

**Taking risks; making art:
experiential processes of community-based,
facilitated arts in mental health.**

Elanor Stannage

Submitted in accordance with the requirements for the
degree of Doctor of Philosophy

The University of Leeds

York St John University

School of Performance and Media Production

January 2019

The candidate confirms that the work submitted is her own and that appropriate credit has been given where reference has been made to the work of others.

This copy has been supplied on the understanding that it is copyright material and that no quotation from the thesis may be published without proper acknowledgement.

The right of Elanor Stannage to be identified as Author of this work has been asserted by her in accordance with the Copyright, Designs and Patents Act 1988.

© 2019 The University of Leeds and Elanor Stannage

Dedication

To my mother, Georgina Fletcher (1952-1992) an artist who, in so many ways, was consumed by madness. This work is inspired and driven by you. How I wish I could share the findings with you.

To the two participants who contributed to the research but died before it was complete. Thank you for your thinking and contribution, and most of all, for challenging me.

Acknowledgements

With grateful thanks for the attentive support, insights and patience of my supervisors Matthew Reason and Nick Rowe. To my family who have sacrificed so much to support me writing this thesis: to my partner George, who has helped make this work possible; to Lincoln and Lucas who have only known me as a mother writing for a Ph. D, thank you. Thank you to Harriet Greenwood for all your support and encouragement throughout work, from beginning to end. Dr Olivia Sagan and Dr Jacqui Ackhurst for the encouragement, insight and inspiration along the journey. Christie Barnes, Laurie Farnell, Mark Gowland, and Kev Paylor who co-presented research with me, who's openness and willingness to share their experiences and creativity with me kept me rooted. Dr Esmie Calliste, Dr Linda Marshall-Griffiths, Charlotte Haines-Lyon, Dr Catherine Heinemeyer, Dr Sarah Mallinson, Dr Lauren Stephenson, Dr Linda Walz: my Ph. D sisters, who listened and supported, encouraged and commiserated along the way. And, to the people who co-researched with me and have been anonymised, for your insights, your openness, your time and your eloquence. Thank you all.

Abstract

What are the processes involved in the practice of making art, through different disciplines, with people experiencing mental distress? What happens when we take the risk of making art together? Using action research and narrative interviews, this thesis investigates these questions from the perspective of the people making the art: dancers, writers, theatre makers, artists and facilitators. In doing so it seeks to generate a situated knowledge of arts in mental health, detached from existing constructions based upon practitioner research and impact studies, in order to offer ways to reframe understanding of the field.

Part 1 of the thesis sets out the theoretical terrain through examining the discourses of mental health and the discourses of the arts in order to unpick the complex interdisciplinary traditions that construct how we research and work with people in the context of arts in mental health. Part 2 explores the processes of participation that emerged from the research, looking closely at the significance of group dynamics and self-agency. Part 3 examines the processes of personal, relational and creative risk-taking in facilitated arts practice and their relevance in a mental health context. Through articulating the concept of 'facilitated creativity', this thesis proposes that what is particular about arts practice in relation to mental health is the potential for creative risk-taking, which offers opportunities to practice living in an age of precarity and help us develop as people. Finally, part 4 brings together the different theoretical strands from part 1, weaving ideas from these broad theoretical contexts with the findings in parts 2 and 3, to discuss the potential significance of a situated knowledge of process in arts in mental health.

Table of contents

Dedication	iii
Acknowledgements	iv
Abstract.....	v
Table of contents	vi
List of tables	x
List of figures	xi
Preface	xii
Rocks	xii
Branches and leaves.....	xix
Part 1 Situating the practice	1
Discourse	3
Chapter 1 Discourses of mental health	6
1.1 Psychiatry and the technological paradigm.....	9
1.2 The challenges of evidence-based practice	12
1.3 The discourse of recovery	15
1.4 Critical psychiatry to postpsychiatry.....	23
1.5 Media representations of mental ill health	25
1.6 Mad Pride, the survivor movement and mad studies	28
1.7 Reflection on the discourses on mental health	31
Chapter 2 Discourses of socially engaged arts practice.....	33
2.1 Community arts: origins and principles	34
2.2 Arts in Health.....	40
2.3 Challenging the binaries of socially engaged arts practice	43
2.4 Synthesising the discourses: implications for arts in mental health	48
Chapter 3 Reviewing the research in arts in mental health	50
3.1 Developing research base	52
3.2 Research agendas and methods	54
3.3 Mental wellbeing	56
3.4 Empowerment, agency and control.....	61
3.5 Social inclusion	63
3.6 Identity	65
3.7 Creativity and artistic skill	66

3.8 Conclusion	68
Chapter 4 Collaborative, sensitive and reflexive: finding methodology and designing method	71
4.1 Terminology	71
4.2 Stakeholders.....	73
4.3 Researcher positioning and reflexivity.....	75
4.4 From epistemology to an ethically pragmatic methodology.....	77
4.5 Collaborative action research	82
4.6 Sensitive and creative methods	86
4.7 A second study	88
4.8 Study 1 Audit trail.....	91
4.8.1 Sampling, recruitment and ethics	91
4.8.2 Participant concerns and creating a safe space.....	93
4.8.3 Analysis and validity checking.....	99
4.9 Study 2 Audit trail.....	100
4.9.1 Sampling, recruitment and ethics	100
4.9.2 Interview procedure and analysis	102
4.10 Conclusion	106
Part 2 Themes of process	108
Chapter 5 Developing group dynamics	109
5.1 Group structures in practice	110
5.2 Group dynamics in psychotherapy	113
5.3 Applying a typology of groups	115
5.4 Communities of practice	117
5.5 Identity	120
5.6 Facilitation: perspectives on the role.....	124
5.7 Support and group dynamics	128
5.8 Collaboration and the collective	132
5.9 Trusting and being trusted – responsibility to and from the group	133
5.10 Playing and developing discipline	135
5.11 Conclusion	139
Chapter 6 Developing self-agency	143
6.1 Agency, recovery and individualisation	144
6.2 Creative freedom and control.....	147
6.3 Empowerment.....	155

6.4 Hope and duende: an affective sense that change is possible	159
6.5 Agency in arts in mental health	161
Part 3 The process of risk-taking.....	165
Chapter 7 Risk-taking in context.....	166
7.1 Risk-taking in a risk society	168
7.2 Risk-taking and mental health care.....	169
7.3 Risk-taking and avoidance.....	171
7.4 Conclusions	173
Chapter 8 Personal and relational risk-taking	175
8.1 Personal risk-taking through exposure	175
8.2 Personal risk-taking through the trial of performance	177
8.3 Out of the comfort zone	179
8.4 Relational risk-taking: an interdependent duality	182
8.5 Relational risk-taking in collaboration	185
8.6 Relational risk-taking in performance.....	187
8.7 Conclusions	189
Chapter 9 Creative risk-taking	191
9.1 Concepts of creativity	191
9.2 Creative risk-taking in practice.....	195
9.3 Creative risk-taking through improvisation	197
9.4 Creative risk-taking and living creatively	200
9.5 Conclusions	201
Chapter 10 Risk-taking in arts in mental health.....	203
10.1 Developing risk-taking through practice.....	204
10.2 Risk-taking and failure.....	206
10.3 Implications of risk-taking in arts in mental health	209
Part 4 Combining process and theory	214
Chapter 11 Conclusions	215
11.1 Seeking collaboration.....	216
11.1 Mapping recovery and arts in mental health	219
11.2 Theorising developing group dynamics	221
11.3 Facilitated creative risk-taking	222
11.4 Limitations and recommendations	224
11.5 Reframing impact: back to the people making the art	226

Bibliography	230
List of Abbreviations	244
Appendix A Ethical clearance for study 1	245
University ethical clearance study 1	245
Email communication clarifying ethical position in relation to NHS research and development for study 1.....	246
Appendix B Ethical clearance for study 2	248
University Ethical Clearance Study 2.....	248
Email communication clarifying ethical position in relation to NHS research and development for study 2.....	249

List of tables

Table 1 Comparing recovery models.....	17
Table 2 Details of collaborative research cycles	97
Table 3 Interview schedule.....	105
Table 4 A taxonomy of creativity.....	194
Table 5 Recovery and processes of arts in mental health	220

List of figures

Figure 1 Theoretical fields of arts in mental health	3
Figure 2 Converging aims in collaborative action research	83
Figure 3 What I give, what I get (a)	130
Figure 4 What I give, what I get (b)	154
Figure 5 Modes of risk-taking in arts in mental health practice	203
Figure 6 Risk-taking and other processes of arts in mental health	210

Preface

This thesis has grown from three distinct roots. The first, a proposal for a PhD studentship exploring the impacts of arts in mental health; the second a tangled heap of autobiographical tendrils, wound together to form my position as researcher. The third, and perhaps most important root: the vibrant, considered, instinctive and experiential reflections and creative energies of the people with whom I researched, combined with the theoretical context to understand these. All three have major influences on this work I present and combine to make the whole.

Roots

The proposed title for the studentship *Impacts of arts in mental health* carries with it a weight of assumptions, born at a time when interest in developing an evidence-base in arts in mental health was blossoming. Spandler et al. had recently completed a large scale study of arts in mental health, comprising a survey of organisations and their practices (2007); quantitative measures assessing mental health, empowerment and social inclusion; case studies, focus groups and interviews with people making art in such projects (Secker 2011, p.21). Concurrently, White had proclaimed a sea change in the way in which arts in mental health practice was viewed:

[A]rts in mental health has not evolved simply as a result of the successful advocacy of an arts sector keen to demonstrate its relevance to health, but rather through the wider recognition of a phenomenological connection

between engagement in cultural activity and well-being. So practitioners of arts in health can stop arguing for the role of the arts as a useful adjunct to health services and declare that the arts sector, by the very nature of what it does, is in the business of promoting mental health (2009b, p.40).

Whilst locally, on the campus of York St John University, Converge was growing in force. It began as an introduction to theatre course, taught on campus by students and lecturers of the university, for people experiencing mental distress. When this thesis was proposed, multiple courses, in different art forms had been established and were running each semester. Out of Character, a semi-professional theatre company made up of people who had taken Converge courses had been established as resident in the university. At the same time, Leeds and York NHS Primary Foundation Trust gained the tender for mental health services in York and a PhD studentship was proposed in partnership with York St John University.

Rowe articulates how:

The aim of Converge is to harness the university's knowledge, expertise, goodwill, and forward-looking energy for the benefit of local people who use mental health services. (2015, p.121)

The model of the partnership is to work with people who experience mental ill health as students and for university students to work with them as part of their degree courses. A reciprocal arrangement between the university and local NHS service providers for the benefit of both university students and people using mental health services, Rowe suggests, 'It is an initiative of its time, taking place within the context of shrinking public services and challenges to the traditional university model' (2015, p133).' As researcher I was embedded within the practice of Converge and the research is framed by this relationship between myself, and

the Converge students in the wider context of the Converge partnership relationships.

During the time of the design of the study for this thesis, both the proposal for the doctoral studentship, and the direction of research and discussion in arts in mental health suggested the need for a broad scope, looking across the arts rather than at a particular art form. A study was required that might offer knowledge of the complexities of arts in mental health practices, that might enlighten the search for impact. To do this, there was a necessity to explore different disciplines, to see what processes are common across the field of arts in mental health practice and what is particular to distinct art forms. Such an expansive view may limit the findings of the study, but it also creates the possibility of generating knowledge of the practice that is broad enough to be transferable and translatable within both the contexts of arts practice and health practice.

In my own life, I had established a freelance career as a theatre practitioner, working with people at risk of marginalisation from mainstream society. I had begun my career exploring theatre in mental health with Shoestring Theatre and then One in Four Theatre Company, where I became artistic director and coordinator. This career direction (as well as the thesis) was born of an autobiographical imperative to work in mental health and deepen my understanding of madness, and somehow do this through making art.

I have experienced caring for and living with people who would be categorised as experiencing severe and enduring mental ill health. I have experienced serious mental ill health myself which disrupted my life, education and

ability to work for over a decade. I still carefully manage my mental wellbeing and hover, undecided, over the tick-box forms that declare whether one does or does not have a disability. I have also worked for over ten years as a community theatre practitioner with people experiencing mental ill health and with communities where people may be at a higher risk of mental ill health such as people with learning difficulties, people in recovery from addiction and young people at risk of exclusion from school.

My mother experienced prolonged, yet undiagnosed psychosis throughout my early childhood, I lived alone with her for a significant period of that time and clearly recall not believing the sense she was making of the world around us. She suffered with acute paranoia to the point of insisting that we sleep in the corridor of our flat, away from the windows, as she was convinced someone would shoot us down in our sleep. Though I do not remember at the time, other people report that she avoided feeding me most foods as she was convinced they had been poisoned. As a child I seemed to know that some of her thoughts and beliefs could not be true and yet I simultaneously loved her and felt loved and cared for. As I went through the painful and traumatic process of being separated from her, first physically, then legally, the experience rent a hole in my personality and that of the people around me. I saw other members of my family find it impossible to see her as a person through her illness and how sad and cross this de-humanising made me, despite feeling scared by her behaviour and the things she said at times. When my mother died, I found a manuscript for a book she wrote, it begins autobiographically with a construction of her childhood and then descends into the trauma of her psychosis. 80 pages of hellish, horrifying imagery that I can only

imagine was her day to day experience. The knowledge that someone I loved so much had experienced such prolonged, torturous trauma over years of her life has been both devastating and utterly galvanising. Such understanding has formed within me a passionate need to attempt to understand, sit with and hold space for people experiencing mental distress.

Another close relative also suffers with what he calls chronic depression, and I have seen and been part of the process he went through trying to access medical interventions and to maintain finances (in order to provide food and housing) through the welfare system when work was not possible due to the level of distress he experienced. I have witnessed how one must frame oneself as being severely ill in order to maintain benefits and how this framing, this 'internalised stigma' (Warner 2010, p.4), permeates identity and beliefs about one's own self-efficacy.

I have, personally, experienced long and disruptive periods of anxiety and depression which hindered my ability to live, work and study for years. I have been through the system of trying to access appropriate therapies for my distress. I was listened to and then told what was best for me, choices were removed as the appropriate course of action was decided upon by others and when I had fears and concerns, they were handled but not really understood or respected. Despite this, I was fortunate enough to have access to an intense year-long immersion in individual and group psychotherapy, art and dramatherapy which enabled me to find my way out of acute distress. During, between and after periods of being unwell I have used theatre as a way of feeling functional; a system of working and thinking; of being with others that provided a space where my, sometimes strange,

behaviours and ways of thinking could exist and not interrupt the work, even improving it. Theatre has provided me with a structured process of bringing ideas to life, demystifying the often terrifying workings of both my internal thoughts and the world around me.

I have also made my own performance work about my mental distress and navigated the line between what might be a healing performance and re-traumatisation through making that work. I have worked for over a decade in community theatre, particularly with people who identify as mental health service users, making performances exploring issues around mental ill health, raising awareness of stigma and discrimination on the basis of mental ill health through theatre.

These elements of my own personal narrative permeate this thesis, this positioning as carer; mental health service user; person experiencing mental distress; applied theatre practitioner, have all fundamentally informed and shaped my decisions in the design and execution of the thesis. Though, as researcher, I have these unique set of autobiographical insights, in this particular context this was never intended to be my primary focus, rather, I sought to research alongside the people making art together. I became the facilitator, the listener, and the curator. This rooting does not negate my authorship of the knowledge presented here, however it speaks to the attempt and the intention, to the foundation for every methodological approach and decision. I also hope that this clarity of autobiographical foundations clearly exposes my possible biases and further, that such biases can be claimed as a testament to the integrity of the research presented as part of this thesis.

This brings me to the third root from which this thesis has grown: the experiences and insights of people accessing arts in mental health projects and the artists that work with them. As I began to design the research and understand the implications of various possible methods, I kept returning to the importance of the people with whom I wanted to research. I focussed on the challenge of how to remove barriers to understanding people's experience from their perspective, whilst attempting to make this process as free from external assumptions and framing that might occur during the experience of mental distress (and the process of seeking help and support for that) as possible. This became the keystone to the thesis and led to choices of seeking a situated knowledge (Haraway 1988) of what happens when we make art together that is framed as arts in mental health. I sought to dig further into the processes at work in such practice in order to generate the most vibrant and dynamic knowledge of experience of practice and avoid limiting such understanding through any particular framing that might occur in a mental health context.

The need for a situated knowledge, rooted in the unique experiences of those making art, was identified by Matarasso in his influential paper *Use or Ornament: the social impact of participation in the arts*. He called for research that:

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. The views of participants about how their own lives have changed are pre-eminent in this context. (1997, p.15)

In an arts in mental health context, Stacey and Stickley mark the problematic relationship between development of situated knowledge of practice and the search for impact according to evidence-based health care:

[t]here is a real conflict that the need to provide this kind of evidence to the health services ignores or overlooks the experiential engagement of arts participation and the symbiotic creative relationships formed within this process. (Stacey & Stickley 2010, pp.70-77)

Thus, in order to make the development of a situated knowledge of arts in mental health possible, one must first un-pick the contextual framing of both practice and experience.

Branches and leaves

I use a Foucauldian theory of discourse to work through this contextual framing. Mills explains that discourses can be viewed as systems which structure our ideas and concepts, as such they both shape and limit our perceptions (2003, p.55). Foucault argues that discourses are inseparable from constructions of power; indeed, they are the tools of power, used to oppress and control the weak. Crucially, however, this oppression can also inspire resistance (Foucault 1978, pp.100-101). Chapters 1 and 2 of the thesis explore the significant discourses that frame arts in mental health in order to identify the power structures surrounding experience of participation in arts in mental health. Through this review of literature, exploring both the dominant discourses and the discourses of resistance, I aim to unpick the contextualisation that occurs within and around arts in mental health in order to make two things possible. Firstly to aid design of a methodology which might enable an exploration of processes of arts in mental health practice, to view what happens when we make art together in a way that resists such discourses. Secondly to analyse these and re-situate them in theories most fitting these experiential processes, untangling them from theoretical constructions born

of the established structures of power in mental health. Thus, developing a process-led understanding and theoretical context for arts in mental health that could lead to ways of re-framing practice and research in the field, and, in doing so, reframe how we consider impact in arts in mental health. Chapters 1 and 2 map this theoretical and contextual field within which the practice of arts in mental health sits.

From this contextual framing four key questions have emerged. These questions form the branches of the research:

1. What is happening in the processual experience of people making art, across different disciplines, when they are facilitated to do so in an arts in mental health context?
2. How do people articulate such processes through a collaborative, arts-based inquiry?
3. How do these processes relate to existing theory and knowledge?
4. What is the significance of the process of risk-taking to people experiencing mental ill health?

These questions have informed the exploration of literature, the research design, the analysis and the theoretical contextualisation of the thesis.

The contextual framing has also guided the direction of the thesis towards an overriding pragmatic approach. This has required both a criticality of the dominant discourses surrounding the experiences of the person with mental ill health, and an intention to still communicate within such discourses. It is an attempt to speak across and between disciplines. This approach has been key to the theoretical grounding of the research analysis as I have connected the findings to established phenomena and processes within disciplines related to both socially engaged arts practice and mental health (psychology, psychotherapy, occupational therapy and so forth). This intention emerged through an understanding of the

differences between the discourses articulated in Chapter 1 united with a wish to maximise the impact of the knowledge gained through the experiences and reflections of the people whose voices are so vivid throughout this research. This pragmatic approach has been led by the experiences of the co-researchers on this project, and thus returns to current experiences of mental health care and how their experiences might be communicated within that.

Chapter 3 is a critical exploration of recent and current research in arts in mental health. The review looks back through often cited and influential papers through to the most recent research in the field, thematically exploring the findings in order to establish what are understood to be the impacts and processes of arts in mental health. This adds another layer of context to the research within this thesis and, along with chapters 1 and 2, offers a comprehensive theoretical and research-based context to the thesis.

Chapter 4 explores both methodology and methods and provides an audit trail of the research process itself. The methods of the research are grounded in the ideas described above: the search for a situated knowledge of arts in mental health that seeks to resist the power constructions surrounding both arts and mental health. To do this I designed two complementary studies. The first, intended as a pilot study in order to understand the field and context from practice, yielded such rich results that it became the foundation of the analysis for all the findings. For the first study I employed a collaborative action research approach (Locke, Alcorn & O'Neill 2013). This approach is similar to the collaborative strategies I use with different communities in my practice. I also used a combination of methods chosen to be complementary and sensitive to the art

form being explored, exploring creative writing through creative writing responses, theatre through making tableaux and so forth. In doing so, I aimed to create least disruption to the experience of practice, whilst also gaining the most sensitive understanding of the practice. I made use of vocabularies, particular to, or complementary to each art form explored. This way, I matched research method to practice as closely as possible.

The second study employed a narrative interview approach with six participants over the course of a year. In this method of inquiry it is 'the researcher's responsibility to be a good listener and the interviewee is a story-teller rather than a respondent' (Hollway & Jefferson 2000, p.31). This method was chosen in order to develop a broader understanding of the processes of arts in mental health contextualised within the narratives of the lives of individuals, narrated by those individuals. The two studies combine to offer a broad exploration of processes of participation in arts in mental health, an understanding rooted in the experience of people making art together in a community-based mental health context.

Part 2 of the thesis contains two of the major themes of process which emerged from the analysis. Chapter 5 explores the theme of *Developing Group Dynamics* as it emerged through a thematic analysis of the findings from both studies. The chapter is focussed on the process of being part of a group making art, the dynamics surrounding that, and what significance these experiences might hold. The chapter articulates the elements of the group process that were described by participants: identity; facilitation; support; collaboration; trust; playing and developing discipline. Further, to discuss how processes described align

with different theories surrounding group dynamics and how they might affect a person, both therapeutically, and in terms of personal development.

Chapter 6 explores the theme of *Self-agency* and how it emerged from the findings. Looking at the themes of empowerment, creative freedom and control, and hope and duende: it explores how they are articulated by participants. These themes are then situated within the context of the discourses of power within mental health, highlighting why such themes may be particularly significant for people experiencing mental distress.

Part 3 explores risk-taking as it was articulated by participants. Chapter 7 articulates the theories of risk and their significance in mental health contexts. Chapter 8 describes the concepts of personal and relational risk-taking and how they occur within the context of an arts workshop. Chapter 9 explores and conceptualises creative risk-taking, considering how this process may be unique to arts practice and also potentially hidden by the use of other methodologies. Chapter 10 then synthesises the three concepts of risk-taking with theories of risk, discussing how they might be significant to people experiencing mental distress.

Part 4 brings the themes explored together with the broader theoretical discourses established in Part 1 to discuss the relevance and significance of this situated knowledge within the various mental health contexts.

Overall this thesis creates a cross-disciplinary situated knowledge of processes of participation in arts in mental health thus seeking to communicate between the two fields (arts and mental health) of understanding. It finds a common language, a position where assumptions from both fields are critiqued

and unpicked. Arts in mental health practice exists because it is thought, assumed, evidenced that it is beneficial. Such benefits have either been framed from a health perspective or the practice has been described and articulated in a way that speaks within the field of arts practice. This thesis seeks to place the practice in a new context situated and rooted in the experience of people making art together in order to transcend disciplinary barriers and unpick polemic binaries. Thus the research and analysis in this thesis seeks to break new ground, methodologically, by employing sensitive, collaborative methods that will offer ways to reframe impact. Further, conceptualising and contextualising the significance of facilitated risk-taking through arts practice.

