels of enhanced mental health and well-being and enhanced social inclusion. In addition, enhanced capacity of communities and services might be attained. Throughout, organised reflection by the artists, and gathering of information through an action research process by researchers enables continual, 'double loop' learning (Argyris & Schon, 1978) and project improvement. This model informs our starting point in this project, as inputs, processes, intermediate and final outcomes would contribute to a systemic evaluation framework (Midgley et al., 2002) characterised by reflection and feedback.

[2] Staricoff (2004) has offered some medical explanations of the effects of different art forms, mostly in terms of physiological impact.

[3] Although it is recognised that a general contribution to the cultural capital in society might be made generally and might be the specific goal of some projects

Figure 1. Current understanding of the links between mental health problems, social exclusion, and participatory arts leading to enhanced social inclusion and mental health.



Work in progress

We will illustrate how this model works in practice with reference to some work we are currently doing with some arts for mental health projects. These include:

The development of a Memories CD with a group of elderly people with different mental health difficulties, facilitated by a performance artist;

A poetry workshop with people living under stress in the inner city, facilitated by a poet;

A general creative arts project with members of a community group with long term and enduring mental health difficulties facilitated by a photographer and painter;

A general creative arts project with young people under stress in a school facilitated by a photographer and painter.

Dilemmas encountered

Negotiating perspectives with the artists.
The artists had different agendas for evaluation and understanding of the possibilities of evaluation methods from each other and from the researchers. As they nearly all work free lance, there was little time to work together to share understandings and instead, these evolved over time. This curtailed some of the possibilities for evaluation (such as before and after 'measures' of experience).

Negotiating data collection
The opportunities for helping the artists to develop different data collection skills were limited. However, researchers actively participated in several of the sessions, and made observations and kept reflexive diaries. Their observations were shared with the artists as soon as possible after each session and the discussions recorded. Data collection methods include arts activities and products, although these nearly always have to be supplemented by further exploration with the artist or participant, as they do not stand alone in terms of meaning.

Negotiating the most appropriate projects
The umbrella arts organisation had funding for several projects and there was pressure for these to take place. Thus the fit between arts and project was not always well thought out as it depended largely on availability of both access to the project and of the artist.

Context was not always enabling
In the service context of Project 1 staff revealed little understanding of what the arts project was and what it might entail. As long as the 'patients' (sic)

were treated with dignity and respect, it did not seem to matter what they did. Whilst after the first few sessions the artist was left alone with the group, there was confusion over the timing of the session, members were taken away for medical procedures such as being weighed, staff made considerable noise in the vicinity of the group and interrupted regularly.

In the more open contexts, for example of Project 2 participants were slow to come forward and it was difficult to maintain continuity or skill development over a short period of time, as required by the funding arrangements of the projects.

Negotiating understanding of what might constitute a positive outcome
Ways of understanding health and well-being varied between artists, participants and researchers. The artistic product was an important outcome for artists and this sometimes appeared to dictate the pace of sessions as well as the activities. An exhibition was planned for a fixed point in time and there was considerable concern from the artists that the products of the group would be suitable for the display. This sometimes meant that artists took a proactive role in the activities.

Negotiating understanding of effective processes
In some sessions, for some groups, skilled group facilitation was required, not only for maintaining the pace of the arts activity, but also to deal with sometimes strong emotional issues that arose. The boundary between art and therapy was sometimes blurred and the emotional concerns of the artists seldom addressed.

The way forward

All of the work on these projects is continuing and other projects, not specifically linked to mental health are coming on stream. One of the major challenges for us will be the handling of complexity and asking all the time, who should be involved, who is involved and why or why not? We will need to keep in mind the real possibility that these kinds of arts projects should indeed be considered as 'art for art's sake' and not subjected to the need for an evidence base to justify their funding. In the end it will be a political issue, whether or not diverse funding streams can - and will - support arts for health projects as an important adjunct to other health projects and services, but as essential contributions to positive cultural, human and social experience.

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