Diversity and disruption in arts and health

Clive Parkinson in conversation with **Jill Bennett.**
dis/ordered Clive Parkinson's performance at the Museum of Contemporary Art, Australia, is part of **The Big Anxiety: festival of arts + science + people** directed by Jill Bennett. As a reflection on his own traumatic experiences in adolescence, and subsequent long-term engagement with Arts for Health, a flagship program at Manchester Metropolitan University, Clive is a passionate advocate for experimental practice as proactive disruption in the cause of mental health.

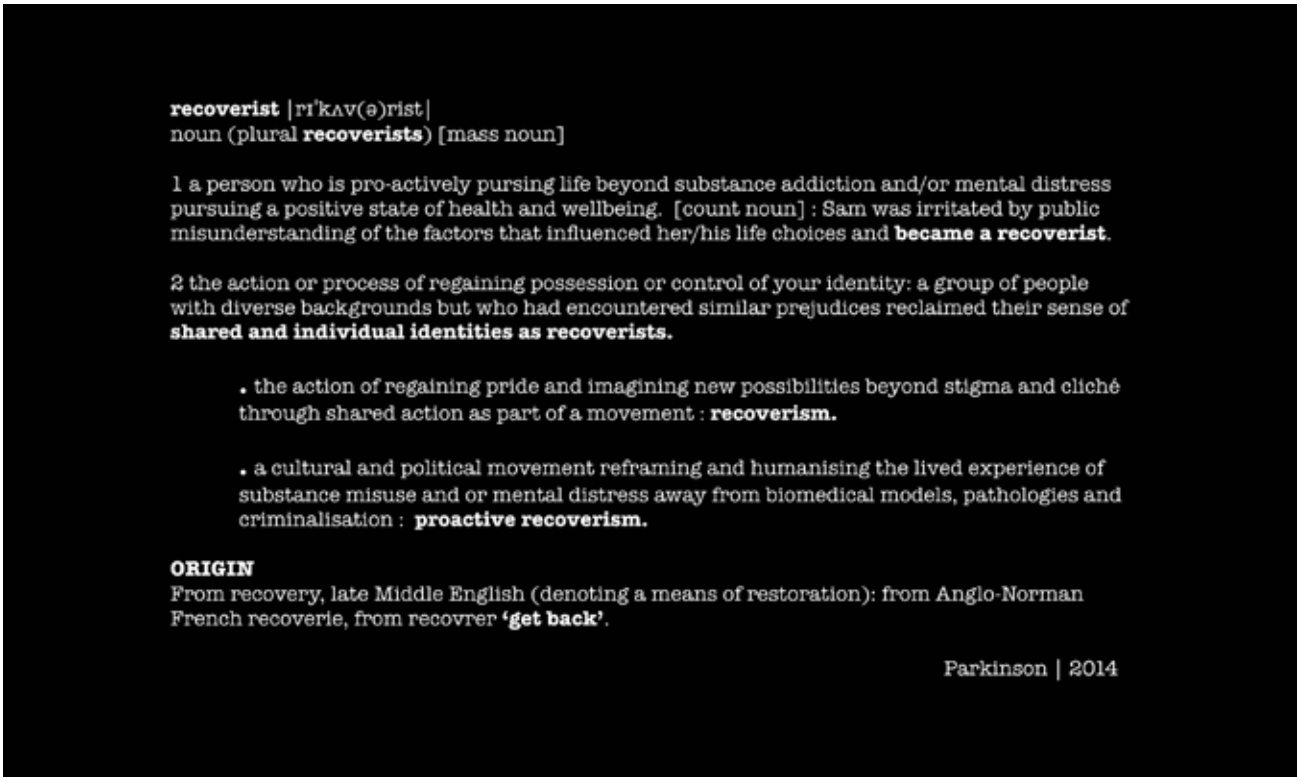
Jill Bennett___Arts for Health at MMU is the UK's longest established arts and health program, and one of the most progressive with its focus on health inequalities and creating a better society. In contrast to the many arts-health projects, which focus on more immediate gains, your program takes "the long view", mobilising for generational change.

Clive Parkinson___The arts might well be a potent social determinant of long-term public health and wellbeing. But we'll never address the health and wellbeing of communities until we get to grips with the injustices and inequalities that poison our communities. In my presentation/video *Weapons of Mass Happiness* for Artlands, Dubbo (2016), I suggested that as the UK embarks on its ugly divorce from the European Union and the USA on its next wave of selfish individualism led by Donald Trump, the arts should proactively disrupt inequality of race, gender, disability and sexual identity.