Part 1

Situating the practice

Arts in mental health is an emerging field. Although there is a growing evidence-base for the practice, there is an uncertainty surrounding its theoretical home, sitting as it does across and/or between the fields of arts and mental health. The practice is situated at the border between disciplines with the inherent challenges of evidencing its worth and articulating practice in ways that can be understood by artists, stakeholders, funders and academics.

Raw, Lewis, Russell and McNaughton discuss the nature and nomenclature of the diverse field of arts and health practice: 'The field is complex – arts in health denotes a sector so broad that even those involved in it perceive it in very different ways' (2012, p.97). They suggest that for arts and health broadly, 'terminology differs across disciplines, and there is little consensus on a natural conceptual home for the work.' (Raw et al. 2012, p.97). Arts in mental health is an umbrella term for projects which facilitate arts engagement specifically for people who identify as having mental ill health or wishing to improve their mental wellbeing. Though arts in mental health is a narrower field than that of arts in health, similar variables occur with terminology and theory, making the theoretical placement of the field problematic.

Within this thesis the focus is particularly on community-based, facilitated arts participation with people who identify as having mental ill health. Participants are not referred to as service users within the project or the thesis, as they are not necessarily accessing formal mental health services whilst engaged in practice, though participants in the project do have the shared personal experience of some form of mental distress. Indeed, often the term mental health is not mentioned during a workshop, performance or event and the association merely represents projects which might offer a greater level of support, understanding and training of facilitators than mainstream activities such as amateur dramatics or community choirs. Such elements may make the activities more accessible for people who identify as having mental ill health.

As in the broader field of arts in health, arts in mental health is a practice which exists between and across disciplines. In this chapter I will show how the roots of arts in mental health practice stem from the socially motivated traditions of community arts practice (itself a diverse field of different arts disciplines). In addition, the practice is inextricably linked to the mental health arena and crosses territories with arts therapies. Due to this cross-disciplinary identity, the practice is influenced by various discourses relating to these fields. See figure 1 for an approximate visualisation of the theoretical fields within which the practice of arts in mental health sits.

To articulate the context of this practice requires the layering of different discourses from these fields, this way I aim to situate the practice and build a foundation of contextual theory. This chapter sets about this task by layering the

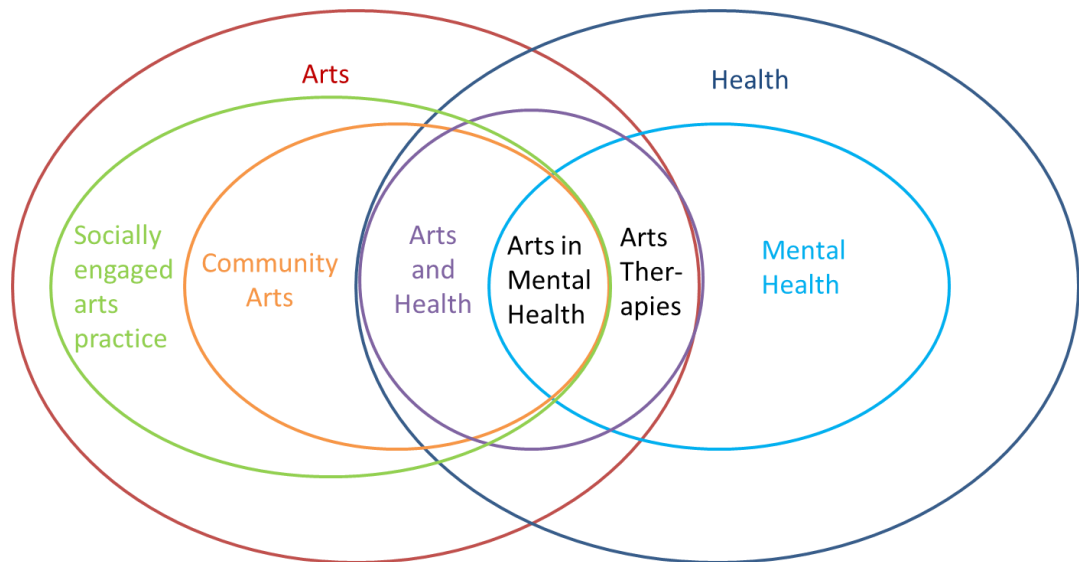


Figure 1 Theoretical fields of arts in mental health

discourses of mental health care with that of the community arts and arts and health movements and thus comparing and contrasting dynamics of power and constructions of practice that come together in arts in mental health.

Discourse

As in any form of practice, the practice of people making art in an arts in mental health group is a set of tangible actions. The discourses surrounding it are intellectual constructs with which to make sense of the practice; they are arguably subjective notions such as madness and mental health. Mills discusses a Foucauldian notion of discourse where it 'should be seen as a system which structures the way that we perceive reality [...] as something which constrains our perceptions' (2003, p.55). With this approach, concepts of madness and mental health and how they are perceived, categorised and treated are dependent upon a variety of different discourses which carry varying degrees of power within

contemporary society. Such discourses are often attached to a person's engagement with particular institutions, or to particular time periods. Language used to label or identify people experiencing mental distress supports such institutional power structures. The lunatic has become the patient or the mental health service user, the ex-patient has become the survivor of the mental health system. Foucault argues that:

Discourses are not once and for all subservient to power or raised up against it, any more than silences are. We must make allowance for the complex and unstable process whereby discourse can be both an instrument and an effect of power, but also a hindrance, a stumbling block, a point of resistance and a starting point for an opposing strategy (1978, pp.100-101).

In the following two chapters I construct an overview of the interplay of contemporary discourses and power structures surrounding mental health. Exploring how the technological paradigm of psychiatry, as defined by Bracken et al (2012) holds a particular power over people who engage with services as a result of mental health problems. Bracken et al argue that the identity of psychiatry as 'applied neuroscience' has led to an overemphasis on the deficit model of mental health where people experiencing mental distress are seen as suffering 'faulty mechanisms' in need of 'technological interventions' (2012, p.430). I argue that this has become the hegemonic discourse of the field. Evidence-based practice in the medical model of mental health supports the power of the technological paradigm. Conversely, the recovery movement holds potential to either redistribute that power or reinforce it. The discourse of critical psychiatry holds a potentially moderating position to such polemics of power and disempowerment. Beyond the institution, media representations construct and reinforce mainstream views of

people experiencing mental ill health. The resistant discourse of 'Mad Pride'(Curtis et al. 2000) and the survivor movement offer a view of mental health constructed from lived experience. Through an exploration of this diverse set of discourses I aim to allow for a critical perspective on notions of impact in arts in mental health by identifying the discourses from which they originate.

From the field of arts practice, I will show how the ethos and power structures of community arts practice and arts and health compare and contrast with those of mental health care. I will explore how the argument between intrinsic and instrumental framing of socially engaged arts practice offers insight into such power structures and unpick how discourses in arts and health share a research culture with health and how, with that, comes the influence of the related discourses. I bring the discourses together to consider how one might speak and evidence between these fields of discourse to provide an intersectional reading of impact in arts in mental health.

Chapter 1

Discourses of mental health

In this chapter, I discuss some of the contemporary discourses and power structures surrounding mental health which affect or align with arts in mental health practice or may have a particular influence upon the impact of the practice. This is not an exhaustive exploration of the discourses at play for that would require a thesis of its own, rather this section aims to look closely at a spectrum of discourses which I consider to wield particular power in mental health care, those which attempt to subvert that power dynamic, and those which offer a moderation or compromise. Such discourses have been chosen as they might have particular power in relation to the experience of a person experiencing mental distress, both within the institution of mental health hospitals when seeking treatment and in everyday life.

Foucault's framing of the historical discourses of madness are well known within academia. He articulated the history of madness as a series of socially, often hegemonically, constructed discourses which, shaped how the mentally ill were perceived and treated during particular periods in history and how these discourses often served the purposes of the most powerful in society (Horrocks, Jevtic & Appignanesi 2004, pp.40-46). As Mills writes, Foucault's *Madness and Civilisation* (first published in the Great Britain in 1967) 'has been profoundly influential, his work appearing at a time when the alternative psychiatric movement of Britain and America, which tried to challenge the medicalization of mental illness, was beginning to develop' (Mills 2003, p.98). Mills goes on to say:

Madness is also constructed as part of a wider process of the development of modernity, and hence as part of a process whereby the *épistémè* moves from explanations based on religion, to those based on medical analysis. (2003, p.98)

Hand in hand with the construction of the notion of madness comes the construction of 'normal' behaviour as madness cannot exist without a standard from which mad behaviour and experience is excluded. The result of this construction of normal is the stigmatising and medicalising of behaviour which falls outside of this category.

Here it feels important to mention nomenclature that surrounds people experiencing mental ill health and how it might relate to the construction of their identities (both by themselves and as perceived by others) as normal or otherwise. Labels such as lunatic, patient, client, service user, nutter, psycho, survivor etc. carry connotations of otherness and position the person beneath the title according to institutions and the discourses relating to those institutions. Lunatic carries the weight of a permanent state of powerlessness and relates to the asylum. Words like patient and service user infer a medicalised state: that one's identity is intrinsically linked to medical status. Patient also suggests a person who is acted upon (object), but service user suggests a person who is taking action (subject), although the service user label is inherently attached to the institution providing the service. The term survivor infers an opposition to the institution, a subverting of the assumption that the medical is inherently good, or better than what went before an intervention, whilst still making the link to the medical and inferring an identity that is permanent and unchanging. All of these labels are problematic, all are used in the literature I've examined and different discourses favour different titles.

There is scope for endless discussion of nomenclature and how it relates to identity and different discourses. Labels are inherently linked to experiences of both internalised and externalised stigma (Huggett et al. 2018) thus stigma is a factor in the power of different discourses and their associated labels. In light of this, in my thesis, I refer to people who experience mental distress or people with mental ill health, interchanging between. Though to some, these lengthy descriptors could appear overly politically correct, it feels essential in a discussion of power relating to mental health to place the people at the centre of that debate.

It is worth considering how the recent history of mental health care has developed in order to illuminate my choice of discourses that I consider to be key in contemporary constructions of mental ill health. In the United Kingdom, during the last half-century, the approach to mental health care has developed from treatment centred around the institution towards a more community-oriented ethos of care (Cronin-Davis & Long 2006; Feeney, Jordan & McCarron 2013). Though there were positive elements to this shift (Basset & Stickley 2010, pp.5-6), as the changes occurred, public perceptions were marred by media responses:

The Conservative government in the 1980s and 1990s oversaw a running down and closure of the majority of the large Victorian hospitals with the subsequent media frenzy (often front page news) about the perceived failures of community care (Basset & Stickley 2010, p.6).

In terms of the experience of those using mental health services, this closure of the asylums meant a move away from long stays in institutions towards shorter stays (where necessary) and medication, treatment and support managed within a community setting. However the speed and scale of the shift in care was highly controversial. The term 'care in the community' still carries a negative

weight in the public consciousness inferring, on one end of the scale, an excuse for lack of care to those who are subject to the system and, on the other end, a cutting of corners in considering the 'risk' to the community that de-institutionalisation poses. At the time of this change:

Concerns about lead agencies, inadequate funding, joint working and public indifference were overshadowed by responses to media-fed public alarm through systems of managing the risk presented by what were perceived as 'dangerous people' (Wright, Bartlett & Callaghan 2008, p.234).

Though the shift to community centred care is well established in the present day, the rhetoric and discourse surrounding the shift still resounds.

In the contemporary mental health care system of the UK there are still contradictions, agencies at the front line of care such as Early Intervention and Assertive Outreach Teams, are expected to both protect the public by managing people's risky behaviours whilst simultaneously supporting those who may be socially excluded to more fully engage with society (Wright et al. 2008). The tension between perceptions and assessment of risk and an individual's needs and rights to be included rather than excluded from society constitutes one of the core differences between discourses of mental health care. The positioning of arts in mental health practice amidst this power play is a critical element of its functioning as I will go on to explore in Part 3 of the thesis which explores the concept of risk-taking in arts in mental health.

1.1 Psychiatry and the technological paradigm

In the treatment of 'serious mental illness', usually considered to include diagnoses such as bipolar disorder, severe and enduring depression and

schizophrenia and others (Bracken et al. 2012, p.434; Department of Health 1999, p.3), the psychiatrist's role in decision-making about treatment is highly influential. In their article *Psychiatry, beyond the current paradigm*, Bracken et al. (29 members and fellows of the Royal College of Psychiatry) argue that psychiatry operates within a technological paradigm where the following principles are held:

- (a) Mental health problems arise from faulty mechanisms or processes of some sort, involving abnormal physiological or psychological events occurring within the individual.
- (b) These mechanisms or processes can be modelled in causal terms. They are not context-dependent.
- (c) Technological interventions are instrumental and can be designed and studied independently of relationships and values. (Bracken et al. 2012, p.430)

This paradigm establishes a view of the individual patient, as suffering from a set of 'faulty mechanisms' which can largely be corrected through the use of 'technological interventions' e.g. pharmaceuticals, electro-convulsive therapy etc. This approach equates the treatment of mental health with that of physical health, where specific interventions can be applied according to diagnosis and symptoms.

The first edition of the Diagnostic and Statistical Manual (DSM) was published in the 1950s and was intended as a definitive list of descriptions of psychiatric problems, it contained around 100 diagnoses; that number has more than tripled in the latest edition (Hornstein 2010, p.11). The British Psychological Society critique the DSM citing both a lack of acknowledgement and response to 'the growing body of evidence implicating relationship and social factors as the primary risks for mental distress' and they have further concerns that 'the revised DSM-V would lead to an ongoing risk of pathologising individuals while obscuring well-established social and relationship causal factors' (British Psychological Society

2012, p.3). Such critique speaks to the tensions between psychiatry and psychology. Hornstein, who researches into narratives of mental illness, calls into question what the DSM has come to represent, levelling the critique that through this manual a particular power is wielded: through 'emphasising their role as arbiters of normality, psychiatrists make it seem as if their field is grounded in certain knowledge' (2010, pp.11).

The DSM is routinely used along with the World Health Organisation's (WHO) Classification of Diseases (ICD) in psychiatry to diagnose a patient's illness and then to treat according to that diagnosis. These categorisations of mental illness, and their influence over a person's treatment and care (and how society views them), are called into question by the survivor movement and many disciplines in mental health care. The danger of the DSM is that it is held to be certain knowledge which wields enormous power over those who are diagnosed using it, those who are considered insane, or with deficit, according to its criteria.

Bracken et al. argue that the technological 'paradigm underscores a trend towards the medicalisation of everyday life, which, in turn, is associated with expanding markets for psychotropic agents' (2012, p.430), suggesting a market-led emphasis upon medication as primary treatment. This criticism connecting psychiatry with the economic drive of the pharmaceutical industry has also been articulated in discussion around the DSM published by the American Psychiatric Association (APA). Hornstein also questions the economic incentives for the APA to hold to this manual of mental disorders, suggesting that this is a primary source of income for the organisation and inferring links to the pharmaceutical industry (2010, pp.11).

This culture of pathologising rather than contextualising people who present with signs of mental distress is ongoing in psychiatry. Feeney et al. mark a lack of evolution in the training of psychiatrists:

Neither the postgraduate nor undergraduate medical curricula in psychiatry have evolved to reflect the change toward recovery oriented approaches to service delivery, particularly compared with those of nurses, psychologists, and social workers. (Feeney, Jordan & McCarron 2013, pp.35-41)

However, Bracken et al. (2012) state that the evidence suggests that 'creating a therapeutic context that promotes empowerment and connectedness and that helps rebuild a positive self-identity is of great significance' (p432), calling for psychiatrists to develop their practice in this regard. Feeney et al. support this, stating that psychiatrists must 'change their traditional therapeutic relationships from powerful prescriber toward partner, coach, and mentor' (2013, p.35). They infer that the profession must recognise the whole person and the context within which that person's life and experiences exist, rather than focussing solely upon the symptoms and experience of their mental ill health.

1.2 The challenges of evidence-based practice

At this point it is worth considering evidence-based practice as part of the influential discourse of the medical model, the implications of which are far reaching and significant to arts in mental health practice and will be returned to in later chapters. This practice is described by Rycroft-Malone et al. as the notion of delivering care based upon evidence of what works (2004), it is the existing standard process of establishing best practice in medical care. This approach has far reaching implications: Belfiore and Bennett argue that this discourse has come

to dominate government policy making more broadly (2008, p.5-7). Within the UK, the National Institute for Clinical Excellence and the Health Technology Board for Scotland create evidence-based guidelines for medical practice. Elsewhere around the world similar national bodies exist (Rycroft-Malone et al. 2004). Though this perhaps seems a logical, common-sense notion of good practice, and is certainly widely accepted, there is considerable disagreement about what constitutes good evidence as current ideas favour technological interventions, reductionist research approaches and the trend towards an increasingly market based mental health care system.

The traditional medical standpoint works with the hierarchy of evidence and values quantitative studies involving randomised control trials (RCTs) far over and above other forms of evidence (Cronin-Davis & Long 2006; Department of Health 1999; Rycroft-Malone et al. 2004). This articulation from the Department of Health's National Service Framework illustrates this perspective:

- **Type I evidence** - at least one good systematic review, including at least one randomised controlled trial
- **Type II evidence** - at least one good randomised controlled trial
- **Type III evidence** - at least one well designed intervention study without randomisation
- **Type IV evidence** - at least one well designed observational study
- **Type V evidence** - expert opinion, including the opinion of service users and carers. (1999, p.6)

The emphasis upon Randomised Control Trials (RCTs) follows the technological paradigm. The nature of the methodology places the highest value on that which is measurable and the least on an individual's values and life contexts. Thereby evidence-based practice tends to favour the technological intervention and focus upon quantifiable improvement to the psychological and physiological mechanisms

involved, viewing them independently of the human context. The hierarchy of evidence also places least value on the opinion of people experiencing mental distress, their carers or practitioners (based upon professional experience), mainly through concerns that these softer, less scientific, forms of evidence may lack objectivity (Rycroft-Malone et al. 2004, p.87).

In evidence-based health care, the focus upon RCTs, large scale systematic reviews and large sample fields supports the hegemony of mental health care. This reinforces the dominance of large-scale, established, well-funded endeavours and professions that can afford to engage in such research practices whilst innovative, more complex interventions might never be able to reach type I or type II status of evidence production. Thus, it is possible to argue that the discourse of evidence-based mental health care reinforces existing power structures and resists change and innovation, particularly that which is initiated from the bottom up, by people with experience of mental distress.

Rycroft-Malone et al. suggest an alternative 'patient centred evidence-based practice which places equal value upon research; professional knowledge/clinical experience; patient experience and preferences; 'local' data and information' (2004, p.87). Their model of care suggests that true evidence-based practice is practice based upon the intersection of all these strands of evidence. This notion of evidence-based practice places as much emphasis upon local and personal context as it does upon practical and research based clinical knowledge. This requires a change in culture and a recognition that a biomedical view of mental ill health is not the primary approach but rather it is one of many. The trend towards recovery could be an opportunity for changing this approach to evidence-based practice.

1.3 The discourse of recovery

Bracken et al. (2012) state that 'positive developments [in mental health care] have resulted from the establishment of multidisciplinary, community based care and the rise of the service user movement and voluntary sector supports' (p.430). Although the shift to care in the community is contentious there have been positive outcomes from that change.

The current trend in mental health services, building upon the community-orientated ethos, is towards a recovery model of mental health care (Bellack & Drapalski 2012; Boardman & Friedli 2012; Mancini 2008; Shepherd, Boardman & and Slade 2008a). The adoption of the recovery model can be seen on a wide scale, internationally (Bellack & Drapalski 2012; Mancini 2008, p.358).

Anthony's article *Recovery from Mental Illness: The Guiding Vision of the Mental Health Service System in the 1990s* (1993, pp.11-23) is the most commonly cited articulation of the movement (Bellack & Drapalski 2012; Harper & Speed 2012). Anthony grounds the recovery approach according to notions of recovery in physical health and disability, expressing it as a concept (rather than a model) relating to the experiences of an individual, he suggests it is an experiential process for the person experiencing mental distress rather than a mode of practice for the professional. Rather than a focus on a cure:

Recovery is described as a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness (Anthony 1993, p.527).

Despite the widespread adoption of the notion of recovery, the definition of the concept is broad and varied (Bellack & Drapalski 2012, p.156; Mancini 2008, p.358). Warner argues that 'the recovery model is a social movement' (2010, p.3), going beyond the mental health care system, rather than a theory of practice within mental health care. He suggests that 'recovery model' means several things:

It refers to the subjective experience of optimism about outcome from psychosis, to a belief in the value of the empowerment of people with mental illness, and to a focus on services in which decisions about treatment are taken collaboratively with the user and which aim to find productive roles for people with mental illness. (Warner 2010, p.3)

Warner's model speaks from a practitioner point of view about the values and qualities of practitioners working in recovery focussed mental health care.

Concepts in recovery differ subtly and in the use of language, often relating to whether the recovery practice is discussing a person's experience or a practitioner's approach. I compiled Table 1 to compare these concepts of recovery in order to illustrate similarities and differences between them.

Many of the factors or elements of recovery within the table are linked. There is an emphasis upon hope, self-agency/empowerment, meaningful occupation and some form of service user collaboration/responsibility in the process of recovery. The language used is varied and dependent upon the intended audience for the framework or conceptualisation; however, the focus is predominantly upon the desired goals or qualities. Most of the language is positive and constructive ('building a meaningful life', 'identity formation') or relates to transformation or moving away from a position of deficit. The term 'finding and maintaining hope' infers a transition from a place of not having hope or ability to

Table 1 Comparing recovery models

	Hope	Empowerment	Self-Care	Occupational	Social	Clinical	Contextual
Warner's Factors of the recovery model (2010, p.3)	Hope	Empowerment (self-agency)	Service user collaboration in care	Meaningful occupation			
Anthony's Concept of recovery (1993)	Hopeful	New meaning and purpose		Contributing; changing goals and skills	Changing roles		
Lal' Dimensions of recovery (2010, p83)	Personal/ Psychological		Self-care	Occupational	Social	Clinical	Environmental/ Contextual
Shepherd et al.'s Components of the process of recovery (2008, p.4)	Finding and maintaining hope	Taking responsibility and control		Building a meaningful life	Re-establishment of a positive identity		
Mancini' Recovery themes (2008, p.359)	Hope	Autonomy/self-agency	Supportive, healing relationships	Enhanced role-functioning	Identity formation		
Bellack and Drapalski's Recovery domain (2012, p.158)	Hope	Empowerment/ Self direction	Responsibility	Strengths based		Non-linear (in terms of non-traditional clinical approach)	Holistic

sustain hopefulness; the term 'new meaning and purpose' infers a transition from a place without meaning or purpose. Further, the concepts are articulated in such a way as to infer their subjective nature and relationship to an individual's personal values and context.

A particular exception in these treatments of recovery is the articulation seen in Lal's *Dimensions of Recovery*, a typology of areas of recovery which form part of a critique of the application of 'recovery' in Occupational Therapy practice (2010, p.82). Lal replaces emotive, subjective terms like 'hope' with arguably more clinical areas of recovery such as personal and psychological. Lal also uses the term occupational where other writers describe meaningfulness. Through this use of language Lal's critique pulls the concept back to a medical model of recovery where the person experiencing mental ill health becomes object once again.

Despite the variation in the discourse, the idea of a holistic approach to mental health care is evident: one which places emphasis upon an individual's ability to heal and build strength across many parts of their life, rather than just in a clinical sense. Recovery is a discourse which attempts to give the power to the individual by valuing their expertise over their own needs and respecting their perceptions of what recovery means rather than holding this expertise as solely the domain of the professional. In this discourse the individual usually becomes subject with agency rather than the object upon which medical interventions are enacted.

