From: Arts, Health and Wellbeing: a critical perspective on research, policy and practice

Norma Daykin

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Chapter 1. Introduction

The last 20 years have seen a growing interest and burgeoning evidence of the health and wellbeing impacts of arts such as music, visual arts, drama, creative writing and other activities. During this period, artists have joined together with researchers, health professionals and policy makers to explore the connections between arts, health and wellbeing. An international evidence base is expanding in volume and growing in quality, while regional, national and international networks have been established to share knowledge and support the development of policy and practice. Senior policy makers have spoken in support of integrating arts and creativity at every stage of healthcare. However, significant challenges need to be addressed before such a goal can become a reality.

Combining arts and health is seen as a potential solution to demographic and social challenges that have transformed experiences of health and disease, often revealing the limitations of technological medicine. The power of arts and creativity have been invoked to address a range of policy agendas, including supporting marginalised communities and addressing wellbeing inequalities. However, 'arts' and 'health' are characterised by separate histories, organisational practices, cultural traditions, professional roles and identities, and each domain faces particular challenges in contemporary society. The task of overcoming these divisions in order to develop a common vision and purpose is not straightforward.

Two related premises underline this book. First, the development of healthcare knowledge is not a neutral scientific process but is shaped by political governance, regulation and social action [1]. This perspective draws on writings on the sociology of professions by researchers such as Margaret Stacey, who discusses the changes in society, including population growth, increased wealth, advances in technology, changing attitudes and a growth in the regulatory functions of the state, which allowed the consolidation of professional power and the establishment of Western Scientific Medicine (WSM) as the dominant form of healthcare provision in Europe [2]. The second premise of this book is that the development of artistic knowledge and practice is similarly embedded in social and political relations. Hence artistic quality cannot 'speak for itself', rather, the production and reception of artwork is a social process embedded in interaction and influenced by hierarchies such as class, gender, ethnicity, caste and sexual identity [3-5].

This book develops a critical understanding of the bridging of arts and health domains, beginning with an overview of the current evidence base and a review of current challenges for research, policy and practice. I draw on models and perspectives from social sciences to develop the case for arts and health as a social movement, exploring boundary work and the role of boundary objects in arts, health and wellbeing. These theories offer a new research agenda that can help to inform future developments and sustainability in arts, health and wellbeing.

Limits to medicine

Since the 1960s, scientific medicine, which had dominated understanding of health and disease from after the European Enlightenment until the middle of the 20th century, has been subjected to sustained critique.

The basis of scientific medicine in 'Cartesian dualism', the belief that mind and body are separate entities, has led to mechanistic and reductionist approaches to health problems [4]. Health care systems organised around the principles of scientific medicine were increasingly questioned by economists, sociologists, feminists, professional groups and complementary therapists [5,6]. Radical doctors such as Ivan Illich pointed to modern medicine's iatrogenic effects, which include not just the damage done by ineffective or unsafe treatments, but broader harms inflicted by consumerism and attempts to control and deny essential human experiences of dealing with death, pain and sickness [7]. Public health researchers demonstrated the contribution that social and environmental factors, such as improvements in hygiene and income distribution, have made to population health improvements [8].

More recently, it has been estimated that less than 10% of what affects our health and wellbeing comes from access to health care [9]. Current health and care challenges stem from demographic and social trends, with increases in life expectancy not necessarily translating into healthy lives in later years. Throughout the life course, prevalence of chronic physical and mental ill health are at unprecedented levels, compounded by widening health inequalities causing a disproportionate burden of ill health to be borne by people on low incomes [10]. These conditions create mounting pressure on health services, combined with rising care costs and difficulties in recruiting and retaining staff. There is a growing consensus that health services cannot be held solely accountable for the nation's health and that a shift in emphasis is needed towards prevention. Many arts and health projects have developed from a recognition of the limits of medical models of health and care, particularly in areas such as chronic illness and dementia, where medical solutions are unlikely to address needs. Nevertheless, biomedical research still maintains a dominant position in many areas of research, regulation and healthcare practice.

Arts and cultural challenges

A shift in thinking within the arts coincided with these changing perspectives on health and disease away from scientific medicine towards more holistic models of health and care. The impetus for what has been described as a social movement of arts, health and wellbeing has been traced to the emergence of community arts in the 1960s, which challenged the role of art in society, particularly the perception of 'high art' as aloof and disconnected from the problems of ordinary people [11]. The arts and health movement challenges fundamental ideas about the nature of creativity that

have shaped the development of arts in modern European societies. For example, during the Romantic period, the artist was held separate from society, visionary but marginalised, heroic but tragically unrecognised [12,13]. The influence of these ideas, together with more recent trends towards commercialism and commodification, have perpetuated an elitist and de-contextualised view of the arts and fostered unhelpful stereotypes that isolate artists, making it difficult for them to organise, find support for their own wellbeing and command appropriate financial rewards for their work [14].

While these ideas have been challenged by those favouring socially engaged models of arts practice, their influence can still be seen, for example, in debates about artistic quality. There is sometimes a presumption that community arts and arts for health and wellbeing are 'instrumental' activities lacking in quality. Yet artistic quality is a complex and subjective phenomenon that is only just beginning to be critically discussed and mapped within the arts sector. The role of artistic quality in arts and health practice has not been well understood, and this area has sometimes been overlooked by practitioners and service delivery organisations as well as researchers, whose attention and efforts have been consumed by seeking to find ways to demonstrate health and wellbeing outcomes and address medically based hierarchies of evidence.

Outline of this book

The book is in two parts. Part one begins with a discussion of the development of the field of arts, health and wellbeing in Chapter 2, and an overview of research and evidence in Chapter 3. Research challenges are discussed, drawing on case studies of visual arts and music in health and community contexts (Chapter 4). While the quality of research in the field is continually improving, these chapters reveal underlying problems and questions that cannot be addressed through methodologies. Part Two explores theories from social science and organisational studies that might help to address these questions. Chapter 5 discusses arts, health and wellbeing in relation to recent developments in social movement theory, suggesting that this kind of thinking can offer new insights into questions about sustainability and the future development of the field. Chapter 6 explores the related area of boundary work, examining the role of artists in health and care contexts as boundary spanners. This chapter discusses artistic objects as boundary objects and suggests that effective boundary work in arts, health and wellbeing has the potential to transform and improve many health and care contexts.

References to Chapter 1

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