The snag for arts and health is that the way in which health is understood is increasingly focused on competition and not compassion. In a largely clinical context, the arts and health agenda has emerged as a force to humanise healing environments, advancing its relationship with medicine as a means to achieving individual health. But perhaps if we begin to understand public health in terms of equity and justice, then we might engage more deeply with the social determinants of health, and not simply decorate the edges of our individual lives. Art has the power to provoke debate and stir up our sleeping imaginations; it has the potential to galvanise us if we can think outside our own little worlds.

What's wrong with arts and health?

Well, the movement, if that's what we want to call it, seems to be thriving. Yet without diversity, it risks becoming inward-looking and self-congratulatory. At the moment, there's a dominance in the field of a



turgid middle ground that seeks to answer the call of health leaders, to tailor something that sounds like art into the health agenda. But in truth, it's all about trying to be a bland cost-effective solution to health targets in a climate of austerity. This is a case of finding blanket solutions, which hand-in-hand with a corporate aesthetic seem remote from anything you might call art.

In the UK right now, there's been quite an investment in dance, which on the surface sounds like a great idea, but a lot of this work is about exercise and creative physiotherapy. This is all completely laudable, but more arts by stealth than arts and health, focusing less on any cultural agenda and fixated on savings for the National Health Service coffers by avoiding slips and trips. It's well-meaning, but sanitised and functional, devoid of aesthetic appreciation, thrill and joy. It would be more relevant to get to grips with the underlying factors that influence long-term societal health. For me, this is about long-term cultural change, not just sticking a decorative Band-Aid over systemic problems.

As a counter-blast to this, the launch of *Creative Health: The Arts for Health and Wellbeing* (2017) in the UK, offers us some real promise. This report by the All Party Parliamentary Group is the outcome of a two-year inquiry into arts and health across the life course. It places a critical emphasis on the social determinants of health and wellbeing, focusing explicitly on inequalities and social justice. The report's key message is that the arts, imagination and creativity can help keep us well, aid our recovery and support longer lives better lived. For me, this is the critical part, as is the overarching emphasis on mental health and the proposition that arts/health interventions should have empowerment of people as their primary objective.

No one can take issue with arts and health programs with straightforward, practical goals but they often don't begin to exploit the capacity of art to enhance insight into experience or its social determinants, and the empowerment that comes from that kind of insight. They are purely instrumental. And this, for better or worse, drives a wedge between arts for health and the contemporary artworld, which is conversely resistant to anything with real-world outcomes. The problem with prioritising a specific health outcome is that you get caught up with the measures and metrics of health deliverables when there is more significant work to do in terms of understanding how art works.

From top:
Tracey Emin
My Bed, 1988,
© Tracey Emin.
All rights reserved, DACS/Artimage 2017.
Image courtesy Saatchi Gallery, London.
Photo: Prudence Cuming Associates Ltd

Jeremy Deller
It Is What It Is, 2009,
mixed media installation including banner, film and US version of Twin Towns.
Installation view, *Jeremy Deller, New Commissions: It Is What It Is: Conversations About Iraq,* 2008, New Museum, New York, 2009.
Commissioned by 3M Project, Creative Time, Hammer Museum, Los Angeles, Museum of Contemporary art, Chicago and New Museum, New York.
Image courtesy the artist and The Modern Institute/Toby Webster Ltd, Glasgow.
Photo: Benoit Pailley

It doesn't just make us feel better in the moment but can empower people to question beliefs, feelings, diagnosis, institutional forces and so on. The best arts and health work, it seems to me, starts from the really fine-grained collaborative work with individuals and communities. It has to be experimental and emergent, not the rolling out of a generic program.

We might challenge both the arrogance of the art establishment, and the cloying evangelism of art and health. They both offer us gated communities, when in reality health has to reimagine itself in a 21st-century context and the arts establishment may in fact learn a lot from social practices.

If there's anything that cuts across all of this, it has to be our mental health. Mental ill health negatively impacts on our physiological health—the evidence is unequivocal. But there's more to it than that: all that stuff that underpins our mental health—those determinants again—stretch out across every factor, age, context, society, religion. If we don't put mental health at the top of the pyramid, everything else falls apart. But there's no one-size-fits-all mental wellbeing solution.

We've seen some sublime work that brings people affected by dementia into galleries, especially at MoMA, New York. But I'm interested in what arts institutions themselves learn from working with people affected by dementia, how they might change and evolve. Now that has the potential to be revolutionary. At the moment, the new and vapid trend for arts and health might seem like an extension of the neoliberal agenda where all society's ills can be cured by public art. By simply erecting a statue in an impoverished area of town, we can transform the underclasses into dewy eyed aesthetes. Here's your cultural quarter. Boom, you're sorted!