The recovery approach to mental health care is supported by the findings of the Social Exclusion Unit (Secker et al. 2009, p.65) in its 2004 consultation into mental health and social exclusion. The report cited stigmatisation due to a person's status as a mental health service user and the focus upon medical

symptoms as causes of social exclusion (Secker et al. 2009, p.65). This concurs with Warner's (2010, p.4) review of research which marks internalised stigma as a major barrier to recovery. Internalised stigma, the internalised beliefs about mental health diagnosis, become part of a person's construction of their identity. Considering Foucault's notions of the construction of mental illness (Horrocks et al. 2004), this problem of external and internal stigmatisation becomes rather circular: a person struggles to maintain societally constructed normative behaviour and so is labelled by clinicians as mentally ill. That person experiences or understands how the mentally ill are perceived by society and then internalises that perception to be true of themselves, increasing their level of social exclusion, potentially worsening their mental health, and requiring further engagement with services.

Harper and Speed critique the recovery 'method' (2012). They suggest that the majority of literature around recovery (particularly the coalition Government policy *No Health Without Mental Health* (Department of Health 2012a)) infer that recovery is the primary responsibility of the individual. Although the language is positive it infers the precluding acceptance of deficit, a state in which the person experiencing mental distress is found lacking:

A focus on strengths does not do away with the notion that there are deficits; indeed they are predicated upon an underlying and enduring deficit model. This model is normative, accentuating the positive aspects of deficits, rather than challenging the ontology of the deficit model. As such, it reifies difference and sustains the subordinated status of mental health service users. (Harper & Speed 2012, pp14-15)

Thus Harper and Speed infer that the focus upon the responsibility of the individual to accept their deficit and take responsibility for their own recovery increases social exclusion. Furthermore they suggest that the focus of this interpretation of

recovery upon an individual's responsibility to overcome their ill health suggests a service user is also responsible for accepting and living with social injustices rather than acknowledging the responsibilities of the state and society to address these (Harper & Speed 2012, pp.15-16). From this perspective, the political emphasis upon recovery appears to be (at least partially) economically driven as it removes the potentially costly responsibility for social injustice. Such an approach mirrors a neoliberal agenda which negates societal and governmental responsibility for creating the conditions where illness becomes less likely and recovery more possible.

Harvie suggests this is related to the inherent elitist agenda of neoliberal capitalist ideologies:

a neoliberal capitalist ideological agenda that is inherently élitist, [...] therefore in fundamental ways not democratic. Neoliberal capitalism's defenders argue that it offers individuals the freedom to do and trade as they like in a so-called free market; by extension, it is inherently democratic as it offers everyone the same opportunities. Its critics point out that, in our existing, grossly uneven global and local economies, while some have the privilege to do and trade as they please, others have not. Neoliberal capitalism therefore not only diminishes rather than extends democratic opportunity, it intensifies economic and social disparity, widening inequalities. (2011, p.114)

In such a neoliberal climate the person experiencing hardship due to mental distress is at fault as they are not making the most of their opportunities. Further Harvie connects neoliberalism and the turn to participatory arts as perhaps motivated by 'postmodern alienation that is [...] so widespread within late capitalism' (2011, p. 113). Such a turn may also be linked to the individualisation policies of neoliberal government. Harper and Speed describe the turn to individualisation within government policy through an emphasis on self-

management, suggesting that, '[n]eoliberal policies invite people to see certain problems as the responsibility of the individual rather than, for example, the State.' (2012) This involves 'shifting the responsibility for social risks such as illness, unemployment, poverty, etc., and for life in society into the domain for which the individual is responsible and transforming it into a problem of 'self-care'' (Lemke (2001) cited in Harper & Speed 2012, p.13). These considerations of the political climate surrounding recovery-centred mental health care are crucial to the positioning of the person experiencing mental distress.

Comparing the technological paradigm to the recovery paradigm, one may see how transition from one to the other, or indeed incorporating recovery approaches into existing systems of care, would be challenging for clinicians. Recovery based approaches take in a much broader, contextual and subjective view of mental health than the technological paradigm which focuses on biomedical faults to be corrected regardless of context. Further, in some interpretations, recovery places the individual as expert over their own mental health rather than the psychiatrist, this translates to a significant shift in power, a shift which may be challenging considering the ongoing influence of the DSM and the traditions of the psychiatric profession as a whole within mental health care.

As Bellack and Drapalski (2012) suggest, decisions to implement a recovery model stem from political motivation rather than empirical evidence of its efficacy (2012. p.156). Though, from Harper and Speed's (2012) critique, suggesting that it is used in policy to shift responsibility for recovery from society and government to the individual, it could be seen that this stems from an economic motive. Indeed, the recovery approach has been high on the government agenda for some time

having been emphasised in the mental health strategies of both the current coalition Government strategy and that of the previous Labour Government (Department of Health 2012a; Department of Health 2012b; J. White & Johnson 2012, p.238). Conversely Warner's analysis of research suggests that, alongside this socio-political push towards recovery, there is growing evidence for the importance of empowerment and self-agency in achieving good outcomes for people with 'serious mental illness' (2010, p.4). Despite this growing evidence, Warner's notion of recovery as a 'social movement' (2010, p.3) coupled with the politicised motivation as suggested by Bellack and Drapalksi (2012, p.156) infer that the recovery movement has not been fuelled by the traditional medical approach of evidence-based practice. Rather it is a movement which is influencing policy makers and practitioners through a shift in ideology, thereby influencing and supporting particular approaches to mental health care. The popularity (and perhaps cost efficacy) of the notion of recovery is leading to its wide-spread dissemination and a gradual implementation throughout mental health care (Feeney et al. 2013).

A move towards a recovery approach which is not deficit centred and which acknowledges political and societal responsibility for social injustice could be an opportunity for health care professionals and researchers to challenge traditional hierarchies in evidence-based practice. Furthermore the localisation of health commissioning through Clinical Commissioning Groups has the potential to allow commissioners to respond more freely to local information and patient/service user experience. However, as the climate of austerity in the United Kingdom progresses, it is worth noting that, despite the prevalence of recovery-centred

discourse in the policy of recent years, this is changing. A House of Commons Briefing document on *Mental Health Policy in England* published in September 2018 (Parkin 2018) mentions recovery only three times and relates it to when a person gets better after treatment rather than an approach or ethos of care. Perhaps this briefing signals a turn of the tide away from recovery-centred policy in mental health care in England. Such a move, away from approaches that value contextualised lived experience, makes the requirement for research cognisant of the shortcomings of evidence-based health care more urgent.

1.4 Critical psychiatry to postpsychiatry

Though the technological paradigm of psychiatry is arguably still dominant, the discourse of critical psychiatry seeks to challenge psychiatry's focus upon technological interventions and consider the importance of the context and values of the person experiencing mental distress.

This discourse is influenced by the anti-psychiatry movement of Laing, Cooper, Szasz and others which originated in the radical politics of the 1960s. Anti-psychiatry was heavily influenced by psychoanalysis (Ingleby 1981, pp.8-12; Thomas & Bracken 2004, p.370). However, critical psychiatry is concerned with the technological focus and dominance of the discourse of psychiatry, despite the shift to community based mental health care, and the political motivations for that change (Thomas & Bracken 2004, pp.361-370). Critical psychiatry takes an alternative view of mental illness:

Mental illnesses, by and large, do not feel like other illnesses - the 'symptoms' are not annoying externalities, like the spots on the face of

chicken-pox victim; on the contrary, they seem to be the features of the very life a person leads, and the reach down to the core of the personality. And there is surely something irrational about such an exclusive concentration on the symptoms (Ingleby 1981, p.7).

Here, critical psychiatry relocates mental illness within the personal context of an individual rather than in a biomedical deficit. Thomas and Bracken assert that this is, in part, a reaction to the existing dominance of the psychiatric discourse and its 'monologic' approach:

Foucault argued that unreason, or madness, have become constituted as Other, knowable only through the language of reason. Thus we have a monologue of reason about unreason, which excludes the voices of the insane. This Foucauldian analysis is vitally important in understanding why many service users are disaffected with psychiatry. It also points the way forward. (Thomas & Bracken 2004, p.366)

Postpsychiatry stems from and is part of the critical psychiatry movement. 'In a limited way, postpsychiatry is trying to chart a new relationship between medicine and the experiential world of madness, alienation and distress' (Thomas & Bracken 2004, p.368). 'It proposes no new theories about madness. Instead it deconstructs psychiatry and opens up spaces in which alternative understandings of madness can assume the validity denied them by psychiatry' (Bracken & Thomas 2006, p.156). Here there is a focus upon democratisation of mental health care through an emphasis on values, contexts and partnership working (Bracken & Thomas 2001, p.322).

Proponents of both critical and postpsychiatry are attempting to forge a mental health care system where the context and personal values of an individual are engaged with and held as equally important as technological approaches. This discourse attempts to democratise mental health care and shares principles with concepts of recovery.

Critical psychiatry, postpsychiatry, recovery and the technological paradigm are all discourses within the field of mental health care, however another influential discourse in mental health, external to the medical world, is that of media representations of people who use mental health services.

1.5 Media representations of mental ill health

During the period of the closure of the asylums there was significant media focus about the danger to society of releasing people into the community who were previously institutionalised on the grounds of their mental ill health (Basset & Stickley 2010, p.6; Wright et al. 2008, p.234). A review of media and how it impacts British mental health policy carried out in 1998 showed that an overwhelming two-thirds of the analysed media relating to the portrayal of mental illness linked it to violence towards others (Philo & Secker 1999). The same study also analysed research into public perceptions of people experiencing mental distress and despite high levels of sympathy there was 'a reluctance to accept mental health service users as full members of society: for many this reluctance reflected their belief in a strong association between mental illness and violence' (Philo & Secker 1999, p.139). Holland suggests that '[n]umerous studies of western media have identified violence as a recurring theme in news media reporting and fictional portrayals of mental illness' (2012, p.221). This negative stereotyping can only contribute to a public preoccupation with the potential risk posed by people with mental ill health and so contributes to their stigmatisation.

Here it may be useful to take a brief look at a particular event in the media and the wider coverage it received. On 7th October 2013 *The Sun* newspaper ran the headline '1,200 killed by mental patients: Shock ten year toll exposes care crisis' (Chalabi 2013). The article uses data from a report published by the University of Manchester pulling figures from two groups, those who have 'been in contact with mental health services in the 12 months prior to the offence' and 'individuals who had symptoms of mental illness' as the headlined 'mental patients' (Chalabi 2013). By referring to 'mental patients' the article builds upon media constructed views of what a 'mental patient' is as if it is a concrete identity; an absolute definition of a person of deficit. Further the article claims to criticise the mental health care system which is in 'crisis', which harks back to the initial media furore over care in the community of the 1980s and 1990s: an example of the strength and tenacity of these representations (Chalabi 2013). An apology of sorts was printed a fortnight after the original article, claiming the figure related broadly to both people being treated for mental ill health as well as those later thought to be symptomatic (Bloodworth 2013), however, this was not on the front page so the relative impact upon readers compared to the original piece would almost certainly be negligible.

In their exploration of the portrayal of madness in popular media, Harpin and Foster note a simultaneous wish to explore the subject, alongside a thoughtlessness in how madness is portrayed (2014, p.3). For example, they discuss the unwillingness of Thorpe Park to respond to complaints about their *Fright Night Psychiatric Asylum* maze:

One cannot imagine a slave plantation or concentration camp horror experience being so cursorily dismissed as merely a fun fantasy for paying patrons. This, of course, is not to engage with a crude hierarchising of stigma and marginalisation; rather simply to illuminate the fact that mental health discrimination is still treated with more than a whiff of pull-your-socks-up suspicion [...T]he oft-repeated defence that all this is 'just entertainment' only serves to illuminate how far the politics of mental distress still languish in the backwaters of contemporary culture. (Harpin & Foster 2014, p.3)

Such observations are supported by media audience reception studies into the ways mental illness is portrayed and how that portrayal is received by audiences.

Philo marks that 'two thirds of media references to mental health related to violence' (1996, p.112). Further, Philo notes that:

Forty percent of the people in the sample which we took believed that serious mental illness was associated with violence, while giving the media as a source of their beliefs. (1996, p.112)

In 2017 Chen and Lawrie conducted a study of newspaper media coverage over a 4 week period and their results suggest that there was little change from previous studies in the way mental ill health was associated with violence and criminal behaviour (2017, p.311). However, in the same study they noted that the voices and quotations of people experiencing mental distress were being used more often than previous studies and alluded that this change may relate to recent anti-stigma campaigns (Chen & Lawrie 2017, p.311). Such findings suggest that, though changes are occurring, the associations between mental illness, violence and criminality still prevail.

The stain of negative media representations of mental ill health has far reaching consequences both upon individuals experiencing both internalised stigma and external stigma, and upon the creation of social policy which, in a

system of party politics, must inevitably seek to please the majority. Further such representations, infer a binary where people can be categorised as either mentally ill or sane. And according to this binary people should be excluded and controlled as though there were an assumption of criminality. Despite prominent campaigns such as 'Time to Change', challenging stigma around mental health, negative and often inaccurate media campaigns and portrayals continue to be a highly influential discourse. This powerful and pervasive discourse is a base layer to the other discourses surrounding mental ill health and is influential in its role of oppression but also in its contribution to the rise of resistant discourses.

1.6 Mad Pride, the survivor movement and mad studies

Mad Pride takes inspiration from the Black Pride and Gay Pride movements in its aims to provide an alternative and positive construction of madness liberated from previous discrimination and othering. Mad Pride is 'concerned with reclaiming the experience of madness and the language surrounding it' (Curtis et al. 2000, p.7). The discourse of Mad Pride aims to subvert the dominance of psychiatry over the lives of people experiencing mental distress and calls for a celebration of the 'Mad' as part of the rich diversity of humanity.

The academic field of Mad Studies and writing around the survivor movement and Mad Pride is still emergent.

Mad studies [...] incorporates all that is critical of psychiatry from a radical socially progressive foundation in which the medical model is dispensed with as biologically reductionist whilst alternative forms of helping people experiencing mental anguish are based on humanitarian, holistic perspectives where people are not reduced to symptoms but understood

within the social and economic context of the society within which they live. (Menzies, LeFrançois & Reume 2013, p.2)

Such a statement places mad studies as a critical discourse that completely rejects the technological paradigm of psychiatry and articulates, in an academic sphere, the concerns of the Mad Pride movement. In his book *The Spiritual Gift of Madness: The Failure of Psychiatry and the Rise of the Mad Pride Movement*, Farber describes the origins of both the survivor and Mad Pride movements and how they differ, he suggests that the former (inspired by Szasz) is concerned with opposing what they consider to be violations of human rights enacted in the name of mental health treatment and therefore the primary aim is mental health care reform (2012, p.5). Farber explains that Mad Pride is concerned with empowering the mad and effecting changes on society as a whole (2012, p.5). However, the particular bias of Farber's writing (evident in the title) toward the suggestion that the 'Mad' have messianic qualities and visions fundamental to the future of humanity makes his argument an extreme one and leaves it open to criticism. A person believing themselves to have a messianic persona is a common perception of people experiencing psychosis, thus in psychiatry-based constructions of mental illness, such people are to be distrusted as disordered thinkers. Farber's book does articulate some beliefs and principles of those in the Mad Pride movement for a non-academic audience as it parallels with many of the ideas presented in the eclectic mix of essays and provocations in 'Mad Pride: a celebration of Mad Culture' (Curtis et al. 2000).

Shaughnessy writes about his own experiences of mental distress, he brings the voice of experience to the approach of patient as object in the technological paradigm, he explains, 'people often ask: what are the alternatives to the current

system and despair? To me, it's quite simple. How would you like to be treated? As an object, or with dignity?' (2000, p.22). Such commentary locates us back to the experience of people in a system that is often de-humanising.

Mad Pride seeks to enact wide scale social change towards the acceptance of 'madness' as a way of being and in doing so shift this positioning of the person experiencing mental distress. Jost airs concerns about the stance of Mad Pride and suggests that:

stigma is not the only thing that makes a mental illness an illness. Most mental illnesses, for most people, are inherently negative. They demoralize people. They halt lives, figuratively and literally' (2009, p.4).

Jost's point is worth considering: the negative and, often horrifying, experiences of mental distress are not solely due to the construction of mental illness and society's consequential treatment of people with such experiences. This point seems to be potentially lost amongst the rhetoric of Mad Studies and Mad Pride, leaving the question of how to care for, support and make space for people experiencing great mental distress, unanswered. However, Jost's critique is rooted in an assumption of the concrete-ness of 'mental illnesses', rather than seeing such pathologising as another type of construction. Such discourse which articulates the constructions of modern psychiatry as fact is precisely that which inspires the Mad Pride movement. The discourses of the survivor movement and Mad Pride are concerned with shifting the position of those experiencing mental distress and subverting the hegemony of psychiatric diagnosis and treatment.

1.7 Reflection on the discourses on mental health

In this chapter I have explored a spectrum of the discourses surrounding mental distress in order to lay the groundwork for research which looks critically and seeks to speak across such a spectrum. The problematic nature of research that does not acknowledge the power held by the technological paradigm of psychiatry and its implications on the positioning of the person experiencing mental distress becomes evident. Similarly, the hierarchy of evidence values knowledge constructed through methods considered objective far above situated knowledge gained by experience. This analysis signposted the need for a careful criticality in my approach to research design in order to expose the entrenched traditions of the medical model of mental health.

Both the Survivor movement and Mad Pride are oppositional discourses to the dominance of these most powerful discourses in mental health. They pose important challenges and questions in their alternative visions that see a potential construction of mental distress based upon experience and context rather than pathology and hegemonically constructed knowledge. However, in their opposition, they do not offer an immediately workable solution to the question of knowledge creation that might speak across different discourses, they raise the question: how can one generate knowledge from experience, removed from the framing of pathologised, deficit models of mental ill health, that speaks to a medical audience? In contrast, the recovery movement seems the moderate discourse amongst these opposing positions by valuing the contextualised framing of a person's experience of mental distress. However, the widespread use of the term without clear definition leaves it vulnerable to manipulation towards

individualisation agendas that leave the person experiencing mental distress entirely culpable for their own recovery without any responsibility from the state.

Considering the breadth and influence of the differing discourses within mental health, it seems vital to consider their influence on both the experience of practice and conducting of research. Thinking back to the theoretical fields of arts in mental health (Figure 1, p.3), the discourses from the field of socially engaged arts also influence approaches to both practice and research. The next chapter explores these discourses of the arts and goes on to explore the overarching implications of all the discourses presented here for researching arts in mental health.

Chapter 2 Discourses of socially engaged arts practice

The discourses of mental health have significant power over the experience of the people making art in a mental health context. However, I suggest that the discourses surrounding socially engaged arts practice have a more significant influence over the approaches and ethos within the arts in mental health workshop itself. Through an examination of the relevant discourses of socially engaged arts I explore the positioning of arts in mental health practice and research in order to both root the practice in its creative heritage and to expose potential tensions between these and the discourses of mental health. Arguably the origins of arts in mental health practice are situated in the traditions of community arts. Thus, I explore the philosophy surrounding community arts and its implications for practice, theory and research. How such philosophy might construct the way practitioners facilitate workshops and projects and also how such practice might be experienced by participants.

The field of arts in health is rapidly expanding with a developing evidence-base that seeks to appeal to the rigours of evidence-based health care. This brings with it the problematic elements of the discourse rooted in the tensions of the medical model of health. Discourses surrounding both practice and research in this broader discipline of arts and health are influential in developing understanding and knowledge of arts in mental health. Here I will explore such discourses and unpack the power dynamics they infer in the experience of participants making art in a mental health context.

Both community arts and arts in health practice and research are positioned differently in relation to some core discussions in socially engaged arts practice. This chapter seeks to unpick notions of instrumentalisation of arts practice and how such approaches are valued differently to what Belfiore and Bennet term the 'intrinsic' qualities of arts practice (2008), those which are innate to the process of making art. I will also explore Thompson's thinking around how the effect of socially engaged theatre has been focussed on, in both practice and research, to the detriment of affective experience (2009) and how these ideas might impact thinking around arts in mental health.

An initial exploration of the community arts movement will be useful here in order to build a foundation for understanding the principles that, I suggest, underlie arts in mental health practice.

2.1 Community arts: origins and principles

EVERY HUMAN BEING IS AN ARTIST who - from his state of freedom - the position of freedom that he experiences at first hand - learns to determine the other positions in the TOTAL ARTWORK OF THE FUTURE SOCIAL ORDER. Self-determination and participation in the cultural sphere (freedom); in the structuring of laws (democracy); and in the sphere of economics (socialism). Self-administration and decentralization (threefold structure) occurs: FREE DEMOCRATIC SOCIALISM (Beuys [original statement 1974] 2006, p.125)

Joseph Beuys' famous and radical statement pulling together the creative and the political is exemplary of the shifts leading to the formation of the community arts movement. The movement began in the post 1968 era of radical activist politics as one strand of that activism (Bishop 2012, pp.163 -177; Kelly 1984, pp.1-10; White 2009a, p.13), intertwined and concurrent with the performance art movement

which moved both art and artist from the gallery and into public space, riding the same ideological wave of cultural democratisation:

The ideological motivations of community arts revolved around precisely this attention to the marginalised, whom they sought to empower through participatory creative practice, and through an opposition to elitist cultural hierarchies. (Bishop 2012, p.177)

According to Kelly, in his influential book *Community Art and the State: Storming the Citadels*, the aims of the community arts movement went further than cultural democratisation, aiming to empower the people toward the realisation of their democratic rights, decentralisation and redistribution of power throughout all strata of life (1984, p.1-10). This post 1968 discourse was concerned with subverting traditional hegemonic power structures and moving instead towards notions of equality and collectivity. Though White critiques the 'Marxist polemic' set up by Kelly suggesting that, in his zeal for the political, his focus strays from his own reflections on the potential of the movement (2009a, p.15), it is nonetheless useful to consider the political roots that underpin arts in mental health practice.

Badham alludes to the diversity of socially engaged arts practice and hints at a lack of theoretical positioning:

Practitioners and theorists have been unable to define a particular style, form or aesthetic in socially engaged arts, but, like any other art forms, it is approached by particular principles and ethics. Interpretation by the artist *and* community of these principles (collaboration, hybridity, creativity, innovation) inform the process, form and outcomes of the field. (2010, p.86, italics in original text)

Kelly critiques the community arts movement for this 'refusal to construct a theoretical framework' (Kelly 1984, p.2). Indeed this is echoed in McKay and

Higham's exploration of the history of community music where they note that there is a distinct lack of academic material relating to the practice which is notably different to the state registered profession of music therapy which has a 'narrower remit and a shorter history but has produced a fairly confident body of academically informed writing' (2012, p.94). This contrasting theoretical foundation of music therapy may well be linked to its positioning as sitting within medical health care models and as such aligning to the hierarchy of evidence.

This lack of a theory base for community arts which perhaps stems from its original determined positioning as an anti-establishment movement, continues to hold sway over the field as a whole. More recently, in some disciplines such as applied theatre, there has been a closer examination of the work with writers such as Thompson (2009) and Kershaw (1992) providing complex examinations of theories and contexts of practice whilst still locating those practices as part of the community arts movement. But this earlier overriding avoidance of theoretical grounding is potentially problematic: though it may offer practitioners a freedom in approach, it may also leave the practice vulnerable to manipulation and instrumentalisation by funders:

In the absence of definition by the practitioners, funding bodies inserted their own. Often they focused on two essential ingredients of community arts - participation and location - and used them as a basis for initiating and supporting projects where the arts could fulfil some useful social function. (Corner 1995, p.115)

And so the division between the 'instrumental' and the 'intrinsic' widened as practitioners create projects according to trends of funders and governments, leaving communities and populations favoured one minute and ignored the next - a

counter-productive approach which undermines one of the grounding principles of the practice: cultural and social democracy.

This lack of theoretical framework extends to the ability of community arts to evaluate its own practice: it has relied on 'common sense definitions' which have made thorough evaluation of the work problematic (Kelly 1984, p.2). Such reliance makes the communication of innovation and shared knowledge of practice difficult which could lead to organisations repeating mistakes rather than learning from the practice and evaluation of others. So the lack of theoretical grounding to community arts has left the practice (and those stemming from it such as arts and health (White 2009a) and, I suggest, arts and mental health) struggling for ways to justify its existence.

Reading across different disciplines at examples of community arts frameworks of practice and contrasting them to the core discourse of the community arts movement highlights strong main themes of practice and ideology. Firstly, I will look at the world renowned international community music project El Sistema, the national after school music program of Venezuela which engages young people in classical music ensembles and orchestras (Govias 2011). According to Govias, El Sistema is founded on 5 main principles: social change; ensembles; frequency; accessibility; and connectivity (2011). Indeed McKay and Higham cite similarly political aims of The Community Music Activity Commission:

Community music is characterised by the following principles: decentralisation, accessibility, equal opportunity, and active participation in music-making. These principles are social and political ones, and there can be no doubt that community music activity is more than a purely musical one. (Olseng 1990 cited in McKay & Higham 2012, p.94)

So themes of cultural democratisation, social mobility and collectivism are strong in community music and these themes can also be seen in writing around community dance as evidenced in The Foundation for Community Dance description of qualities of the practice:

Community dance is about:

- Dance that engages directly with people as they define themselves, valuing and respecting who they are, their differences and what they bring individually and collectively to that engagement
- Providing experiences that contribute positively to self-worth, self-confidence and a sense of wellbeing
- Connecting people to experiences that are achievable - yet testing, over which they have a sense of ownership, control and belonging
- Providing a framework for learning and making effective use of art form skills
- Providing sustained support that allows people to grow and develop, gain a sense of achievement and make a contribution within their wider communities
- Engaging people creatively in solving problems, seeking solutions and finding a form of dance that expresses their concerns, cultures and aspirations and thinking critically about their experience
- Providing opportunities for people to develop more positive and active relationships with their wider communities. (FCD 2001, cited in Amans 2008, p.6)

This language used in this list by the FCD has that quality, talked about by Corner (1995, p.115) and Kelly (1984, p.13-14), of emphasising the instrumental over the intrinsic. With its emphasis on 'providing' and 'engaging' it places the participant as object and the creative activity as tool to be used upon that object. The verbs in this list of qualities belong to the service provider, despite what seem generous offers, they are taking the action upon the participant. In this FCD description, the shaping of the work and the decisions about suitability of practice for each participant lies with the facilitators and organisations, and thus maintains the power dynamic of artist or organisation as actor and participant as acted upon. This is in contrast to the way Hamera describes her ethnographic work on dance, she

talks of 'the power of performance as a social force, as cultural poesis, as communication infrastructure that makes identity, solidarity and memory sharable. Communities are danced into being' (2007, p.1). In the sample of writing from different community arts disciplines I explored, themes of celebration (Thompson 2009, p.180; White 2009a, p.17); communication and expression (Amans 2008, p.4-6; Hamera 2007, p.1; McKay & Higham 2012, p.97); catharsis and ritual (McKay & Higham 2012, p.97; White 2009b, p.17) were also common.

All these themes are important elements of practice and could all be argued as potentially beneficial to a person experiencing mental distress however it is worth considering more closely those which I believe relate to the discourses of power in relation to mental health. To contrast these elements of practice with the top-down discourse of technological approaches to psychiatry where there is a focus upon deficit and the 'patient' as object. Also, to return to Harper and Speed's critique of the Government's agenda of individualisation through recovery which could be seen as absolving the state from responsibility for social injustice (2012, p.14-16). The agendas and practices of the community arts discourse instead emphasise the collective, cultural democracy, parity in the importance of role, and creative input, seem particularly important in the power dynamics of arts in mental health practice. They create an environment and community where the stigmas and hierarchies relating to mental health related identities may be subverted. This way, arts might provide for people an alternative road to travel towards their own concept of recovery: they become subject of their own narrative rather than object of the dominant discourses in mental health. This thread will be explored further throughout the thesis.

2.2 Arts in Health

Arts in health is the commonly used term for:

creative activities that aim to improve individual/community health and healthcare delivery using arts based approaches, and that seek to enhance the healthcare environment through the provision of artworks or performances. (CAHHM 2002 cited in White 2009a, p.2).

The practice 'involves approaches ranging from the professionalised arts therapies, or work alongside clinicians, to informal or intuitive styles of practice, using any art form, working towards a vast range of health, aesthetic and social outcomes' (Raw et al. 2012, p.98). The field of arts in health is both vast and diverse, and in recent years, the evidence-base for such practice has grown. Arts in mental health practice sits within this broader field.

The role of arts in health is developing an ever higher profile as evidenced by the recent House of Lords Debate *Arts: Contribution to Education, Health and Emotional Well-being* in July 2013 (Hansard 2013, pp.C1506-C1530) and the subsequent establishment of an All Party Parliamentary Group (APPG) for Arts in Health to inform parliament about developments in the field (National Alliance Arts Health & Wellbeing 2014). As the United Kingdom adapts to the ongoing policy of austerity, the Government is beginning to focus upon the benefits the arts bring to individuals rather than just their value to the economy, although this may be simply a shift from an explicit economic motivation to an implicit one through the recognition of the cost of what White terms the 'epidemic of distress' (2009b, p.39). However, the rise in popularity of the arts in health initiatives has provided

new opportunities and requirements for the field to justify its existence, leaving arts in health practitioners questioning how best to provide an evidence-base (Raw et al. 2012, p.97).

The discourse of arts in health is situated between the wider discourses of arts and health sciences:

A state sanctioned focus on education through art [...] contributed to a post-war public perception of the separation of arts and sciences [...] This ideological cultural antagonism has possibly inhibited connections being made sooner between arts practice and a social rather than medical model of health. (White 2009a, p.14)

So, arts in health is under pressure to provide evidence of its usefulness in ways that stand up to the rigours of the scientific model of the medical hierarchy of evidence. Therefore many of the existing studies in the field have focussed upon impact. Raw et al. assert that this has led to an 'inadequate consideration of the mechanisms of arts and health practice, as opposed to outcomes' (2012, p.97). Scientific research methods risk oversimplifying complex practices through a reductionist approach, for if we separate the different parts of arts practice, what happens to the *affect*? Further Raw et al. argue that 'without some redirection of scholarly effort away from evidence gathering and towards analysing and theorising the practice in question, the basis for understanding and accepting the findings of impact studies will remain insubstantial' (2012, p.100). As I explored in the community arts section, impact studies also expose the practices to instrumentalisation:

Impact studies, focussing as they do on economic and social indicators, do not actually engage with the real purpose of the arts. Whatever economic contribution the arts might make, and however much they might promote social cohesion and community empowerment, these are not the primary characteristics of the aesthetic experience. (Belfiore & Bennet 2008, p.7)

This needs unpicking a little to take a moment to define these key concepts.

Belfiore and Bennet suggest that research focussing on impact looks at the side effects of arts practice, the things that happen through the art making but are not the focus or reasons for the art making. These side effects are the instrumental qualities that are so often deemed as the only value of socially engaged arts practice. What of the intrinsic qualities of the arts? The processual elements of making art that are innate to the creative practice. Reason describes these:

[A]rts participation offers access to non-conceptual forms of knowing, producing encounters that go beyond that of the everyday precisely because they are propelled by an aesthetic quality, which we might describe as a particular way of looking, hearing, feeling or knowing. (2017, p.43)

I will return to these intrinsic qualities of socially engaged arts practice again in the next section but first to consider the challenges of instrumentality in arts in health.

White (2009a) and Raw et al. (Raw et al. 2012, p106) talk of theorising arts in health practice through a social model rather than a medical model of health. Matarasso's (1997) study explores the links between community arts practice and various social impacts. More recently Secker et al. (2009) designed a comprehensive study including a measure for social inclusion in arts in mental health participation. However both studies tend to look at the practices through a lens of instrumentality, deconstructing participation based upon preconceived notions of impact. As Belfiore and Bennet state (above), looking through a social lens does not negate the dangers of instrumentalisation which risks overlooking the nature of the creative experience and missing vital processes unique to the arts.

2.3 Challenging the binaries of socially engaged arts practice

The significance of cultural participation (and non-participation) in theatre has often been expressed as binary divisions between active / passive, liberated / constrained, democratic / hierarchical, mobile/fixed, empowered / oppressed and so on, with clear judgements made about their egalitarianism or emancipatory potential. (Harpin & Nicholson 2017, p.2)

Harpin and Nicholson's critique of socially engaged theatre practice, and the challenges around it, is worth considering in the broader context of socially engaged arts practice as such binary arguments also resound in this broader discourse. In the United Kingdom and internationally, social and personal transformation is linked with the arts through national bodies and governmental policies, through to the United Nations trade agreement (Belfiore & Bennet 2008, pp.1-6). It is worth considering Purnell's notion of the separation of the 'intrinsic' and the 'instrumental' values of the arts' (cited in Belfiore & Bennet 2008, p.7). This split is at the heart of how people conceive and talk of what we might call socially engaged arts practice which is considered to value the 'instrumental', the useful or transformational potential over the 'intrinsic' - the creative or aesthetic. This binary often translates in practice to what White calls the 'war in the arts world of process versus product' (2009a, p.19) which could be seen as a stripping down of complex practices to value only their instrumental constituents rather than their creative form. Conversely in practice the process of participation can be overlooked and hurried by funders and stakeholders in seeking the more consumable end product - the performance, the artwork.

Rather than these frequent binary divisions, the reality is that both process and product are part of the cycle of making art¹; of the engagement with each new work or fragment, whether it is shown to an audience or not. It is in this cycle that both the intrinsic beauty and creativity in the making of a piece of art occur, and through this the potentially instrumental effects also. So it seems that an equilibrium in focus between the instrumental and the intrinsic is required, the process and the product, for each does not exist without the other, they are inseparable. Concern over this divide in arts practice recurs repeatedly in discourses around the value of art as evidenced by Carey's discussion in 'What good are the Arts' (2005). However, even in the process of making of a few marks on paper, practising brush strokes, there is a product in the same way as there is a process to rehearsing an opera and a product of the performance itself. These may be engaged with by an audience in wholly different ways and yet each example contains both process and product, the intrinsic and the potentially instrumental outcomes. Perhaps a resistance to those discourses which seek to separate and value one before the other of these pairings is called for in considering this discourse in relation to arts in mental health, and therefore a theoretical stance which examines the interplay between them would be more useful.

It is the criteria for evidence-based practice and social policy, with the associated preferences for scientific method and measurable outcomes which

¹ I refer to the creative cycle as the experience of a person making art who goes through the process of creating to achieve a product: a painting, a play, a song, a novel and so forth. I suggest this is a cyclical experience as the product comes at the end of process and then the process is entered into again for the next piece.

continues to drive this divide between the 'instrumental' and the 'intrinsic', and therefore misses the subtle interplay between the two elements (Belfiore & Bennet 2008, pp.5-9). The discourses of both community arts and arts in health place themselves differently in relation to the drive for evidence-based practice and social policy. Community arts stands accused of lacking a theoretical underpinning and therefore the strength to argue its importance as a field (Bishop 2012, p.163; Kelly 1984, pp.1-3) whereas the field of arts in health is particularly concerned with meeting government targets to providing a substantial evidence-base of measurable impact (Howarth 2013; Raw et al. 2012; Raw 2013) and is therefore in danger of overlooking the art of arts in health. There is a financial implication to either stance, and a strong motivation in arts in health to see considerable government investment in the practice. Arts in mental health practice sits within these two discourses, working as it does with a population of marginalised and often stigmatised people, whilst working towards aims similar to other models of mental health care but using different approaches to achieve them. I suggest arts in mental health requires a third way of articulating itself where the instrumental and the intrinsic are explored together, inseparably.

Thompson's suggestion of moving from an emphasis on *effect* to *affect* in relation to applied theatre practice may be a solution of sorts.

When studies of community-based arts activities have been required to measure impacts and outcomes, they can be in danger of bleaching accounts of the substance and complexity of the work. People become clients, theatre workshops inputs and performances are outcomes. While I doubt the clarity of many claims made in empirical studies of arts processes, the point here is that they rarely have the language for dealing with what is one of their most dynamic features - their capacity for affect. (2009, p.118)

It is worth looking more closely at the concept of affect then. Dolan talks of the potential of performance to 'make palpable an affective vision of how the world might be better' (Dolan 2005, p.6): somehow through the experience of witnessing a performance we actualise a notion of the future. She goes on to say how:

the fleetingness [of this vision] leaves us melancholy yet cheered, because for however brief a moment, we felt something of what redemption might be like, of what humanism could really mean, of how powerful might be a world in which our commonalities would hail us over our differences (Dolan 2005, p.8)

The idea of affect as a response of being stirred towards something is echoed by Greig and Seigworth:

Affect arises in the midst of inbetween-ness: in the capacities to act and be acted upon. Affect is an impingement or extrusion of a momentary or sometimes more sustained state of relation *as well* as the passage (and the duration for the passage) of forces or intensities [...] Affect, at its most anthropomorphic, the name we give to those forces - visceral forces beneath, alongside, or generally *other than* conscious knowing, vital forces insisting beyond emotion - that can serve to drive us toward movement, toward thought and extension. (2010, p.1, italics in original text)

In the discussion around how to research arts in mental health, the concept of seeking affect as much as effect, may be the element overlooked in the ambition to evidence impact. Thompson talks of the drive toward the instrumentalisation of participatory arts practice: the existing 'regime of action and analysis that insists on particular effect and certain means of accounting for it' (Thompson 2009, p.115) which misses the important element of affect.

Thompson argues that:

The vital *affective register* of participatory arts [...] should not be accidental or peripheral but need to be central to the purpose and thinking about the work, so that, [...] what has reached us through the senses becomes foundational to the practice and crucially *politics* of applied theatre. (Thompson 2009, p.116, italics in original text)

Perhaps *affect* is the overlooked element, part of the 'intrinsic' rather than the 'instrumental' and in the acknowledgment of this, the seeking of this, alongside or intertwined with the processes of creativity in arts in mental health one might have a clearer view of the practice, or at least miss slightly less. Interestingly notions of affect and its role in community arts practice have been hinted at in earlier writing around the field of community arts:

To be involved in creating works of art allows us the opportunity to be involved in the production of work with a point and layers of discoverable meaning. This is not an empty display of artistic temperament or virtuosity or a form of crime prevention or a means of occupying leisure time. This is a process of working towards a sense of the world, conceiving ideas and carrying these out without necessarily using numeracy, literacy or logic. Contemporary community art can make accessible a full range of possibilities with regard to meaning, modes of expression, interpretation, and the right to informed choices which lead to creative thought and action.' (Wilkinson 1994 cited in Dickson 1995, p.10)

In Wilkinson's statement above the idea of affect is interwoven with the description of community arts practice which disputes separation between the intrinsic and the instrumental and rather seeks a middle way where 'a process of working toward a sense of the world' may well be catalysed by those moments of affect. Such thinking may well have contributed to the resistance to theorise community arts (Kelly 1984; Corner 1995; Badham 2010). Perhaps the potential loss of affect through such theorising was what was being resisted. Thompson's description here, offers a possible answer for why this resistance pervaded, by describing what element is lost in the overlooking of affect:

Artistic experience and practice are here best understood for their capacity to agitate at the level of sensation, and it is this force that propels a demand to know more. The communicative model of art - the focus on the impact, message or precise revelation - is countered with a notion that the

stimulation of affect is what compels the participant to thought and to be engaged *at every level*. (Thompson 2009, p.125)

Such agitation and compulsion may well speak to the core ideological and processual tenets of community arts. To risk losing such elements, through attempting to define and measure them, may have seemed a risk too great.

Perhaps this resistance is what must be overcome, to seek a way to explore the affect, to look without disturbing or diminishing, to theorise in new ways that restrict less and articulate more. The aim of the research in the thesis must then be this, how to look at the intrinsic processes of arts in mental health, without disturbing them, to look sensitively and in ways that mirror practice in order to do as little damage to them as possible, and find ways to articulate these elusive experiences.

2.4 Synthesising the discourses: implications for arts in mental health

In the previous chapter I have explored some of the mental health discourses which relate to the power dynamics of mental health care and the constructions of identity affecting people who experience mental distress. I have explored how evidence-based healthcare approaches have been applied to arts in mental health and the limitations this approach has produced. In overlaying these concepts with the discourses of socially engaged arts practices I arrive at one of the fundamental tenets in the research presented within this thesis. At the forefront of the research design is the concept that a practice stemming from the radical democratising principles of community arts practice, described in this chapter, might prove

particularly valuable to this marginalised population and thus it is important to find ways to explore this without damaging such processes.

Principles and practice of community arts which create a community and environment, an occupation, where the focus is on the arts practice, rather than health improvement has great importance when exploring the processes of participation in arts in mental health. And principles of democratic parity: that we are all artists and that it is the people making the art who take control of their practice, are supported in doing so, are valued for the strengths they bring and the creativity they contribute, holds many parallels with both the recovery movement and postpsychiatry approaches. It is important to be ever mindful of these, often overlooked, potential elements of arts in mental health when designing research and constructing new theories surrounding the practice. For if these nuances are overlooked, if we skim over the art at the heart of arts in mental health practice; if we ignore the catalytic potential of affect in the arts intervention, we risk succumbing to the potential homogenisation of instrumentalisation (Baker 2013). This then is the focus of the thesis, to seek that which may have been overlooked through examining the arts practice through a lens of instrumentality. This changes the question. Rather than asking, 'What happens in arts practice that benefits mental health? Rather ask first, 'What happens in arts practice?'

Chapter 3

Reviewing the research in arts in mental health

There is continuing interest in developing a robust knowledge of practice, process and associated impacts in arts and health. Currently, this is influenced heavily by the structures of evidence-based healthcare (Daykin & Attwood 2013, p.180). Such dynamics in arts and health also influence research in arts in mental health. As the previous chapters have suggested, the relationship between arts practice and discourses of mental health, and the consequential challenges of communicating between these disciplines is often complex. Critiques of research in the field often contend that there are imbalances between fulfilling the research agendas of health, whilst respecting the complex processes of the arts. Through this review I aim to survey the current state of research in arts and mental health in order to support the design of methods and methodology within the thesis and to contextualise the current field of research. For the broader thesis, this serves as a baseline with which to compare and contrast findings as they emerge.

This review explores articles which research facilitated, community-based arts in mental health with adults. A literature search of databases such as *Academic One File*, *JSTOR*, *Cinahl* was combined with a search of the *Arts and Health* journal and *The Journal of Applied Arts and Health* using the search terms 'art', 'mental' and 'health'. The inclusion criteria consisted of research which focussed on an adult population (excluding research specifically on work with older people, young people or children) and community based practice (rather than inpatient work). Research on arts therapies or arts therapies combined with arts in mental health

practice were excluded. There was also some "snowballing" (emerging as the study unfolded)' (Greenhalgh & Peacock 2005, p.1064) as references were followed from often cited, influential articles. What follows is a narrative, rather than systematic, review of the 25 articles selected, comprising literature reviews, quantitative and qualitative studies in order to construct a story of recent research findings within the field.

This thematic literature review aims to establish a broad picture of current research in community based arts in mental health projects and interventions. The review focuses particularly upon research where different art forms are explored together in order to explore the common elements of arts in mental health practice. In doing so, such papers, and this research, necessarily homogenise the nature of arts practice and the nature of different diagnoses of mental ill health (contentious though they may be) by looking at all practices and diagnoses together. Such homogenisation, then potentially avoids the contentious issues surrounding over-pathologisation discussed in Chapter 1. In the examination of their large-scale mixed methods study of arts in mental health, Hacking et al. state explain how pathology, attendance and preconceptions of the arts in mental health project did not significantly affect other outcomes in their study:

Factors that might have been thought likely to influence the results, such as type of mental health difficulty, extent of arts participation, prior expectations and enjoyment, pride and learning, were not significantly associated. (2008, p.646)

Consideration of this finding and the issues around diagnosis and medicalisation have steered me away from a focus upon individual diagnoses and instead given a broader focus of general mental health.

During early literature searches for the thesis there was a gap in the knowledge base surrounding arts in mental health. Practice and associated experiential processes were not articulated and researchers made a leap to impact based studies where arts in mental health was assessed according to pre-existing understanding of mental health. Studies sometimes relied upon uncritical assumptions of what was, or was not, beneficial to mental health. However as chapters 1 and 2 of this thesis explore, such constructions of what is and isn't mentally healthy are problematic if left unchallenged. Thus, this review seeks to critique the research for such potential biases and consider instead, what the interplay between the art in arts in mental health practice and mental health/mental ill health/madness might be.

Though themes were explored with differing degrees of criticality there were five main themes to the literature reviewed here: mental wellbeing; empowerment, agency and control; social inclusion; identity; creative and artistic skill.

3.1 Developing research base

In 2003 Angus and White carried out a literature review into arts and adult mental health for the Centre for Arts and Humanities in Health Medicine (now the Centre for Medical Humanities) at Durham University (Angus & White 2003). This report was a milestone in the development of a knowledge and understanding of arts in mental health practice and impacts, providing the springboard for much of the research that has developed since. Its focus was upon contextualising research

as well as various grey literature (such as evaluations, policies and reports) relating to arts in mental health in order to determine what the next steps should be.

Angus and White also sought to define the practice of arts in mental health and its aims:

Many projects are attempting to provide services which are outside statutory mental health provision and so avoid the potential stigma for participants of being 'clients' in receipt of treatment and therapy. The intention is to reintegrate into the local community those who have experienced mental health problems. (2003, p.11)

The concept of 'reintegration into the local community' illustrates one of the challenges of definition and research in the field: whether a defining frame of arts in mental health practice is establishing the practice within statutory health care (Angus & White 2003, p.12), or whether it stands outside such institutions. Such considerations will change from project to project and thus shape both the practice and research, though the knowledge generated of such differing practice may still contribute to the overall picture of the field.