Our work around addiction and recovery in Europe offers a very different perspective, because it isn't concerned with curing the sick and evangelising addicts—it's about giving people opportunity to scream from the rooftops. Through things like the *Recoverist Manifesto,* we can suggest how things might be different. You don't have to be passive—you have a voice.

Recoverism is a creative social practice in itself with the focus on engagement but you have also utilised the work of other artists in this process.

When I was developing the *Recoverist Manifesto* with people affected by addiction, I worked with a number of people who had avoided going to prison by agreeing to be part of recovery communities. Most people who took part had never heard of Jeremy Deller and Tracey Emin, but these were the artists whose output enabled me to work with these people beyond superficiality to explore the ugly, the misunderstood and the violent. Recoverism is driving change through collaborative research. It's only by sharing new ideas that we can move away from clichéd representations of addiction—from addiction being seen as a criminal or purely health issue, to one of civil rights.

Imagine confronting hundreds of different photographs of Emin's, *My Bed* (1998) from as many different angles and close ups, and being asked: "What it's all about?". You can guess the answers: "It looks like my bedroom", "Someone died there", "It's a squat". The comments were rich and deeply personal. But then to be told that it's "art"—and have the opportunity to get to grips with it, and even rail against it! —now that's a powerful way of opening up difficult conversations about shared experience and the things that contribute to people's lives. I had similar responses to Jeremy Deller's *It Is What It Is* (2009), an exploded car taken from the scene of a car bomb attack in Baghdad, which toured across the USA to provoke discussion about the war in Iraq. Initially people said "This is the result of a drunk driver." But we took it much further to get to grips with what it is that artists are doing and, ultimately, how we as a community affected by substance misuse can radically reframe thinking.

The chaos and mess is the point. As someone recently said of The Big Anxiety, mental health advocacy is conventionally articulate and measured, so those in recovery effectively have to overcome their issues before talking about them. Giving space and expression to something more real and unruly is hugely empowering. This is what we need to promote and evaluate.

Yes, indeed. And, in answer to your question about measures and metrics, I think we beat ourselves up marrying ourselves to a bio-medical model. Fifty years ago, John Berger suggested that the comparative methods in health care and the arts were "equally absurd". I'm inclined to agree with him. His

book *A Fortunate Man* (1967) is as relevant today as it was then, when he challenged us to ask ourselves, how does "the cure of serious illness" compare in value with "one of the better poems of a minor poet"?

We certainly need a more imaginative way of thinking about qualitative impact before we get to quantifiable metrics. How, for example, would we go about evaluating a work like Parragirls Past, Present, one of the commissions in The Big Anxiety, which relates to the experience of women who in their teens were residents of the Parramatta Girls' Home. This work is a collaboration between immersive media artists (Volker Kuchelmeister, Alex Davies) and the "Parragirls" themselves, building on a multifaceted, long-term arts project led by artist–researcher Lily Hibberd and Parragirl Bonney Djuric. Its visible output is a high-end immersive media art production, but behind the technology is a "process-based" community project, focused on advocacy and recovery in the context of institutional abuse and trauma.

How will this project support the mental health of those who work on it, and what will be the impact of enabling the Parragirls' voices to be heard? It may well achieve things that no clinical program could. The Parragirls have testified to a Royal Commission; their stories have been officially told and reported. But story telling is not only about the public record. As we know, the trauma of abuse is compounded by institutional denial, which undermines a survivor's sense of truth. For Parragirls to take back the site is therefore massively significant. And the processes of recording a soundtrack, of co-creating a work and shaping its narrative are psychologically important. This is about Parragirls controlling their own representations.

The examples you give can similarly be understood as collaborative research projects as well as interventions, insofar as you go into a community and work with people without any evalangelising aim or even a predefined notion of what a health outcome would look like. Your work with Australian artist Vic McEwan at Alder Hey Children's Hospital is speculative and ambitious in this way—and you are preempting the "evaluation" problem by writing a book, taking a similar, person-centred approach to Berger's.

We're awash with arts and health "frameworks" "evaluation guides" and new "how-to" books. They all tend to come out of the same stable and are less about inequalities in health and culture. It feels like a bun fight to get the most robust evidence-based book out there. So, when the opportunity to work with Vic came along, I was keen to write up what I observed in his practice, warts and all. I've been participant observer, joining in with his work as an artist working with children and young people undergoing difficult health crises.

I wanted to explore what artists do in these difficult situations. So it's not been about Vic creating a piece for people to gawp at, nor about resolving "sound problems" on the wards, but an artistic inquiry, exploring the sonic landscape through noise and musicality. It's a journey that has exposed us both to challenging moments, one of which will feature predominantly in his work as part of The Big Anxiety, which is in part focused on a young woman who embarked on some spontaneous work with Vic, but who sadly died part way through. For Vic, this young patient and myself, our shared work is a strong motif for understanding the value of contemporary artists who work in social contexts.

The work is not about fixing, but doing what art has always done—challenging and provoking and taking us into difficulty places. It's about what artists can offer in terms of a critical experience, and a very different kind of critical care.

For The Big Anxiety you have developed dis/ordered which is a new departure …

Yes, it's quite nerve-wracking in many ways, as I step out of the community of arts and health into the spotlight of a major cultural setting like the MCA, to explore my very personal perspective of obsession and compulsion, but also some views around how OCD has emerged as a "disorder" alongside an apparent global boom in mental illness. As part of this work, I'll be questioning whether we are all as ill as we're lead to believe, or simply buying into what we believe is happening. Could our mental distress be a very healthy response to a sick world, and could this apparent "epidemic" in mental ill health, be better understood as a gold rush for those with vested interests in

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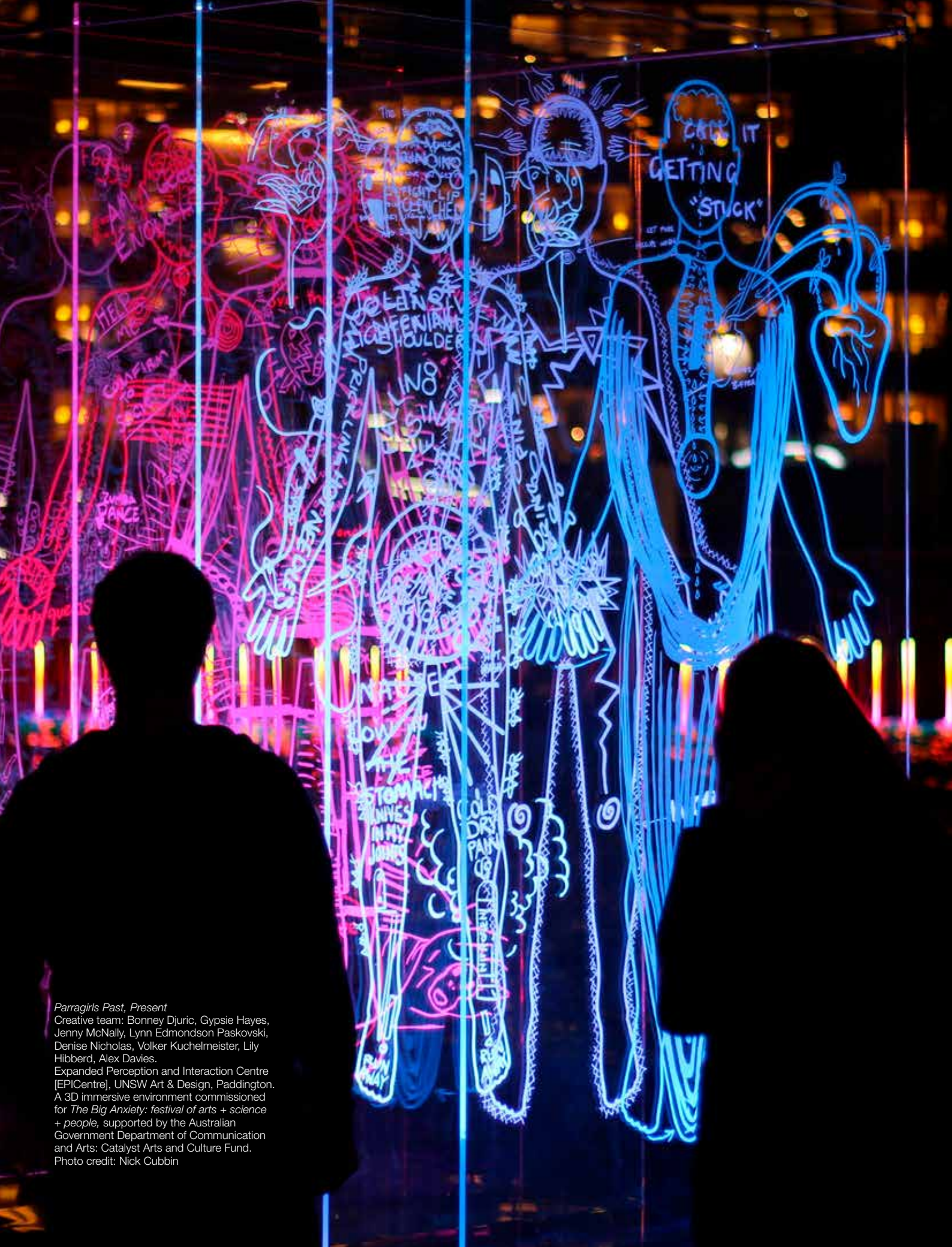
Caption TBC