Angus and White also look to the practices and evidence-base of arts therapies and suggest learning points for arts in mental health practitioners around such things as record-keeping, evidence-base and professional boundaries (2003, p.12). They assert that:

Art in health practice is quite different to art therapy. Therapy is integrated with medical practice and it deals with 'patients'. Art in health is usually independent, employs a social model of health, and deals with people, many of whom do not have an identified health problem. (Angus & White 2003, p.12)

From interviews with artists identifying as mentally ill, Sagan warns of the potential drawbacks of art therapy and art within the institution:

[W]hilst art therapy (or in some cases simple access to drawing materials in a hospital or prison setting) was seen as holding importance varying from 'lifesaving' to 'useful' – it was also held as propagating a clinical discourse by which individuals felt constrained. This discourse pathologised the individual even while it initially offered tools through which to chisel a new narrative identity. (2012, p.243)

Here, Sagan illustrates how the framing of an arts experience as therapy may shape that experience through associated pathologising, and in so doing limit the experiences relating to identity. This distinction of positioning of the person making the art, within the workshop or project, seems crucial given the stigmatising connotations of mental health care. Considering these suggested distinctions, arts in mental health differs in the way it positions itself within the health field in language, regulation and focus. As Secker tells us:

[T]he value of arts participation, as distinct from art therapy, lies in 'art for art's sake' and not in art as therapy or treatment. Artistic expression must by definition come from within – it cannot simply be prescribed as a panacea for our varying experiences of mental distress. (Secker 2011, p.22)

A number of studies in the literature search for this review combined results from both arts therapy groups as well as arts in mental health groups (Van Lith, Schofield & Fenner 2013; Lipe et al. 2012; Jensen & Bonde 2018). Given the differences and issues relating to the rooting of art therapies in a medical model of mental health, this conflation of the two practices is problematic. Therefore, such studies were excluded.

3.2 Research agendas and methods

Following Kelly's (1984) assertions regarding the lack of documentation of practice and impact in community arts practice discussed in the previous chapter,

Angus and White assert that similar concerns were still relevant to arts in mental health practice 20 years later:

We need to think about ways to strengthen qualitative research in this area in order to demystify the variables that elude methodological orthodoxy. More grounded research and greater engagement with projects over long periods is necessary to explore impact and evidence in these complex interactions. (Angus & White 2003)

Matarasso (1997) details a framework of 6 areas of social impact of arts participation: personal development; social cohesion; community empowerment and self-determination; local image and identity; imagination and vision; health and wellbeing. Concurrent to this focus upon the social impact of participatory arts, there was a policy level interest into the causes of, and potential solutions to, social exclusion in the early 2000s (Secker et al. 2009, p.65). Secker et al. undertook the largest piece of research, to date, in arts in mental health: a multi method study including a broad survey of arts in mental health projects and the development of the Social Inclusion Scale (Secker et al. 2007a; Hacking et al. 2008; Secker et al. 2009; Secker et al. 2011). The measures used and the findings from these studies are explored thematically within the following review of research papers in arts and mental health.

Papers exploring impacts relating to mental health employ a combination of standardised scales of wellbeing (Margrove, Heydinrych & Secker 2013; Secker et al. 2007c; Stevens et al. 2018; van de Venter & Buller 2015; Wilson, Secker & Kent 2014) and broad clinical mental health (Secker et al. 2007c; Stevens et al. 2018) as well as non-standardised questionnaires (Holland 2015), and qualitative methods (Lloyd, Wong & Petchkovsky 2007; Secker et al. 2007a; Stacey & Stickley 2010; Stickley & Eades 2013; Van Lith, Fenner & Schofield 2011). Some studies

incorporate methods that provide a more participant led perspective such as Sagan's analysis of audio-visual interviews carried out by and with artists who identify as mentally ill (2012) and the use of narrative interview styles in the work of Stacey and Stickley (2010), and Stickley (2010a). The degree to which the included studies critique or question the influence of using selected methods on the experience of making art is varied.

3.3 Mental wellbeing

In their large-scale study with 62 participants, Secker et al. found statistically significant improvements in the CORE (Clinical Outcomes in Routine Evaluation) measure (2007a). The measure assesses a person's broad mental health at the beginning of therapeutic intervention and any change that occurs (Evans et al. 2000, p.247). It is typically used before, during and after psychotherapeutic interventions and is broadly used by a wide range of clinical therapeutic disciplines (Evans et al. 2000, p.247). It includes scales used to measure 'well-being, life functioning, problem/symptoms and risk to self or others' (Secker et al. 2007b, p.36). Analysis of case studies for the same participants, following the experience of arts participation, suggests that increased motivation gives 'hope, inspiration and meaning, as well as reducing inactivity' (Secker et al. 2007b, p.35). Such themes may be linked to wellbeing and support the quantitative findings of the study. However, they illuminate the complex potential of engaging in arts practice that would be missed without the qualitative observations. The authors note that '[R]egaining hope is often seen as a crucial aspect of an individual's recovery journey' (Secker et al. 2007b, p.35).

In my view, the CORE measure is problematic in how it frames the art-making. Often people accessing arts in mental health may have completed the questionnaire during previous, clinical therapeutic interventions and so, through the use of this questionnaire, such clinical interventions are then associated with their experience of arts in mental health. Thus, the arts in mental health practice is framed alongside other clinical interventions. The use of qualitative methods alongside such a measure is more illuminating, adding context and depth to the studies, though it does not negate the problematic association with clinical intervention, nor do such studies provide the numbers related to impacts so desired by stakeholders.

A number of studies use the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS), a standardised questionnaire, available in long or short form, that is used before and after an intervention. WEMWBS has less clinical connotations than the CORE, as its language is connected to wellbeing rather than symptoms of mental ill health. However it still frames and affects the art-making as an intervention to improve mental wellbeing, as such questionnaires are engaged with before, sometimes during and after a series of workshops. Wilson et al. found that 'WEMWBS participants had significantly higher well-being scores at follow-up than at baseline' (2014, p.345). In a mixed methods study of arts on referral (AoR) interventions, '[m]ean well-being improved following participation in AoR and WEMWBS scores increased with each AoR session' (van de Venter & Buller 2015, p.148). In support of this, results from semi-structured interviews in the same study suggest that people 'find arts participation helpful in managing emotions and preventing deterioration of well-being.' (van de Venter & Buller 2015, p.148). This

qualitative support of the quantitative study suggests the changes brought about by arts participation may have potential longer term impacts.

Most recent of the studies included in this review, Stevens et al. describe significant improvement in reported wellbeing using the Short WEMWBS and the Choice of Outcome in CBT for Psychoses (CHOICE) short form (2018, p.7). These findings were illuminated further by a combination of written feedback, focus groups and interviews which reported improved wellbeing, though some participants at three month follow up interviews felt that the improvements had not been sustainable after the course ended (Stevens et al. 2018, pp.7-8). This contrasts with van de Venter and Buller's (2015) findings that the changes to mental health may be sustainable impacts. This contradiction points to the need for further research into the sustainability of outcome through more longitudinal studies.

There were also statistically significant improvements using the WEMWBS in a waiting-list control study which compared the results of people accessing an arts in mental health project against people remaining on a waiting list for the same project over the same time period (Margrove et al. 2013). The study used WEMWBS and the Social Inclusion Scale (SIS) and found significant differences on the scales for the people who had experienced the intervention compared to those that had remained on the waiting list. There were also self-reported benefits through focus groups supporting these findings. (Margrove et al. 2013).

Though founded on self-reporting, the use of such scales and measures, which have been through a process of validation, begin to build a quantitative evidence-base robust enough to be trusted in a health care context. Though in such

measuring (as with the use of the CORE described above), art making is pre-framed and interrupted by reminders about the person making the art's status as a mental health service user– potentially negating progress away from such an identity through the art making. The use of qualitative methods alongside such scales and measures can give a broader understanding of art making in a mental health context, however this cannot undo the effect on the experience of practice through such framing at the beginning and end of a project. This is an often overlooked but significant consideration in designing research on arts in mental health.

There were various themes that might be associated with mental health emerging from qualitative studies, both beneficial qualities of practice, and associated processes of the work. Due to the generative nature of qualitative studies these varied in the way that they were grouped and organised, and in the significance given to each theme by participants or researchers through analysis.

In their narrative study exploring the meaning of art to mental health service users in a UK project, Stacey and Stickley found various elements that contributed to the therapeutic value including 'escapism' and using art making as a 'coping strategy' (2010, p.74). They also identified feelings of 'confidence, achievement, relaxation/calming and freedom' that support the therapeutic elements (Stacey & Stickley 2010, p.74). Also in the UK, various themes relating to mental health emerged from a study of workshops in an art gallery including, 'Confidence/self-esteem/purpose; Happiness/optimism; Enthusiasm/inspiration/motivation; Developing interests' (Holland 2015, p.261). Though different terms are used and grouped in different ways, the broad picture of these two studies is of positive

affective response as well as processes that might support a broad foundation of mental wellbeing.

An Australian qualitative study exploring connections between art and recovery in mental health found the following themes related to mental health recovery outcomes: 'Catharsis; Survival strategy; Self-discovery [...] Self-confidence; Self-satisfaction; Pursuing goals.' (Lloyd et al. 2007, p.209). Another Australian qualitative study into visual art making reported that the process supports recovery through development of 'life balance and wellness', and that the image created through the art 'gives insights about emotions, feelings and wellness' (Van Lith et al. 2011, p.656). A Samoan study found that 'the facilitator offers opportunity for growth' and that the process of making art developed self-awareness (Fenner et al. 2018, p.131). These studies hint that the experience of participating in arts in mental health projects may be similar across different cultures and in different parts of the world. This, may in part, be due to developing international models of community arts practice that facilitate the art making in similar ways. However, there is a need for further and broader international research into arts in mental health to ascertain similarities and differences in practice, process and experiential outcome across different countries and cultures.

In their follow-up qualitative study of an arts on prescription project, interviewing participants two years after initial interviews, participants 'stressed the pedagogical as well as the therapeutic value of their experiences of the programme' (Stickley & Eades 2013, p.731). This finding suggests that the approach of the project directors and facilitators may have a significant impact and that a learning based approach is valued as well as one which benefits health. This may, in

part, be due to the nature of stigma in mental ill health and how that might be avoided with a more educational approach, this links to themes of identity shift discussed later in this chapter.

Quantitative and qualitative results relating to mental health show significantly and consistently positive results through different studies in different contexts such as individual projects as well as multiple arts on referral projects. Many of these results, particularly those arising from quantitative methods, are framed through clinical assumptions surrounding what constitutes mental health. Some of the qualitative findings also allude to processes that participants, themselves, identify as therapeutic. There is still work to be done here in future research, in clarifying how, and by whom, positive associations with mental health are constructed.

3.4 Empowerment, agency and control

Closely related to mental health outcomes but sometimes measured separately is empowerment: a problematic term from the literature in arts in a social context as it is often framed as a thing imparted from the powerful to the powerless (Aitken 2009, p.504). However, in the following studies, measures relate to shifts in a person's experience of power dynamics and how much power they have over their own lives. Secker et al. refer to empowerment in terms of 'distance travelled' (Secker et al. 2007b), consequently it is articulated as a shift in a longer process rather than a state achieved (or not) through engagement in the arts practice. This approach attempts to assuage some of the problematic associations

of empowerment. In their large scale study, Secker et al. measured empowerment through a baseline and follow up measure which assessed four elements of empowerment: 'Self-worth', 'self-efficacy', 'mutual aid', and 'positive outlook'. (Secker et al. 2007c, p.15). From the same study, Hacking et al. report that there was a 'statistically significant increase' in all four scales of empowerment with the biggest increase seen in self-efficacy (2008, p.643). People who self-reported increased empowerment showed a significant increase in the empowerment measure (Hacking et al. 2008) suggesting that this is a process felt clearly by participants.

The Samoan study elucidates the nature of empowerment, researchers found that, '[e]vidence of new degrees of empowerment were indicated, such as the development of new skills, becoming curious, authentic self-expression, making a social contribution, the taking of risks, and independent decision-making' (Fenner et al. 2018, p.133). An Australian qualitative study into the links between recovery and arts in mental health also found that most people reported feelings of empowerment (Lloyd et al. 2007, p.211) and again linked empowerment to risk-taking:

A majority of the participants found that art helped them to overcome the fear of scrutiny that is often associated with risk. They learnt to be less sensitive of criticism about their artwork, seeing it instead as positive feedback (Lloyd et al. 2007, p.211)

Processual themes from another Australian study included 'empowerment' and '[i]nsight, self-esteem, and confidence' (Van Lith et al. 2011, p.659). Van Lith et al. also comment that, '[r]eleasing tensions through the art making process leads to a sense of becoming empowered.' (2011, p.656) and 'involved acknowledging and

confronting issues that had previously been denied or ignored' (2011, p.658). These qualitative findings link empowerment to the process of feeling more able to make changes in one's life, that thought processes or beliefs may be moveable rather than fixed. Further, they connect the process to a comfortability with taking risks in the context of arts practice.

Other qualitative studies touched on themes that might be linked to empowerment such as increased self-confidence (Stickley & Eades 2013, p.727; Turner-Halliday 2013, p.49) and 'getting motivated' (Secker et al. 2007a, p.35). Empowerment is often articulated separately as a major theme of research but is linked to the theme of agency or control which are mentioned in several papers (these terms are also explored in detail in Chapter 6). In their literature review Angus and White marked the importance of control and making choices to people experiencing mental distress maintaining their mental health (Angus & White 2003, p.130). Several studies suggested control or agency as a theme (Holland 2015; Lloyd et al. 2007; Sagan 2012; Spandler et al. 2007; Van Lith et al. 2011), often citing this process as one of gaining control through the practice of making art where a lack of control has been felt before. Some studies also refer to the related feeling of freedom as a theme (Stacey & Stickley 2010; Turner-Halliday 2013; Van Lith et al. 2011).

3.5 Social inclusion

In qualitative studies social inclusion and connected themes of belonging and positive social experiences feature often. Though social inclusion is a broadly used

term in mental health care following government drives to tackle social exclusion, Spandler cautions that they are both complex terms and one does not negate the other (2007, pp.3-4). Fenner et al. noted participants '[f]eeling a sense of belonging and being valued as contributors to community' (2018, p.131). 'Support and belonging' were marked as a theme from a narrative study (Stacey & Stickley 2010, p.74). A mixed methods study on recovery colleges noted the 'positivity of social aspects' articulated by participants (Stevens et al. 2018, p.10). In a follow up study of an arts on prescription project, participants described development in communication and social skills as well as improved 'social and relational perceptions' (Stickley & Eades 2013, p.727), suggesting that this involves a shift in both social and communication skills as well as a shift in beliefs.

In a mixed methods study, '[s]ocial interaction/sense of belonging' was a theme (Holland 2015, p.261). Secker et al.'s case studies noted 'Connecting with others' as a theme (2007a, p.35) whilst, from the same case studies, Spandler et al. report the significance of 'mutual social support' between participants (2007, p.796). Outcomes based on the Social Inclusion Scale (SIS) developed specifically for the same research, showed 'statistically significant' improvements in social inclusion (Secker et al. 2007a, p.36). A more recent mixed methods study using mixed methods including the SIS, showed clear improvement in social inclusion whilst the qualitative element cited 'mutual support' as a theme (Wilson et al. 2014, p.345-354).

Van Lith et al. describe findings that illuminate the nature of social inclusion linking it to group processes of art making: '[t]he group creates a sense of connectedness by providing acceptance, encouragement, and socialisation' (2011,

p.656). This is echoed by Lloyd et al. who suggest that a supportive environment was seen to be an important element of the experience, linked to participants ability to take risks and be vulnerable (2007, p.213). However, from a study based in Scotland, Parr suggests that the processes in arts in mental health lay the foundations upon which a sense of belonging might be built, rather than fostering social inclusion through the practice (2006, p.151).

Overall, themes related to social inclusion appeared in many analyses and were often connected to an environment where mutual support occurred which transferred to the development of social skills and shifts in perception. The theme also highlights the interrelated nature of processes and impacts of mental health. Such processes are necessarily separated in the interests of understanding each one and assessing impact but deeply enmeshed with each other as part of the overarching process and focus of making art.

3.6 Identity

Linked closely to social inclusion is the theme of identity. In her narrative study, Sagan notes the relationship between art making and how people connected this to the development of a more positive identity (2012). Van Lith et al. also note how, through arts practice, '[c]ommunicating and reflecting on intimate and personal meanings gives a sense of validation.' (2011, p.656). Several articles articulate positive shifts in identity (Lloyd et al. 2007; Stickley 2010a; Secker 2011; Fenner et al. 2018). Lloyd et al. report that this is connected to feeling a new sense

of 'normality' (2007, p.212) inferring a reduction in internalised stigma. This was echoed by Secker et al. who noted that:

For some participants at all six case study projects being seen differently by others was associated with a process of rediscovering or rebuilding an identity beyond that of someone with mental health difficulties' (Secker 2011, p.22)

As with all themes associated with change, a consideration is sustainability of such changes beyond involvement in the arts in mental health project. This is not often addressed, however in Stickley and Eades' follow up study of an AoP project, they found that 'assuming and sustaining new identities' emerged as a theme (2013, p.727). Such a result is promising; however it suggests that further study into the sustainability of changes in identity beyond the facilitated arts in mental health project might be necessary.

3.7 Creativity and artistic skill

The theme of creativity and unique qualities of arts practice emerged in several studies. This element is overlooked in standardised quantitative measures in these studies, yet it is a crucial factor in arts in mental health where the focus may often be upon the creative practice. Observations and themes fell into three broad categories: developing new ways of thinking, the process of being absorbed in the art making, and the development of new artistic skills.

Lloyd et al. list '[i]magination' and '[s]urvival strategy' as elements, connected through the broader theme of expression (Lloyd et al. 2007, p.209). These themes connect to creativity which is a practice of both imagination and expression. Creativity itself may support the development of survival strategy as well as the act

of art making becoming a strategy in itself. Lloyd et al. remark that '[a]rt is useful in developing creative problem solving through experimenting with materials, because the artist brings into reality something that is new and original' (2007, p.210). Spandler et al. (from the same study as Secker (2007a)) remarks that, for the participants, '[t]he art projects enabled them to make their difficulties more visible to themselves and others, and gave them a way of relating to their experiences in new and different ways' (2007, p.795). These themes support Lloyd et al.'s (2007) assertions about the significance of creative practice in a mental health context, suggesting that the processes of innovation and expression within creative practice may be important.

Another process that may be intrinsic to creativity is that of being absorbed in the art making. Case study themes from Secker et al. mark the theme of '[f]ocusing on art' and '[f]ocus and relaxation' as well as '[s]elf-expression' (2007a, p.35). Van Lith et al., also note that '[a]bsorption in the creative process enables a sense of wholeness and perspective' (2011, p.656). These themes connect to the concept of flow (Csikszentmihalyi 1997) which has been identified as a process of arts in mental health practice by several researchers beyond the direct scope of this review (Sellman & Cunliffe 2012, p.146; Brown 2012, p.25; Sagan 2015a, pp.95-97).

The theme of gaining and developing a new skill is also connected to creativity. Stevens marks that '[a] sense of artistic growth seemed to be evident' in his study of recovery colleges (2018, p.10). Stickley and Eades noted, similarly, that one of the themes was: 'practical and aspirational achievements' relating to learning and creativity. Turner-Halliday (2013, p.49) and Holland (2015, p.261) also

mark the development of knowledge and skills of the art form as themes. This theme of learning and skills development is present across projects that have learning as a focus, such as recovery colleges (Stevens et al. 2018), as well as those without a particular educational focus such as arts on prescription projects (Stickley & Eades 2013). This may be connected to the nature of community arts projects and workshops more generally which are likely to have an ethos of knowledge and skill sharing (Kelly 1984, p.18).

3.8 Conclusion

This review surveys the current and recent research on arts in mental health. Facilitated arts practice has shown to be beneficial to mental health and wellbeing according to the criteria of the CORE and WEMWBS measures as well as through processes of developing hope, inspiration and meaning. Further, findings suggest processes and impacts of arts in mental health that may be overlooked or negated if research methods frame practice primarily from a mental health care perspective. The evidence-base may still not be up to the pinnacle of the hierarchy of evidence, however, given the challenges of researching so called complex interventions, using the gold standard of evidence-based practice as it stands (see Chapter 1) and the limitations such approaches incur, perhaps that should not be the immediate goal of researchers in the field. Rather, developing a discipline-specific understanding of practice through qualitative methods before further quantitative studies might avoid the limitation of practice through the application of external frameworks of efficacy.

In the APPG for Arts, Health and Wellbeing Creative Health Inquiry report, they articulate that though there is growing evidence of impact, consistency and quality of research and evaluation varies dramatically (2017, p.10). Further, they suggest 'there is a pressing need for appropriate longitudinal research into the relationship between arts engagement, health and wellbeing' (2017, p.10). This review supports such findings in an arts in mental health context. More longitudinal studies of long-term engagement in arts in mental health as well as follow up studies to explore the longer term effect of changes that occurred during facilitated arts practice are needed. Future researchers also need to be mindful of the problematic elements of the rigours of appealing to evidence-based health care:

There are concerns that attempts to meet these requirements are liable to destroy the very things that they are attempting to address. These are very real and important concerns and must be taken into account in any consideration of appropriate methods for research into this area (Stacey & Stickley 2010, p.71)

As well as developing research to broaden and strengthen the evidence-base, perhaps the aims of the field should more ambitious. Researchers could strive to negate the research agendas imposed in health care by reassessing and framing the processes of arts in mental health practice and developing appropriate ways to assess and articulate such processes. In this way researchers might develop knowledge and understanding of the nuances of creativity and explore the parallels between such processes and feeling mentally well. In this way future research might reconfigure notions of impact and aim for broader arguments of general wellbeing and social justice as well as education and public health discussion. Through these conclusions, this review has shaped and contextualised the methodology chosen for this thesis. Through identifying the gap in processual

knowledge of arts in mental health, it points to the need for a research design that digs deeper in order to find and contextualise the nature of these processes and how they might be significant to impacts relating to mental health and thriving as a human being.

Returning to Matarasso's observations, for researchers are not yet capturing and communicating the nuances of arts in mental health practice:

The greatest social impacts of participation in the arts – and the ones which other programmes cannot achieve – arise from their ability to help people think critically about and question their experiences and those of others, not in a discussion group but with all the excitement, danger, magic, colour, symbolism, feeling, metaphor and creativity that the arts offer. It is in the act of creativity that empowerment lies, and through sharing creativity that understanding and social inclusiveness are promoted. (1997, p.90)

It is, perhaps, these arts related processes that need attending to. To prove this potency more effectively, without diminishing the strengths of creativity we must examine arts in mental health through a more participatory approach that looks closely at outcomes relating to creative processes, in order to capture the potentially valuable nuances of arts practice and avoid losing such elements to the limitations of potentially problematic preconceptions of mental health. The methods and methodology of this thesis have been shaped by this thinking and aim to begin to explore this gap. Further research, beyond the scope of this thesis, also needs to be carried out on an international scale, within different cultural contexts and alongside an exploration of practice in the field.

Chapter 4

Collaborative, sensitive and reflexive: finding methodology and designing method

This chapter explores the ontological, epistemological, ethical and pragmatic decisions made in selecting a research methodology, methods and mode of analysis for this thesis. It also contains an audit trail of the research process for the two studies which provides the data for this research. In previous chapters I explore the theoretical terrain of arts in mental health (Chapters 1 and 2) and current research in the field (Chapter 3). These examinations of the field, coupled with a multi-perspective autobiographical relationship to the research question, have influenced the construction of my methodological approach.

4.1 Terminology

Throughout this thesis I refer to people taking part in the studies and in the workshops as 'participants'. This term is used to distinguish people taking part in workshops from people facilitating or supporting workshops and as such is an indicator of their role in the groups or in the research. In their arts practice these people refer to themselves and are referred to in various different ways: actors; members of a theatre company; writers; artists; Converge students. The use of the word participant does not seek to negate the differing titles people hold and the associated identities they may represent. The title 'participant' is therefore very rarely used by the participants, but it is a useful title here for the purposes of clarity within the thesis. I am aware of the shortcomings of this term as in some

interpretations it indicates a passive role in reductionist research methodology. I am aware of the discussions around participation within the context of contemporary art (Bishop 2006) where it could infer the role of active spectator or member of a community engaging with or being part of a work of art. However, participant also represents the participants in participatory research which has the altogether different meaning of co-researcher (Bergold & Thomas 2012, pp.191-222). In this thesis it is used as a pragmatic title to represent co-researchers and people who have experienced mental ill health and also make art in community based, facilitated groups without the responsibility of planning the workshop itself or directly facilitating the participation of others. Although it must be noted that this distinction is often blurry: participants may facilitate some exercises and in such practice people encourage and support each other's participation and art making (as I explore in Chapter 5 *Developing Group Dynamics*).

Throughout this research I refer to the people running the groups as facilitators although sometimes within the organisation, particularly in Converge Creative Writing, the facilitators are referred to as tutors as the structure of Converge seeks to mirror university courses.

The final group of people I refer to are support workers; these are people who attend to support the workshop, both by supporting the work of the facilitator and supporting people in the workshop who may need help with their participation. When the voices of facilitators or support workers are within the research responses I do not distinguish between them or privilege one before the other. All are then referred to as participants though they were also co-

researchers: constructing meaning with me and exploring for themselves too, whilst often guiding the direction of the research inquiry.

4.2 Stakeholders

This research was commissioned through a PhD studentship offered by Converge at York St John University and the Arts and Minds Network, part of Leeds and York NHS Partnerships Foundation Trust. Converge is a partnership between York St John University and the local NHS foundation trust². The project offers courses (mainly in the arts) to people in York who are accessing mental health services. People do not need to have a formal referral to access the courses and may repeat or revisit courses as they wish, there is no time limit or limitation on the number of courses that people might participate in. Courses are taught and supported by staff and students from the University and people accessing them are referred to as Converge students and as such have access to the university campus, facilities and space. Converge students are offered an experience of university education that is 'both flexible and supportive' (Rowe 2013, p.241). There are opportunities for Converge students to go on to become peer mentors and to run courses themselves. At present Converge works with around 120 people per semester and runs more than 20 semester-long courses per year. Out of Character Theatre Company was established by the cohort of the first theatre course in 2009. Converge courses are based around tasters of modules and degree courses, often

² At the beginning of the research the trust was Leeds and York NHS Partnerships Foundation Trust. During the period of study the contract for York mental health care was awarded to Tees, Esk and Wear Valley NHS Foundation Trust.

facilitated by lecturers and students working in applied and community contexts.

As such the courses are facilitated with a community arts ethos but are structured similarly to undergraduate modules in order to reflect the educational context.

Each course runs across a semester, lasting between six and ten weeks and has a regular cohort for such period. Converge students can use their participation in

Converge courses to evidence their engagement in subjects to support applications to undergraduate degrees at the University.

The Arts and Minds network is an organisation funded by the Leeds NHS

Primary Foundation Trust, as such it:

[A]ims to bring together people in Leeds who believe the arts can promote mental wellbeing. The network is open to anyone in Leeds who wants to see the growth of arts and health - including service users, carers, mental health workers, artists, arts organisations and mental health organisations. (Arts and Minds Network 2011)

The network differs from Converge as it rarely commissions or runs courses,

workshops or projects in the arts, rather it signposts its members to existing

initiatives within Leeds. The network runs an annual arts and mental health festival,

and organises showcases, exhibitions and performances of work for its members.

Due to the differing nature of the organisation, stakeholders within Arts and Minds

requested an investigation into the journey of individuals through various arts in

mental health projects, with a view to understanding the role the network plays

within such journey.

4.3 Researcher positioning and reflexivity

As I set out in the Preface of the thesis, this research is informed by a complex interplay of my different experiences which are intrinsic to my positioning as researcher and to my construction of an ethics of enquiry in this field. The effect of my mother's severe and enduring mental ill health and that of other family members on my perspectives on mental health is significant, as is my own experience of anxiety and depression which interrupted my life for several years. These elements of my personal experience always bring me back to the person behind/beneath/despite the mental distress and such framing has shaped all of the thinking in this thesis. I have also worked within arts in mental health as a theatre facilitator since 2006. For five years I was artistic director and coordinator of One in Four Theatre Company whose mission statement was to advocate, through theatre, for people using mental health services. All of these experiences allow me a wealth of reflective, autoethnographic insights that have been particularly useful in both the research and analysis.

These unique perspectives have had a significant bearing on this research in many ways: in troubling the theoretical terrain; in considering the ethical implications of methodological choice; in selecting the appropriate methods for the studies; in my practice as a researcher; in my depth of engagement with the analysis. Ospina et al. describe a scale of researcher positioning:

1. an insider studying her own practice
2. insiders in collaboration with other insiders
3. insiders in collaboration with outsiders
4. insider/outsider teams working in reciprocal collaboration
5. outsiders in collaboration with insiders
6. an outsider working with insiders

(2008, p.423)

Though the numbering of such positions on the scale may not be useful, a consideration of the different permutations of insider/outsider collaboration is. In my case my positioning as researcher was somewhat fluid due to the varying autobiographical experiences at play within the moment of enquiry. Somekh describes the need for a fluidity of relationship in the collaboration between participants and researchers in action research and the importance of working towards an 'equality of esteem' in the power dynamics of such a relationship (2006, p.7). My ability to span different positions within the research relationship supported collaboration in the research process. When I was articulating an insight or reflection upon the research topic I was often able to locate my reflections within my own experience, this reduced the inequality in the power dynamic between the researcher and the research participant. Such transparency also functioned as an invitation to participants to draw upon a variety of experiences to support their own reflections. Our reflections were focussed on the practice; however these were often discussed in the context of each individual's broad and varied experience. Comparisons were often drawn between an experience in the arts workshop and other similar or contrasting life experiences in order to illuminate the particular quality of practice we were researching.

These personal reflections, documented throughout the research process, and my own creative responses to questions during the research process have been collected as field notes. They have informed my analysis, and occasionally these reflections have been used in the thesis itself. They have been a way of developing my thinking and a holding space for personal reflections where I did not want to lead or shape the collaborative research process too much. I include this

snippet from my own engagement in a creative writing task, reflecting on what was happening to me in the classes, as an example of the kind of reflections I was making:

Tangling, unravelling, circling a thought then striking forwards, outwards, onwards. (Creative Writing Field Notes)

During the analysis I have mainly withheld these reflections as the research is concerned with the people making art in a mental health context, however they have been an important part of the research process as a whole.

4.4 From epistemology to an ethically pragmatic methodology

The research methodology and methods described in this chapter are predicated on the understanding that, historically, mental ill health has been understood primarily through what might be considered a hegemonic epistemology:

[M]arginalized communities are in a very poor position to participate in participatory research projects, or to initiate such a project themselves. This can be observed clearly in two problem areas [...], namely “psychiatric disorders” and “disabilities.” Traditionally, research in these two areas has been conducted as research about the people in question and their problems, rather than with these people[...] This has led to the development of theories and practices that may well be considered helpful by those affected, but may also be perceived as hegemonial knowledge (Bergold & Thomas 2012, p197).

Developing research in the field of arts in mental health such as the work of Sagan (2007; 2011; 2012; 2015a), Stone (2004; 2012), Stickley (2010b; 2012) explores service-user narrative, reflexive, and auto-ethnographic methodologies in an effort to generate what Haraway refers to as situated knowledge:

Situated knowledges require that the object of knowledge be pictured as an actor and agent, not as a screen or a ground or a resource, never finally as a slave to the master that closes off the dialectic in his unique agency and his authorship of “objective” knowledge [...] Indeed, coming to terms with the agency of objects studied is the only way to avoid gross error and false knowledge of many kinds. (1988, p.593)

Despite these developments in researching the field of arts in mental health, there is still an emphasis on impact studies in order to meet the requirements of the hierarchy of evidence of the medical model (as articulated in chapter 1 *Discourses of mental health*) and so secure the position and funding of arts in mental health as a ‘complex intervention’ in mainstream healthcare (Joss & Fancourt 2013, p.4). With this in mind, the studies here reach towards a situated, and democratic epistemology where every effort is made to return the power of knowledge production to the people with experience in the search for increased understanding of arts in mental health. From a post-colonial perspective Almeida describes the necessity for a deconstruction of the dominant forms of knowledge production:

Our ways of knowing (and the dominant paradigms that shape them) need to be deconstructed and deraced in critical scholarship, and the embodied experiences and liminal positions of racialised scholars are pivotal not only to the decolonization of knowledge production, but also to our efforts to challenge the production and normalization of power and privilege. (2015, p.99)

This call for change, viewed through the lens of race, echoes and builds upon the situated perspective. Such critique emphasises the importance of building a knowledge base generated from the experience of marginalised people in order to redress the power imbalances of the ‘dominant paradigms’. Applied to the context of arts in mental health it requires a reimagining of how concepts of impact are

constructed. Sagan expresses similar concerns about the underlying difficulties with traditional methodological approaches in the field:

[A] discourse of evaluation, measurement, targets, outcomes and 'best practice' may, for example, be seen as one utilized and promoted by government as a means of exercising control. Social and political commentators have located such trends in governance in a Foucauldian framework of disciplinary governmentality that controls and erodes the potential political power of community-based, user-led initiatives. (2015a, pp.147-148)

In order to explore the processes of participation in arts in mental health and examine what is happening when we make art together in this context, a methodology capable of capturing such processes through situated meaning making and knowledge generation is required. Only then can new constructions of impact be developed.

The necessity for a sensitive methodological approach was enhanced by my experience as a theatre practitioner working in the context of arts and mental health. The research methods must not hinder the practice itself; particularly if it is the experience of such practice that one is trying to understand. Although an ethnographic methodology might seem the obvious approach, as a practitioner I felt that the presence of a passive or even participant observer would drastically alter the dynamic of the group. Watts describes how '[e]thnography provides a window to the experiences of both individuals and groups' (2011, p.302), and further how a group might become familiar with a participant observer researcher as they become embedded within the group. However this is problematic:

[T]he role of participant researcher may dissolve an onlooker status with significant benefits for data collection. From an ethical perspective, however, the gradual invisibility of the researcher in the field may be an issue of concern. There is also the related question mark surrounding the

extent to which individuals consciously modify their behaviour in the presence of the observer. (2011, p.303)

These ethical concerns with the ethnographic approach: how this maintains distance between the researcher and researched whilst potentially masking such division, made a traditional ethnographic approach inappropriate in the search for a democratic methodology that might privilege the voices of the marginalised.

This potential to adversely affect the practice through the research process was a major concern, arising primarily from my experiences as a practitioner, but also from my experiences as mental health service user. To frame the practice through the context of a research question which assesses whether or not such practice is good for one's mental health or not could limit the complexity of such practice. From my experience, particularly as a director with One in Four Theatre Company, members of the company would principally focus upon their theatrical practice.

People had nuanced identities within the company as many had been members for several years, they had particular skill sets that they could apply to the practice and particular skills they wished to improve. Sometimes these areas of improvement intertwined with a personal challenge such as the intention to take a larger part in a production for somebody who may have difficulty speaking in public, or the wish to explore physical theatre for someone who did not feel very confident about their own physicality. However, this was generally framed by performers as a process of engaging with a performance technique, for the benefit of the practice of the company as a whole. The decisions taken to explore such challenges in relation to mental health or related areas such as confidence, self-

esteem or communication were usually tackled discreetly by the individual. As director my job was to facilitate the needs of both the practice of the theatre company and the needs of individuals, this role was implicit and discussion about personal challenges rarely took the focus of the work, though there was space for that when required. Thus framing any practice as beneficial or not to one's mental health, well-being or quality of life might limit the experience of participants in such arts practice. Such framing carries stigma and limitations to practice, imposing an identity upon the person making art, potentially positioning them as objects upon which the arts are being practiced.

My ideology as a practitioner comes from the heritage of community arts (as articulated in chapter 2 *Discourse of socially engaged arts practice*), with a focus upon democratic practice wherever possible, where decisions are made through discussion and deliberation with the whole group. This is not always achieved in the process of creating work for performance or working to commission, inevitably some decisions lie with the facilitator or director. Transparency of decision-making, and the motivation behind them, in this case strengthens the democratic process and facilitates collaborative input to that decision making. Thus the act of striving toward a democratic approach has always been fundamental to my practice. The role of participant observer – as the person who sits in upon the practice; the researcher whose knowledge is somehow privileged as outsider above those insiderly to the practice; who makes discreet decisions about meaning and significance of moments of practice – does not sit comfortably with my experience and ideology as a practitioner. A more collaborative methodological approach was essential.

4.5 Collaborative action research

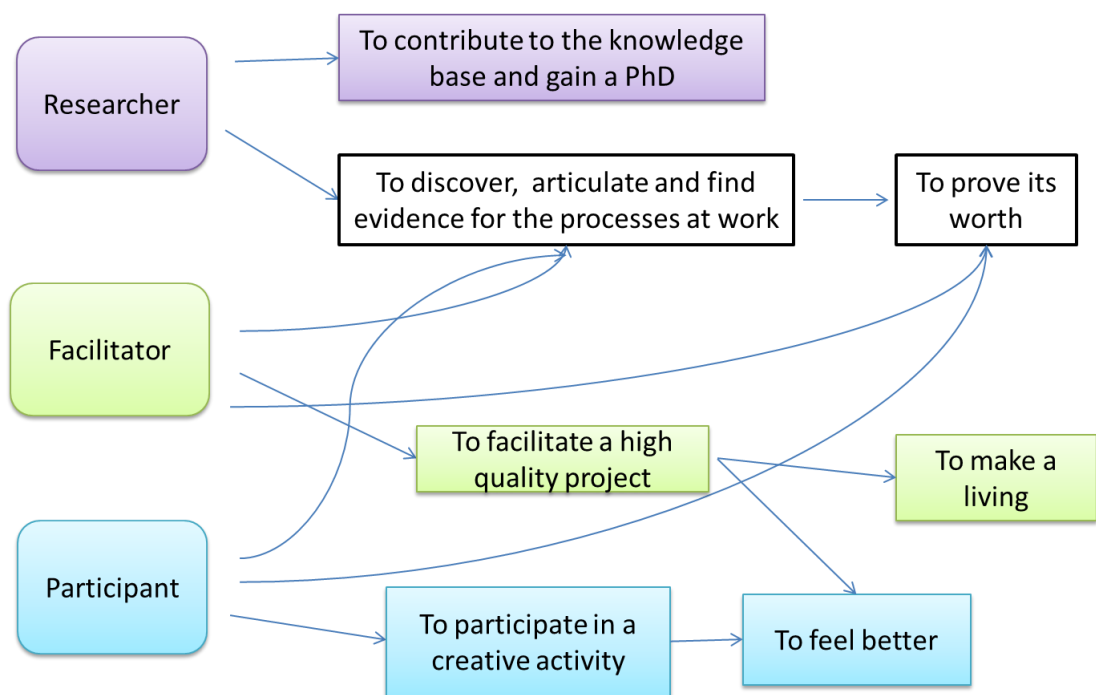
[T]he participatory research style manifests itself in numerous participatory research strategies. Because of the individuality and self determination of the research partners in the participatory research process, these strategies cannot be canonized in the form of a single, cohesive methodological approach, such as, for example, the narrative interview or qualitative content analysis. The dictum of process orientation and the appropriateness of the method to the subject under study [...] is even more important in participatory research than in other approaches to qualitative research. (Bergold & Thomas 2012, p.192)

The concept of participation is thorny in both practice and research. Attempts to shift power balances will always be problematic with important questions around such attempts. In his book, *Conversation Pieces: Community, Communication and Modern Art*, Kester reminds us that '[d]iscursive violence occurs whenever one individual speaks for another, no matter how firmly he or she is anchored within a given collective' (2004, p.130). Such a dilemma does not render the attempt to represent the experiences of others pointless; rather it illustrates the necessity for a deeper engagement with the ethics of inquiry to be at the forefront of any such representation. In striving towards an ethical approach to this research, an understanding of the potential aims of everybody involved in the research in both practice and research enabled a more sensitive approach to inquiry. Figure 2 illustrates some examples of these potentially differing aims, though is not exhaustive.

Collaborative action research is an approach where 'basic principles of openness, communication, and the appropriateness of the method to the subject under study' (Bergold & Thomas 2012, p.195) are at the foreground of the process of inquiry. In action research the role of the researcher 'differs to ethnography

where the participant observer, despite being fully involved with the subjects of the research, attempts to remain objective and deliberately conceals the aims and methods of inquiry' (Schein 2008, p.269). This then is a methodology that mirrors practice; that pays careful attention to the position of the researcher, and strives towards democratic, collaborative, intersubjective meaning making.

Figure 2 Converging aims in collaborative action research



Swantz summarises Moser's three criteria for the validity of action research:

[T]ransparency and traceability (everyone understanding the functions, aims and methods of the research); compatibility of aims with methods; participant researcher becomes a truer expert than an outside observer. (2008, p43)

Such measures of validity were concurrent with the ethical concerns around the effect of the research upon the practice. Bergold and Thomas discuss how 'objectivity, reliability, and validity' (2012, p.213) are the typical quality criteria of qualitative research. By contrast, in action research 'objectivity and neutrality must

be replaced by reflective subjectivity' (2012, p.202). Thus principles of transparency, traceability, reflective subjectivity and a careful consideration for the aims of all participants, coupled with the use of methods sympathetic to such aims, would be the foundations of the research and would be achieved through an action research methodology.

This research is towards a Ph.D. thesis: an examination of my ability to conduct research and make an original contribution to knowledge, this affects the nature of the collaboration in the research process. The initial absorption into the literature by myself as researcher and subsequent framing of the initial question inevitably led to my taking an initiator role in any collaborative research. Such necessary pre-existing conditions prevented a wholly participatory action research approach, rather a collaborative enquiry allowed the process to hold our differing aims and positions within the research. Bergold & Thomas discuss the classification of participatory research, particularly with under-represented communities, suggesting that the level of decision making in the research indicates whether the research is participatory or not (2012, p.200). This is a useful consideration in articulating the collaborative rather than fully participatory methods used within the two studies.

The broad question, 'What are the processes of community-based, facilitated arts in mental health?' was developed through a literature review of both the socio-political context of the practice (see Chapters 1 and 2) and the current research in the field (see chapter 3) carried out by myself. In order to make the question more accessible to the co-researchers within the study during field work this question was sometimes expressed as, 'What is happening when we make art?'

This was then explored in different ways: observations and discussion led to further questions; the question was broken down to explore different elements of practice. The decision making over the direction of the next exploration was collaborative and sometimes directed by each individual participant as personal responses to the questions were developed then reflected upon collaboratively. During the forum phase in particular (see study 1 analysis and validity checking) questions were asked by the participants and ideas explored collaboratively. In theatre and creative writing workshops there was also an element of choice about which questions and aspects of the research would be worked upon and by whom. In this way participants had varying levels of decision-making within the enquiry.

Action research, as a generative and iterative method of inquiry is a useful methodological approach in the quest towards redefining impact. McNiff & Whitehead describe how action research 'is not about aiming for behavioural outcomes (a feature of traditional research) but about generating new interesting questions that open [...] up new possibilities' (2009, p.90). Action research consists of a series of cycles of inquiry, the action refers to the process of changing the direction of inquiry through each research cycle.

In my approach, after participating in a workshop with participants and asking that we take note of our experience, I would begin the first research cycle with the question, 'What is happening when we make art together?' This would lead to discussion of our observations and reflections which would be recorded on a collaborative mind map (see the following section 'Sensitive and appropriate methods' for further details). These maps would lead to reflections and questions and themes for our observations in future action research cycles. In the dance

group I would simply bring these back the following week and discussion would continue around the chosen question that had arisen from the previous cycle whereas in the theatre and creative writing groups I would plan reflective tasks which would explore the questions we had generated. We would then begin a new cycle the following week, sometimes working as a whole group upon one question or theme, other times breaking off into smaller groups or for individual reflection. We would always come back to the whole group in order to explore similarities and differences in our responses and to consider further questions and themes that had arisen from such investigation. In this way we followed the action research cycle process of planning, doing, observing and reflecting (McNiff 2013) although such a process was not necessarily linear and could involve smaller spirals and loops and the generation of subthemes within themes and smaller cycles of enquiry.

4.6 Sensitive and creative methods

Participants in Converge Dance raised a concern, early on in the negotiation around participation in the research, (see study 1 audit trail for details of sampling processes and details of the groups) about the problem of introducing oral reflection upon a practice where such translation of experience through verbal constructions of sense making might alter that experience. This inspired the use of different creative methods which might least interfere with the mode of creativity of the practice upon which we were reflecting. Such methods are similar to arts-based research which McNiff defines as:

[T]he systematic use of the artistic process, the actual making of artistic expressions in all of the different forms of the arts, as a primary way of understanding and examining experience. (2008, p.29)

An instant camera was provided in order to facilitate the capturing of moments of practice by myself and participants in a way that might be quick and unobtrusive. Graphite, coloured pencils, pens and paper for sketching and writing and an audio recorder for people to verbally reflect upon the practice were also provided. In other contexts similar, but different, sympathetic approaches were adopted. Out of Character Theatre Company were willing for me to facilitate particular theatre based reflection exercises and drawing reflections during my time researching with them. In creative writing reflections were made through creative writing tasks. In dance instant photographs were used as well as mind mapping by the participants.

Mind mapping was used with all the groups as a way of capturing different ideas from individuals in a group towards a group meaning upon a particular theme or moment of practice. As Reason describes, mind maps were used as 'a tool to aid research process sense making' (2010, p.3). The non-linear nature of mind maps facilitated a collaborative response without direct links being made to cause and effect. Mind maps allow us to 'think in different shapes, in spirals, in loops and waves, in radial circuits, in the recurring patterns that ground the chaotic mess' (Reason 2010, p.5), this collaborative non-linear thinking process facilitates an intersubjectivity of meaning making as different subjectivities (comments or reflections by different individuals) can be viewed together and constructed into an intersubjective response.

It is in the space of the intersubjective – the lifeworlds we inhabit, and in which we encounter one another as persons – that the possibility of truth

and moral rightness presides, not in the consciousness of individuals participating in the discussion. (Kemmis 2008, p.129)

Such intersubjective meaning making mirrors the intersubjective practices of group art making, further it strives towards yielding a kind of truth about the group experience of making art together.

4.7 A second study

The agendas of the commissioners contributed to the research methods chosen for these studies. Where an embedded action research process with Converge could explore the research question from *within* the group practice, a method which would facilitate an in-depth understanding of an individual's experience of the processes of arts and mental health was also required. Thus the stakeholders' intentions for the research played a part in shaping the methods used, particularly for the second study. Though the action research study might give a particular picture of the processes happening within arts and mental health, such a picture would be relevant to that particular group at that particular time. Researching with different groups, across different disciplines would help to broaden this view. I felt that the research would be strengthened by a second study which explored the question from an individual perspective, which would engage with individuals over a longer period of time to explore changes over time, and within experiences of different practices. This also met the needs of the stakeholders in the research: both organisations wished for insights into their particular approach and role in people's experience of arts in mental health.

Thus it was decided to carry out interviews with individuals participating in such projects, both within Converge, *and* through the Arts and Minds Network in order to ascertain similarities and differences between such experiences. These interviews would be carried out over the course of nine months to a year in order to gain an understanding of fluctuations in experience over such a period. Such a second study would support insights into the specificity or potential generalisability of findings from the first study. It was necessary to find an interview method which complimented the action research methodology, which valued intersubjective meaning making and could subvert or challenge the power dynamics between the researcher and the researched: a narrative interview approach was taken.