Parragirls Past, Present
Creative team: Bonney Djuric, Gypsie Hayes, Jenny McNally, Lynn Edmondson Paskovski, Denise Nicholas, Volker Kuchelmeister, Lily Hibberd, Alex Davies.
Expanded Perception and Interaction Centre [EPICentre], UNSW Art & Design, Paddington.
A 3D immersive environment commissioned for *The Big Anxiety: festival of arts + science + people,* supported by the Australian Government Department of Communication and Arts: Catalyst Arts and Culture Fund.
Photo credit: Nick Cubbin

keeping us ill, medicated and passive?

I'm not out to disprove mental illness. I've too often seen the consequences of distress and trauma, and as part of what I share at the MCA, I'll be navigating a fragile path through a personal exploration of what would now be badged up as childhood obsessive compulsive disorder, alongside what I think are the roots to the cult of diagnosis, whereby we need to quantify every texture and nuance of our lives.

There's a strong critical movement in the UK, challenging the medical model of mental health and the notion of "disorder"…

Psychologists like Peter Kinderman offer us an alternative to the bio-medical—or rather, pharmaceutical—dominance of our psychic terrain. In his essay *Drop the Language of Disorder,* he suggests that we need a "wholesale revision" of the way we think about psychological distress, starting by acknowledging that distress is not abnormal but a normal human response to difficult circumstances.

Kinderman gets it right, in that any system that provides a lexicon for identifying and responding to mental distress should use language and processes that recognise that psychosocial factors (poverty, unemployment, trauma) are the most strongly evidenced causal factors for psychological distress. From my lived experience, I might suggest that these are, in fact, the social determinants of all our health, and that the arts might just be the missing link—albeit one that so many people have no access to, and no interest in.

I think this is exactly where the arts can make a vital and distinctive contribution. Critical psychologists like Kinderman point to the importance of questioning top-down diagnosis that doesn't attend sufficiently to the impact of social factors. But to see and understand the psychological impact of those factors we need rich methods for the description of personal experience, which is hard to get on the record. These rich descriptions will come from art not from medical science. But your point about limited access and interest is important. As we know well, it's not just a question of opening the doors of museums, we need to design engagement and orient art practice towards the goal of examining unspoken experience.

We both know that mental illness can happen in anyone's life, regardless of background or privilege, but the overwhelming evidence is that people who experience higher levels of inequality have far higher rates of mental ill health. Yes, galleries and museums that really want to throw open their doors offer new ways of provoking exchange and making sense of the world, but so do some of the smaller organisations that span issues around mental difference and the arts.

In the UK, the NHS is waking up to the potency of the arts through social prescribing, where general practitioners have the option to refer people experiencing a period of mental crises, to arts and cultural organisations as something complementary to the usual pharmaceuticals. This has got to be welcome. It's through this often "first exposure" to challenging contemporary practice, that people might begin to look at the bigger picture. My only hope is that there might be a shift from focusing on our own individual mental health issues, to thinking about ourselves as communities, and why are so many more people apparently affected by mental health issues?

Art is in an obvious sense still elitist, but conversely it provides the means to describe traumatic or difficult experience when everyday language fails.

Yes, and perhaps the system itself perpetuates this as a form of gatekeeping in a smug and hermetically sealed world, safe from dissenting voices. Worse still, it mythologises the "mad" artist or exoticises people from the fringes consigning them to the neat "outsider" category. That's why programs like Tate's Tate Exchange offer something beyond tokenism—a space for everyone to collaborate, test ideas and discover new perspectives on life, through art.

Art certainly gives us small moments of joy, but art and artists also give us voice to question systems of control and the means to question the status quo. In an interview with Studs Terkel in 1961, James Baldwin suggested, that "artists are here to disturb the peace." Perhaps if we embrace this call and refocus on the factors that underpin all our mental distress, we might realise that if ever that peace has needed disturbing, the time is now.