In researching arts and mental health, the narrative interview has been used by both Stickley (2010b; 2012) and Sagan (2015a; 2012; 2011; 2007), as such it provided a methodology tested within the field which might support the innovative nature of the methods used in study 1. In this interview technique, the use of open questions, which allow the participant to frame and construct a narrative around the research question, building their own story and meaning around the question, leaves control of the contextualisation of the meaning making with the research participant. This approach does not negate the inevitable subjectivity of such responses, dependent upon the time, place, and context in which the question is asked, however it does place the initial contextual grounding and meaning making in the hands of the participant.

There is no such thing as a neutral language spoken in a detached impartial voice devoid of context. Human beings are embodied beings set within a social world; we speak from a particular position in space and time in which our perceptions are subject to constant judgments originating in our unique

positions in culture and history. Thus, the dialogical basis of subjectivity grounds our understanding of a moral life. (Thomas & Longden 2013, p.122)

There is then a level of interpretation during analysis by the researcher, there is also a duality of meaning making in responsive questions by the interviewer, however in the narrative interview these are kept to a minimum. The interviewer remains cognisant at all times of the ability to affect change in the construction of the narrative with every question or interjection. Such duality of meaning making is inescapable as 'narratives are always a product of the relationship between the interviewer and the interviewee.' (Hollway & Jefferson 2000, p.45). Hollway and Jefferson argue:

for the need to posit research subjects whose inner world cannot be understood without knowledge of their experiences in the world, and whose experiences of the world cannot be understood without knowledge of the way in which the inner worlds allow them to experience the outer world. (2000, p.4)

Thus the narrative interview requires the interviewee to construct the context of their response with as little prompting as possible on the part of the interviewer, the interviewee describes as much or as little of the context to a particular reflection or series of reflections as she deems necessary in order to construct the meaning in the narrative. Interview questions are as open, broad and sparse as possible so that the interviewee constructs the elements of the narrative, choosing what is important to tell, what constructs the meaning they are making.

Hollway and Jefferson talk of the considerations to take into account when researching with people they call 'defended subjects' who:

- May not hear the question through the same meaning frame as that of the interviewer or other interviewees;
- Are invested in particular positions in discourses to protect vulnerable aspects of the self;

- May not know why they experience things in the way that they do (2000, p.26)

Thus it is possible to see how the narrative interview is a research method which allows a sensitivity to the existing discourses within mental health care and as such fits within the action research methodology and complements the arts based research methods used within the group investigations. The use of narrative interview as research method still relies on an intersubjective meaning making between the interviewer and interviewee, however the use of narrative brings the interviewer closer to the subjectivity of the interviewee, thus giving an insight into an individual's experience as Walker describes:

The exchange of stories challenges our complacency as interpreters 'outside' the story and make us aware that our own place in the world plays a part in our interpretation and shapes the meanings we derive from them. [...] Through narrative, we stand some chance in our own practitioner experiences of bridging the separate worlds [...] and divisions of age, ethnicity, race, gender and religion. (2007, p.296)

In order to further strengthen the mixed method approach, narrative interviews took place three times over the course of between nine months and a year and at the end of the final interview, interviewees took part in a mapping exercise based upon the findings from study 1. This process is described in greater detail in the section *Study 2 Audit trail*.

4.8 Study 1 Audit trail

4.8.1 Sampling, recruitment and ethics

In order to develop an understanding of the themes of process across different disciplines in arts in mental health I chose to work with three different disciplines within Converge: Out of Character Theatre Company; Converge Dance;

Converge Creative Writing. This enabled a study of themes of process across both performance and non-performance-based art forms, although there is a small element of performance within creative writing workshops, and the opportunity to perform one's writing, it is not intrinsic to the practice. The decision to look across different art forms is explored in Chapter 2 *Discourses of socially engaged arts practice*. In exploring different ways to consider the impact of arts and mental health practices the studies here seek to find themes of process that are common to all arts disciplines. In study 2, research participants are often involved in multiple art forms, and visual arts was frequently mentioned by these participants. In these studies the common themes are drawn out and also the factors that make each art form unique as some themes occur in some art forms and not others, this is discussed in parts 2 and 3 of the thesis.

The initial action research study was submitted for ethical review to the York St John University Research Ethics Sub Committee (URESC). It was also discussed informally with Ms Audsley, the Research Governance Manager of Leeds and York NHS partnerships foundation trust in order to clarify whether a formal NHS research and development ethical review was required. Audsley confirmed that it was not necessary to undergo NHS ethical clearance as participants of the research, recruited via Converge or via the Arts and Minds Network, were not recruited via the NHS, nor were they necessarily receiving treatment through the NHS at the time of recruitment. Further, disclosure of engagement with NHS mental health services was not requested as part of the research and therefore University ethical clearance would be satisfactory (See appendix A).

An initial application to York St John URESO was made, and clarification was sought by the committee about the details of what I had termed creative methods. These were clarified as the use of photography, drawing, mind mapping and theatre exercises. The committee also wished to see the exact wording of any participant information given at the point of recruitment and consent taking. This was provided and ethical clearance was granted (See appendix A).

The director of Converge and support staff were approached initially in order to decide upon the three groups that would be part of the first study. Consideration was made to the level of experience of the group, the dynamics of the group and individuals within it, and the experience of the group facilitators. Diversity in all of these factors was sought in the decision-making process. The second wave of this was approaching the individual facilitators of each group and discussing my intentions as a researcher, the research question, the approach I would be taking, and the requirements for time space and input from the facilitator. How, where and when I would carry out the research was negotiated with each facilitator initially and concerns about the impact of the research upon the practice were discussed and steps taken to limit any negative impact. I also visited each group and spoke to them as a whole about the research project. The final element of gaining consent was to go through participant information sheets and consent forms with individuals on a one-to-one basis.

4.8.2 Participant concerns and creating a safe space

Coming to the research with the different perspectives I have articulated above, and with a strong ethical decision-making process concerned with the

power dynamics in my choice of research methods, I was surprised to find that some individuals within the groups were very reticent about my researching with them, to the degree that two complaints were made about my approach to the groups. The complaints were concerned with the position and power of the researcher and the effect that it would have upon the group as well as potential negative impacts of the research upon the group and practice. They were made to the director of Converge and handled initially through the processes of the organisation.

In Out of Character Theatre Company this was addressed through one-to-one discussion in negotiations with one participant to clarify my aims and ethical approach, followed by a detailed further discussion with the whole group about the implications and repercussions of the research process and about my approach both personally and ethically to the research. This included a disclosure of my own experiences and position in relation to research questions. Such transparency supported the process of developing co-produced knowledge. It was an important learning moment in the importance of both transparency and shared experience when working with 'defended subjects' (Hollway and Jefferson 2000, p.26). Following this all the members of the company agreed to participate in the research and completed individual consent forms.

In Converge Creative Writing, where the practice is more individual in nature, some members of the course did not want to participate in research while several others did. I offered to carry out an initial taster research session which would give potential participants an opportunity to understand what was involved. Following this it was negotiated with the facilitators and those still wishing to

participate in the research that we would meet before sessions in order to explore the research question. It was also agreed that I was permitted to participate in the creative writing workshops in order to reflect upon my own participation and the general way that the group worked, however as some members of the group had not consented to be part of the research I could not make general observations about the group as a whole, or about individuals within the group, nor did I discuss the research process within creative writing workshops. All of the research process with the creative writing group happened before the workshops each week. In the first meeting research participants completed consent forms and embarked upon the research process.

In Creative Writing, participants would attend these research sessions as they wished; some came every week, some only a few times. This difference between the full group participation of Out of Character Theatre Company and Converge Dance and the partial group participation of members of the Converge Creative Writing would result in a different form of intersubjectivity in the development of the themes of process. Here action research cycles were decided upon through discussion and reflection upon the previous week's practice within the group, then participants responded individually by reflecting through creative writing upon the subject of that particular action research cycle. These individual, subjective, responses were then discussed and through such dialogue a group decision was made about the next action research cycle. In this way, the creative writing group developed intersubjectively identified themes, but the responses to these themes were subjective to each person's response. Thus the nature of the

intersubjective interaction and meaning making within creative writing differed from that of the theatre and dance participants.

The concerns of the participants echo the understanding of the discourses of the arts in mental health about the power dynamics related to traditional approaches to mental health care (Hornstein 2010; Bracken et al. 2012) and the role of community arts as a space where such power dynamics are subverted (Kelly 1984). Some participants clearly had concerns that the neutrality of the arts practice would be compromised by a researcher entering into the space and working with them. Perhaps this is related to the traditional research role where the researcher holds the power of meaning making and knowledge production. Bergold and Thomas discuss the requirement within action research for a safe space and level of transparency:

In order to facilitate sufficient openness, a “safe space” is needed, in which the participants can be confident that their utterances will not be used against them, and that they will not suffer any disadvantages if they express critical or dissenting opinions. It is not a question of creating a conflict-free space, but rather of ensuring that the conflicts that are revealed can be jointly discussed; that they can either be solved or, at least, accepted as different positions; and that a certain level of conflict tolerance is achieved. (2012, p.196)

This necessity for a safe space in the research mirrors what Hunter describes as safe space within community-based performance practice (2008). This highlights the compatibility between the research approach and the practice, both attempting to create a 'safe space' within which to explore, avoiding traditional hierarchies and hegemonic power dynamics whenever possible. In some ways this safe space was strengthened by the concerns of potential research participants,

enhancing the requirement for transparency and my own sense of needing to disclose my multiple positioning as researcher. It was important that I disclosed that I was not the pseudo-neutral outsider but rather I carried many perspectives which would enable a respectful and ethical process and would avoid compromising their artistic practice.

Group	Number of participants	Number of research cycles/sessions attended	Methods
Converge Dance	10 (whole group)	6 research cycle sessions + performance	<ul style="list-style-type: none"> • Instant photography • Collaborative mind mapping • My own field notes
Out of Character Theatre Company	13 (whole group)	6 research cycle sessions + 11 sessions of support/facilitation + performance	<ul style="list-style-type: none"> • Instant photography • Reflections through making theatre images • Reflective drawing • Collaborative mind mapping • My own field notes
Converge Creative Writing	9	8 research cycle sessions	<ul style="list-style-type: none"> • Reflection through creative writing exercises • Collaborative mind mapping • My own field notes

Table 2 Details of collaborative research cycles

My intention was to provide various materials for reflection by myself, workshop-participants, facilitators and support workers to enable us to document our reflections on the workshop while we were working, in between exercises. In order to do this I brought paper of various sizes, graphite and coloured pencils, a digital audio recorder for oral reflections and an instant camera to enable the

capturing of what was happening. The intention was to facilitate the opportunity for reflection whilst simultaneously causing the least disruption/interruption of the workshops.

Naturally there is an inevitable effect of reflecting on practice in a new way which may alter that practice to some degree but as I have described within this chapter, understanding the differing aims and roles of myself and research participants, as well as being clear from the outset that one such outcome of the research may be a deepening ability to reflect upon one's own practice: such transparency made the possible changes both ethically and epistemologically acceptable. It was hoped that these changes would be beneficial to participants and would serve their aims for participating in the research, but I made every effort to carry out and facilitate this reflection in keeping with the practices of the group. I negotiated this with the facilitator before beginning the research and then again with the whole group at the beginning of the process.

Table 2 details the different methods used within the different groups and the number of research cycles carried out with each group. These varied due to the limitations imposed upon the collaborative investigation in relation to the length of courses, the time it took to gain consent, and the length of time groups were willing to participate in the research. There was also a consideration of data saturation, in that the collaborative methods produced a large amount of data and there was a limitation to how much I as a lone researcher could process and analyse.

My involvement with Out of Character Theatre Company was longer than with the other two groups. This was due to the sudden departure of the previous

artistic director during the research process and the need for the company to continue weekly meetings and be facilitated. As theatre practitioner and researcher I could combine the practice with the research in order to carry out the enquiry with the company to our reciprocal gain. Despite the difficulties initially in gaining consent, the company were happy for me to continue the inquiry with them until a new artistic director was selected.

4.8.3 Analysis and validity checking

The analytical process for the first study happened in a number of stages. Firstly the action research process itself has levels of analysis and reflection within it as an integral part of the process. Through the task of developing some sort of intersubjective agreement we are analysing our individual responses towards a theme or consensus, or towards understanding the elements, the constituents of the processes which feel significant to us. Secondly through thematic coding using the analysis tool Nvivo, I allocated different themes to the various pieces of data: field notes; mind maps of particular processes or ideas; drawings; reflective writing; photographs; theatrical images and so forth. This analysis was done piece by piece by reading and re-reading, examining and re-examining the material and gradually developing themes which best fit that material. Though this phase of the analysis pulled the research back to my thought processes as researcher, it was followed by a process returning this to the collaborative mode of inquiry.

In the next stage of analysis, I went through a process of analysis checking: bringing the initial findings back to the people making art. I presented these themes and their constituent materials to a forum of participants who had been a

part of those initial action research investigations who then checked and validated the themes, found new links and suggested possible relationships between themes. Over the course of three afternoons, participants of the forum read through the material grouped together in the themes from my initial analysis and made notes and observations upon these. This was followed by a discussion which incorporated reflections by the participants upon their wider experience of arts in mental health, and arts practices in general and how these related to their experiences during the research study and the themes of process from my analysis. I then re-examined the thematic coding in light of these discussions. No significant changes were necessary as the forum had not contradicted the initial analysis, however links between the themes were explored and clarified which supported the development of my analysis and led to further refinement of the analysis into more complex subthemes. The forum also clarified differences between the practices within the different disciplines and how the themes of process might differ between them; such analysis is discussed in parts 2 and 3 of the thesis.

This process of analysis in conjunction with the collaborative approaches to research held the project and the knowledge produced as a co-researched process. During these analysis discussions my conclusions were not fixed, and the insights of my co-researchers deepened the developing knowledge.

4.9 Study 2 Audit trail

4.9.1 Sampling, recruitment and ethics

For study 2 a separate application was submitted to York St John URES and accepted (see appendix B). A callout flyer was created in order to recruit

participants. This was sent to the Arts and Minds network for publication in their newsletter and for an email call out to their members. The sampling criteria for the study required people to be currently engaging in facilitated arts workshops, to consider themselves to be experiencing mental ill health, and to be willing to be interviewed on three separate occasions throughout the course of a year.

Potential participants had to answer two questions in response to the callout in order to clarify that they fit the criteria of the research. The callout was placed and people responded by email. This callout process took place within the Arts and Minds Network in Leeds and within Converge at York St John University. An additional criteria for this study with Converge students was that participants had not been part of study 1. Participants recruited through Arts and Minds were offered a £15 stipend per interview towards the expenses accrued (such as travel) in participating in the research. Participants recruited through Converge were offered a meal in the University canteen in consideration of the time taken to participate (there were unlikely to be travel expenses as the interviews took place on campus where Converge courses are held).

Several people responded to the call out from the Arts and Minds Network, some of whom were not currently engaging in arts workshops and so were not eligible for the study. All the others were invited to an initial meeting to explain the process of the research where the participant information was read through and questions were answered. Participants then had to return a signed consent form in order to be part of the study. From Arts and Minds, five people took part in the study. Over the course of the year of interviews, one participant did not actively take part in any arts workshops during the period, another participant was

taking part in numerous self-help groups, as well as arts in mental health workshops, and frequently conflated the experiences of the two different types of workshops in the interviews, thus these two participants were excluded from the analysis. The other three were included.

At Converge, nobody responded to the initial email callout. Therefore a support worker was approached and went through the list of Converge students that matched the recruitment criteria. Four participants were recruited; they completed the consent forms at our initial meeting. One participant only completed the first interview and declined to respond to attempts to arrange subsequent interviews, consequently data from the single interview was excluded from the analysis. The other three participants completed all three interviews and have been included in the analysis of study 2

4.9.2 Interview procedure and analysis

Table 3 shows the questions asked during the three interviews which took place over the course of between 9 months to a year. Interviews were conducted in private and recorded, then transcribed by me. Questions were asked according to the schedule and participants encouraged to talk and construct their answers with as little interjection from myself as researcher as possible. I took detailed notes throughout, aiming to make such notes using participant's terminology, rather than interpreting the language. Sometimes clarification was sought about elements of the narrative produced by the participant at the end of the interview, based upon the notes I had made. At the end of the interview I read back my notes to the participant and sought clarification as to whether I had missed anything they felt

was important or had misunderstood any of the narrative. Participants would then clarify, or add to, their original narrative.

At the end of the third interview I carried out a process mapping exercise with each participant based upon the themes of process that had emerged from the first study. This facilitated the collaborative process with the interviewees. In the second study I had remained quiet, a listener and witness to the narratives being told. This, in some ways, felt at odds with the collaborative nature of the first study. The process mapping workshop enabled this collaborative element in study 2 and also felt like a way of sharing the work with them, hopefully enriching the experience of participating in the research.

The mapping workshop consisted of working through seven boards, each exploring an element of the research from study 1; particularly the primary themes of process (see Chapter 5 for further detail):

1. **Theoretical fields of arts in mental health:** mapping where particular projects fitted within the contexts of different forms of arts practice relating to mental health.
2. **Types of risk-taking in arts in mental health:** what forms of risk-taking have occurred during particular moments of practice?
3. **What does the group look like?** to make a pictogram of the group dynamic of a particular project using paper figures, arrows and labels.
4. **Phases of practice** to consider what the quality of different modes of practice are and moments which might be examples of such modes – playing; developing; practicing; sharing.
5. **What are you in control of in your practice?** Marking moments of practice when one is in control, not in control or partially in control of what is happening.
6. **Flow in your practice:** Marking moments when one feels in flow in practice.
7. **Blue sky thinking:** reflections upon completing the other boards or elements that are missed through the exercise.

Each board represented a primary theme from study 1. The audio recorder was turned off for this exercise and responses were in the form of written comments

upon labels which asked participants to consider moments from their practice which related to the particular theme or concept and articulate them thus:

- Name of project
- When did this happen?
- Reflection

The mapping exercise was initially tested during the Love Arts York Conference at York St John University in July 2015. The reflections made by delegates from the conference upon the different boards were used as examples to help facilitate the interview participants to reflect upon the themes of the boards (though these were not included in the analysis). Reflections made by each participant were also left on the boards for the subsequent research participants to read through during their experience of the exercise. This was done in order to further facilitate collaborative, intersubjective meaning making and to bring the narrative interview process into the collaborative action research. Through this process participants had an opportunity to gain an understanding and insight into the wider collaborative research project they were part whilst carrying out this exercise at the end of the series of interview meant that interview data was subjective to each person. The exercise aimed to facilitate a process of intersubjective meaning making with the participants of study 2. Several participants noted how interesting it was to understand the wider research and that the exercise was helpful in developing their understanding of their own practice.

Each interview was transcribed by me and uploaded into the Nvivo database used for study 1. The notes made by participants in the mapping

First round of interview questions

1. Can you tell me about your experiences of creativity through your life and what they have meant to you?
2. Can you tell me what happens for you in that facilitated space of the arts workshop?
3. Can you tell me about any workshop experiences that you particularly remember and what happened in those experiences?

Read through notes I have taken and check for clarification

Second round of interview questions

Begin with a brief recap of what we discussed at the last interview.

1. Can you tell me what's been happening for you creatively since we last met?
2. Can you tell me about any workshop experiences that you particularly remember and what happened in those experiences?

Read through notes I have taken and check for clarification

Third round of interview questions

Begin with a brief recap of what we discussed at the last interview.

1. Can you tell me what's been happening for you creatively since we last met?
2. Can you tell me about any workshop experiences that you particularly remember and what happened in those experiences?
3. Looking back over the last x months/year since our first interview can you tell me what, if anything has changed for you, in terms of your creative experiences or practice and what these changes have meant to you?

Read through notes and check for clarification

Process mapping workshop

Table 3 Interview schedule

workshop were also transcribed and uploaded into Nvivo and analysed with the same thematic framework. As such the thematic framework developed through

study 1 became the framework for the analysis of study two. The material from study 2 was then analysed using this framework and correlations and differences were tracked through analysis notes.

4.10 Conclusion

Through this chapter I have sought to illuminate the reasons for the methodological choices I have made as well as detailing the various methods, validity checking processes and adaptations that were employed through the research contained within this thesis. The decisions here are underpinned and motivated by my own multiple perspectives of personal experience as carer, mental health service user, survivor, and arts in mental health facilitator. Such researcher positioning has guided my macro choices in research design such as methodology and methods, as well as the micro choices required during field work including how I collaborated with participants, how I negotiated research consent, how I shared my experiences, and how I facilitated the research process at any given moment.

The design for the research was based on an ethical imperative, driven by my personal experience, to find a methodology and methods that would develop a situated knowledge and to do this whilst disturbing the practice as little as possible. I used collaborative action research as both a research method in study 1 and as an epistemological foundation for all of the research, with principles of transparency, traceability, reflective subjectivity and a careful consideration for the aims of all participants, along with the use of sensitive and creative methods that mirrored

the practice under investigation. This epistemology also drew me to the decision to incorporate another element of collaboration during the analysis through the research forum. Doing this allowed me to return again, to the voices and insights of the people making art.

The epistemological principles of collaborative action research also guided my choices for study 2 and the decision to use narrative interview approaches that would allow the construction of the narrative of experience to be held by the participant. The final collaborative element of facilitating the mapping workshop with interviewees allowed collaboration to be drawn into this study as well. This was crucial, not necessarily in the findings it produced, but in the process of including every participant in the journey of exploring the new knowledge that we were creating together.

It will always be problematic and, perhaps impossible, to create a truly situated knowledge of arts in mental health when there is a level of interpretation and curation by the researcher. I have held Kester's warning, of 'discursive violence' whenever one person speaks on behalf of another, in mind (2004, p.130). However, the methodological choices presented here have brought the findings of this thesis close to a situated knowledge of arts in mental health, constructed through collaboration between me as researcher and the people making art together.

Part 2

Themes of process

Chapter 5

Developing group dynamics

This chapter explores the intrinsic process of developing group dynamics that occur when making art together in a mental health context: what is particular about the group dynamic in a mental health context; how cultures of mutual support develop; how the discipline of an art form is nurtured through the experience of play; how identity may shift and grow through immersion in the group art making experience.

Disciplines such as psychotherapy and occupational therapy have long utilised the processes that occur in group work to support the improvement of mental wellbeing for their clients. Such disciplines use group work as an instrument to aid the development of a sense of self and resilience through relational encounter with others, nuanced by the particular dynamics that occur within groups. In arts in mental health, however, the art is the focus and the group dynamics develop in order to make the art. This is an important distinction. This distinction was significant to members of Converge Dance when we looked at groupness during a research cycle. There had been some mention of how they worked together so I suggested the cycle topic 'group'. People generally agreed this was a good area to look at but a couple of more vocal group members suggested that group was too much of an analogous term, reminiscent of therapeutic contexts, rather, they felt like a collective, including the facilitator, and decided on that as the title of the research cycle.

In order to contextualise the experiences of group dynamics described by participants I will first introduce three theories of group dynamics and group development – Yalom's theories of group psychotherapy (1995), Mosey's concept of developmental groups in occupational therapy (2018) and Wenger's communities of practice (1998) – that may offer insight into such processes. Through the application of these theories to the experiences of participants, this chapter articulates how the dynamics of an arts in mental health group may create a context for personal development. Crucially, the practice maintains the focus on arts practice, rather than improved wellbeing. Potentially, this focus offers a participant choice and control over which art form to practice, the type of group they join, and with that, the potential level of risk-taking process they might engage with (this will be explored in Part 3 *The process of risk taking*). This is an important difference in this practice to the therapeutic use of groups where the engagement with the group is the therapeutic intervention. Here, instead, the immersion in the group dynamic is both a product and a condition of the engagement in the art form.

5.1 Group structures in practice

It is worth taking a moment to reflect on the practical dynamics of the groups to provide context to the experiences described and a picture of the groups I co-researched with. The studies in this thesis have focussed upon the experience of participating in community-based arts in mental health groups. The term 'community-based' arises from the language of mental health care where it denotes any intervention, treatment or activity that occurs outside of the hospital

setting. The community-based setting then indicates a particular set of possibilities relating to how the group is formed, run and accessed by individuals. There is also great variety within this set of possibilities which this chapter explores. Participants may have been discharged from hospital-based treatment and signposted to an activity by a mental health professional; be self-referring to support their own mental wellbeing; or may simply be taking an arts class that they have access to because they have a diagnosis of mental ill health. The organisations from which participants have been recruited were both education focussed, in the case of Converge classes, and arts focussed in the cases of the interviewees who often compared experiences of different arts in mental health groups in order to articulate particular qualities of the participatory experience. These differing foci often denote the contextual framing that occurs for participants as they access an arts in mental health group and sometimes shapes the rhythms of the group into courses, terms or ongoing practices. Such context may also have influenced how participants engaged with the arts in mental health groups. Interviewees sometimes compared these group experiences to their personal relationship with creativity and explored the impact of the group experience upon their individual arts practices.

During the research process, I observed different styles of group. Interviewees also described different approaches taken by different facilitators. There were obvious differences between disciplines which often inhabited the lexical and practice traditions particular to each art form. In Converge Dance there was an emphasis on movement rather than speech, and of finding movement, whereas in the theatre company, material for performance was devised through

discussion and improvisation. Such discipline specific dynamics shaped the group processes differently. A uniting element for all the groups was that rather than approaches to mental health taking the lead the groups followed the shape of practice which aligned to each art form. There were also differences in the way work was facilitated depending upon whether the creative output would result in a group product or a solo endeavour.

In groups focussing upon a group creative output such as theatre or dance this is a broad model of the way work is created: beginning with warm-up games or ice-breaker exercises, groups are usually offered a stimulus or topic around which to create new work, exercises are then facilitated to develop material relating to this, over a session or number of weeks this material is gathered, developed, and edited into a performance. This is usually a collaborative process carried out in sessions or the facilitator might bring an edited version of what was developed a previous week which is then developed and edited further with the group collaboratively. In groups with a solo creative output, the initial stages are similar, however the development and editing phases are usually led by the individual with the support and guidance of the facilitator. In such groups there might not be such a focus on editing and development towards public sharing. These are broad descriptions of these processes as I observed as a participant observer and as was described to me by participants, rather than reducing or generalising the myriad ways that different practitioners work in different art forms, here they are meant to provide a basic understanding of structure which might support the exploration of different sub-themes within the development of group dynamic.

To contextualise the significance of the group experience in arts in mental health, it is helpful to explore some of the theoretical constructions around group dynamics and how they might relate to mental health.

5.2 Group dynamics in psychotherapy

Yalom's writing on group dynamics, from the discipline of psychotherapy, is a foundational text in various therapeutic disciplines. He talks of the potential for the corrective re-experiencing of the family group through the experience of group therapy, suggesting that the structure of the group mirrors that of the family with the therapist(s) as parent(s) and other group members as siblings (1995, pp.13-14). He suggests that 'it is inevitable that, sooner or later, the members will interact with leaders and other members in modes reminiscent of the way they once interacted with parents and siblings' (Yalom 1995, pp.13-14). Through this interaction, relationships that might have been problematic in early family life, may be re-explored and shifted, with new roles and dynamics being established. This creates an adult relational playground of sorts, supported by the therapist (or perhaps the facilitator in arts in mental health settings but I will return to this later).

Yalom asserts that group structure mimics the family group and as such has therapeutic benefits; however the group context has another interesting process at work. Fehr articulates this:

The life of a group is analogous to the life cycle of a human being in a compressed form. If we look at the life cycle of or developmental stages from perhaps a different perspective than the usual, we can see that the

stages of psychosocial development proposed by Erik Erikson [...] compare rather interestingly and, in some prominent cases, similarly to the developmental stages of group therapy proposed by many contemporary authors. (Fehr 2003, p.85)

Describing the development of a group in a therapeutic setting, Fehr explains that 'the developmental stages of a group inherently involve a two-track phenomenon: (1) the recapitulation of an individual's developmental stages and (2) the developmental life cycle of the group itself' (Fehr 2003, pp.85-86). As the group develops, so does the individual. In this way, inevitable relational challenges and dynamics may occur over a period of time spent being part of group which must be overcome in order to continue one's practice with the group. The group, in a psychotherapeutic context, is facilitated to support such developments, both within the group as a whole and also within the individual members of the group. However the stages themselves occur in response to a group's interaction, each stage is unplanned and not-specifically facilitated. Rather what is facilitated in a therapeutic context is personal and interpersonal reflection and intersubjective meaning making around individual experiences and group experiences. These stages of the group occur as an inevitable part of the life-cycle of the group and may be intensified and reflected upon in a therapeutic context. Through observation and from the findings in this chapter I suggest that the arts in mental health group, particularly those that are long-lasting or ongoing, go through similar developmental processes and as such both mirror the process of, and provide the environment for, individual development. In this way, arts in mental health groups may offer opportunities for personal development through similar processes to those that occur in the group psychotherapeutic context, however the focus is on

the arts practice. Later in this chapter I will discuss the elements that contribute to this from the analysis of findings in the research.

5.3 Applying a typology of groups

A second theoretical framework with which to explore the process of developing group dynamics can be found from the discipline of occupational therapy, the experiential processes of group dynamics are used as a complex tool of therapeutic intervention. In this context groups are designed specifically to produce particular types of experience for the 'patients' with different kinds of relational challenges. Mosey articulates a typology of groups which she suggests belong to a continuum of group types which may be utilised to provide different forms of therapeutic intervention (2018, p.100). According to Mosey, such forms are 'structured in such a manner as to stimulate the various types of non-familial groups usually encountered in the normal development process' (2018, p.98). The five types are given names according to their structures and factors such as: how much a group is facilitated or self-governed; whether it is focussed on mutual support or a particular task; how long the group is set up. They are identified as 'parallel, project, egocentric-cooperative, cooperative and mature' (Mosey 2018, p.99). According to Mosey, group members respond differently to the different group types and accordingly different therapeutic benefits may be gained from each type. In exploring the validity of Mosey's taxonomy, Donohue posits some assumptions worthy of further investigation, including the idea that different types of activity will yield different types of group dynamic (1999, p.45). It is worth

considering these differences in relation to examples of arts in mental health groups, thus doing so might support an understanding of the nature of the different group related processes at work in any particular arts in mental health workshop.

In Converge Creative Writing, participants usually work on individual creative tasks, occasionally working in pairs or small groups for a particular exercise. There is a mutual process of sharing work, listening and offering feedback but for the most part this particular group could be described as one where participants worked in a 'parallel' dynamic³. Mosey describes how in this kind of group, participants are:

[I]nvolved in individual tasks with minimal necessity for interaction. Group members may act as sources of stimulation for one another [...] The therapist provides assistance with tasks and takes responsibility for meeting the social-emotional needs of each member. (2018, pp.99-100)

This is in contrast to the experience of members of Out of Character Theatre Company who work as a group most of the time, through warm up and exploration exercises to the process of developing and rehearsing for performance together. The activities of the theatre company require complex reliance on other members

³ In the exploration of theories that may relate to developing group dynamic in arts in mental health, the therapist in the psychotherapy and occupational therapy models is exchanged with that of facilitator. These roles and their training and expertise are, of course, quite different, yet their place within the group may be explored similarly. This thesis does not attempt to draw a line between therapies and community or applied arts practice, rather it suggests that concepts from a therapeutic domain may be relevant to that of arts in mental health as well, with full acknowledgement of the different approaches and training between the professions for arts facilitator and therapist. The role of facilitator is explored further in later sections of this chapter.

of the group in a way that is similar to that of what Mosey describes as a mature group:

A mature group is heterogeneous in composition and is characterised by members taking those task and social-emotional roles that are required for adequate group functioning. Maintenance of a proper balance between productivity and personal need satisfaction is stressed. The therapist interacts as a coequal group member. (2018, p.100)

Though a problematic perspective, coming as it does from the discipline of occupational therapy where groups are set up for the specific purpose of therapeutic intervention, this typology is useful to understand how similar group processes might be at play in arts in mental health group work. Although this view of group dynamics is instrumental in origin, it may be useful in theory as the differing group dynamics are intrinsic to the process of making art. Thus, they offer a way of understanding such creative processes that may speak across disciplines without rooting practice in instrumentality

Though such definitions are not necessarily specifically considered before the construction of arts in mental health groups, exploring how the different art forms and groups might fall into the different types may be useful in understanding the structure of the group dynamic in each particular group. Such differences may also be a factor in the disciplines chosen by individuals.

5.4 Communities of practice

The third theoretical framework I want to consider in relation to the process of developing group dynamics of arts in mental health is Wenger's communities of practice. The concept is based upon a social learning theory in which:

The primary focus [...] is on learning as social participation. Participation here refers not just to local events of engagement in certain activities with certain people, but to a more encompassing process of being active participants in the *practices* of social communities and constructing *identities* in relation to these communities. (Wenger 1998, p.4)

Wenger frames social learning theory as an ongoing process occurring throughout one's life through being an active participant in different social communities. Such experiences would interweave with previous experiences to continue to develop one's identity throughout the course of a lifetime. Wenger's articulation focuses upon the development of the individual without the assumption or pre-requisite of deficit, whereas Mosey and Yalom are exploring the effects of group dynamic upon the individual with the assumed deficit of mental ill health and with further assumptions that such ill health is the result of learned problematic behaviour. This is evident in the way that Mosey posits that 'when used in the treatment process [...] Developmental groups are so structured that adaptive behavior leads to a positive reinforcing stimulus while maladaptive behavior does not' (2018, p.100). Such terms are problematic and link to the individualisation agenda where the emphasis is upon the individual at fault and in need of fixing, with the responsibility of fixing themselves. In such narratives the cause of, and response to, any illness is divorced from the wider socio-political context and the role of social justice is overlooked. The inference is that the person has adapted wrongly, this must be corrected through an intervention.

In contrast, Wenger positions similar ideas around the development of self through the engagement with the particular community or group but frames this as an ongoing development of the person. Thus, for Wenger, there is simply the ongoing opportunity to develop identity through engagement with communities of

practice. Here then the opportunity for development is open and equally useful to everyone, rather than a binary of the maladapted versus the positively adapted. Though the theories of group dynamics may open up new ways of understanding the possible outcomes for arts in mental health, such theoretical frameworks are problematic if arts in mental health is then applied as a possible therapeutic solution to the deficit of mental ill health. Rather than making an assumption of deficit, Wenger's theory offers a concept of surplus, how we might all become more, be enough, have plenty. In this way we might consider arts in mental health groups as opportunities to explore the development of new identities through the group encounter within the practice of arts disciplines. The elements described by Yalom and Mosey are useful and can be considered alongside Wenger's concept of communities of practice as long as they are untangled from the language of deficit and individualisation.

Wenger unpacks the components of social learning theory:

- 1) *Meaning*: a way of talking about our (changing) ability - individually and collectively - to experience or life and the world as meaningful.
- 2) *Practice*: a way of talking about the shared historical and social resources, frameworks, and perspectives that can sustain mutual engagement.
- 3) *Community*: a way of talking about the social configurations in which our enterprises are defined worth pursuing and our participation is recognizable as competence.
- 4) *Identity*: a way of talking about how learning changes who we are and creates personal histories of becoming in the context of our communities. (1998, p.5)

This theory of social learning builds upon the development of the group and its relationship to the development of the individual. Meaning and identity are shifted in ongoing relation to the community and the practice. These components link to

many of the observations of the research participants explored below. Wenger's connection between the community of practice, the group that does something together, and identity is a useful conceptual link in the references to identity that emerged through the research.

5.5 Identity

Turning to the analysis of findings, the process of shifting identity was described by participants, sometimes this related to the art form but it is worth considering here in relation to the group, particularly in the light of Wenger's concepts of identity development in relation to communities of practice. Perhaps unsurprisingly there were several references to identity from participants in Converge Creative Writing due to the individual nature of the creative act in the group. Reflections sometimes alluded to a discovering of self through writing, as if what emerges on the page in words is a surprise to the writer, telling them something new about themselves as in the following excerpts of writing from the action research cycles:

'Wow what a genius statement, paragraph sentence, is this really me... it must be'

'Can't wait to get home and read out loud
I have created something
Original and new, is this really me...?
It must be.'

Other comments described writing as a way of affirming an identity that already exists, a process which has feelings of completion and freedom associated with it:

'Writing is

Your personality on a plate
A portion of your soul
Something that makes you
Feel whole'

'the engraving of my soul on the stark white page. And whether I publish it or burn it, the fact that I have written it at all frees me from my shackles.'

In another response to a research cycle one writer suggests the writing may be a way of resolving and calming some of the complexities of identity for oneself in a given moment:

'The Ego throws a tantrum; the Id falls about laughing, then becomes enraged; then cries; meanwhile the Intellect looks on arms folded and shakes it's head.
Time to resolve this issue.
You lot sort yourselves out, before I bang your heads together.
We're walking to disaster and you can't even see the bleeding obvious for all this blinding noise.
Right where's that pen...'

There were less references relating to identity by the participants from theatre and dance, the following two comments suggest a similar quality in the process of exploring identity from both disciplines: 'Digging away at yourself' from out of Character and 'Finding our own movements' from Converge Dance. Both comments are evocative of self-exploration.

One interviewee described the process of regaining identity through accessing arts in mental health groups, he described how he had faced and overcome many moments of conflict in the groups he had worked in and despite many challenges noted this:

So its overall, conclusion in a way, it's kind of opened up, it's given me confidence, it's given me ways of being able to communicate again, it's given me kind of an identity because that was something that I felt I was always missing from a couple of years, was identity. So I feel like I have an

identity here now as well. And the confidence, and I enjoy it. I mean I say all this stuff, but I enjoy it, I do, I do enjoy coming. (James)

This description aligns with Wenger's ideas of meaning, 'being able to communicate again', and here that is linked with a new identity which comes with a feeling of confidence and enjoyment. Continuing, James then links this identity formation to practice which fills the identity he describes losing when he lost his job and became unwell.

I think the identity is more may be to do with – I think both as being a creative artist person, and also because of the last two years I've felt I've lost my identity. And so by accessing this now has given me identity back in some form. What I mean is, if you want to elaborate, when you have a job, when you're working it's like, hi I'm so-and-so and I do this. Well I didn't have that anymore. And it's like well who the hell am I then? (James)

Thus it seems James is articulating a new identity attached to the community of practice of arts in mental health groups which to some extent replaces one he felt was lost as a repercussion of mental ill health.

The concept of identity is vast and beyond the scope of the thesis to explore fully which focuses, rather, on those processes which may not have been previously identified. Impacts on identity have already been recognised as a potential impact of arts in mental health by researchers such as Stickley (2010b, pp.23-32) , whose longitudinal study focuses on identity and belonging for mental health service users and their relationship to art throughout their life rather than the processes at work within a specific project or time frame. Sagan also remarks on the connection between agency and identity and an increased positivity about identity for people describing their relationship with art making and its connection to their mental health. Sagan remarks:

[T]here are two things at play here: first, a narrative which puts forth an active I, with restored agency and a sense of turning away from an old identity. Second, there is the role of art practice in this, and how individuals attributed a more positive identity to this practice. (2012, p.244)

Spandler et al. explore identity in their large, mixed methods study, connecting it to a relational process, finding similarly to Sagan, that there was a move for participants towards a more positive articulation of identity:

Arts participation was related for some participants with the process of rediscovering or rebuilding an identity within and beyond that of someone with mental health difficulties, again an important element of recovery [...] building identities is in large part a social process, involving internalization of the perceptions of others. (2007, p.795)

Spandler et al. here remark upon the relational nature of identity construction and the possible connection between identity formation and being part of a group.

Kester also describes identity shifts as a social process, suggesting the gradual nature of identity shifts in the dialogical encounter which:

[S]eldom involve a complete suspension of identity. Rather, identity is only partially transformed. These partial transformations can no doubt accumulate over time, and the aggregate effect may be to radically transform subjectivity or identity. (2004, p.157)

Both Kester and Spandler et al.'s articulation of identity formation and construction as a social process which may be cumulative through repeat encounters links closely to Wenger's concept of identity shift or the formation of new identities through communities of practice. These concepts and findings connect the process of forming new identities to the experience of being part of the group that makes art. There are other processes that participants in both studies for this thesis suggested might be linked to the process of developing group dynamics. The first process is the significance and approach of the facilitator.

5.6 Facilitation: perspectives on the role

All the groups who were part of study 1 had a facilitator or facilitators (sometimes referred to as a tutor or director), this person, or people, was usually paid to run the group, to plan the activities and support and enable the creation of work. The facilitators were usually artists with a practice relevant to the discipline they were facilitating with expertise in the art form and experience of teaching or facilitating groups. Styles of facilitation varied across the groups and different art forms but there were some common themes.

In Converge Dance participants described the dynamic between the group and the facilitator thus: 'Relationship between the facilitator and us - team', and implied that, rather than being directive or instructive, the '[t]asks inspire'. Such phrasing suggests tasks are framed as offers or invitation rather than instruction. These observations hint at an equality of relationship between facilitator and participants, a parity that is described in explorations of community arts in Chapter 2 Discourses of the arts. Dance participants also described a productive tension within this relationship that might encourage participant creativity. They talk of the process of 'trusting the ability of the facilitator'; that the facilitator is '[a]sking us to push ourselves'; that there is '[n]o knowing what's coming in a session'. These three examples hint at the difference in role between facilitator and participant, where the facilitator has control of the session in order to create the conditions for creativity. Participants here are aware of this difference in role whilst simultaneously suggesting a parity of status.

Within Out of Character the facilitator is referred to as 'artistic director', this follows the lexical traditions of theatre, the role of director is commonplace in theatre. Participants described how this facilitator/director role served to build confidence. I captured one participant's description of this quality in my field notes; he talked of how the director had taken time to ask him a question and touched him on the shoulder, in a way that had given him confidence in his own skills and ability, and in the truth of the performance. This experience was supported by other comments implying the importance of the encouragement of the facilitator: '[s]omeone believing in you' and '[i]nstilling confidence by encouraging people to have the courage of your convictions'. These comments suggest the facilitator is a figure who attentively encourages each person in the group.

Members of Out of Character described their experiences through the different modes of practice such as playing, devising, rehearsing and performance. One comment notes the shift in role from facilitator to director when in rehearsing mode: '[f]irm direction— tension sometimes with that'. This comment suggests that the shift between facilitator and director role may be challenging. This may allude to a shift in that concept of parity between facilitator and group to the more often more hierarchical structure of director and actors, and a tension brought about by that shift. However, this is one comment from one group and may relate to a singular experience or facilitator style.

In Out of Character Theatre Company, participants also explored the significance of the facilitator as mediator or holder of the safety of the space. As part of a research cycle, participants created a scene exploring the dynamics of the workshop during the playing, or warmup stages of the work. To do this, they

depicted a game show where the host managed the dynamics between two contestants. In my field notes I describe a moment where I observed how the facilitator tried to manage those who are more boisterous and those that are gentler in the way they work in the group. I observed how this moment was also difficult to watch because the boisterous character of a rowdy contestant clearly dominated the gentler contestant, although the character of the game-show host stood between the two shielding, protecting and perhaps mediating that relationship. This scene was made to depict the nuances in relationship between facilitator and participants through the metaphor of a gameshow. It suggests a mediating role for the facilitator, here helping to reconcile tricky dynamics within a group. Perhaps there is also a suggestion that the facilitator's role is to maintain an emotional safety for participants in such circumstances. When participants are, or have recently been, experiencing mental distress the potential for emotional volatility is high. This depiction suggests an awareness of the facilitator's role in holding this tension and mediating it.

The role of the facilitator as holder of tension and mediator is supported by the comment from a member of Out of Character, 'Love working towards performance in a safe environment'. This comment infers that one could work towards performance in an unsafe environment and that this safety is perhaps a particular quality of arts in mental health or the role of the facilitator in this context. I discuss the concept and significance of safe space further in Chapter 11 Creative Risk-taking.

In the context of visual arts, Colin compared an experience within Converge to that of art therapy and art in education, he described how the facilitator's style:

'does remind me that I can actually draw. That's nice. At least to some extent... and yeah get complimented for it rather than told... Well most of the people who do it as therapy will compliment you, but I mean [tutors name] is also teaching...'

Here Colin seems to imply a sense of encouragement and learning from the facilitator, within the arts in mental health context. Converge is framed as a series of educational courses and here Colin alludes to being taught, however, Colin also described being actively discouraged and criticised by an arts teacher at school and how that had a significant impact upon his creativity as a young person. This comment marks the difference between Colin's experience of school and the experience of learning in an arts in mental health context. This also supports the comments made in Out of Character about the facilitator developing the confidence of participants.

Facilitation is an area often focussed upon in research around socially engaged arts. Practitioners and academics frequently write about how something is facilitated; what philosophical approach is taken; what the facilitator does. Perhaps this is due to a focus upon the development of artistic practice of the facilitator rather than a focus upon impact. In arts and health the focus is often upon impacts without connecting them to practice of the facilitator. This thesis does not seek to articulate and unpick the practice of facilitation; rather it offers some insight into the experience of being facilitated to make art in a mental health context.

Facilitation is described here by various qualities that participants felt were significant. The descriptions above of facilitation suggest that though there is difference in role between facilitator and participant, there is a sometimes a feeling of parity of status. The observations hint at the requirement for facilitator to be a mediator, a holder of emotional space and person who inspires self-confidence in

participants (though this may be linked to the parity of role). These are complex qualities which may be particularly demanding when working with a group of people who are likely to be emotionally dynamic and perhaps in need of additional emotional support.

5.7 Support and group dynamics

In the context of arts in mental health, group dynamics and facilitation are further complicated by the presence of support workers – who often play three functions: interacting as part of the group, assisting the facilitation, and supporting particular individuals during a workshop. These support workers were sometimes volunteers, in the case of Converge they were often students on placement, sometimes they are paid workers given roles of support worker or assistant. When I observed the groups these people had an important role in the group dynamic and, when working well, encouraged the confidence and creativity of group members. Their role was mentioned by interviewees on occasion; however they were not referred to by participants in study 1. In study 2 support workers were sometimes briefly mentioned in a sentence alongside facilitators. Rather, participants described the quality and significance of support from other group members instead. Perhaps this speaks to the invisibility of the role of support workers, partly due to the differing roles they assume as required.

Out of Character made two particularly dynamic images of the experiences of different modes of working and how this related to a mutuality of support between group members. In a tableau (a frozen picture of actors in the space) of

the devising and developing phase of the work, the image created was described by other group members as: 'two people on all fours, another leaning on them, they look to be in motion, moving forward. Supporting one another'. It suggests a dynamic mutuality of support in working together to progress. Simultaneously other participants made another very similar image representing the experience of performance, described by fellow group members: '[T]hree people leaning on each other for support, and each supporting the other. All strong, upright, proud. Facing front, together. Looking disciplined and ready. Confident.' These images are strikingly similar, though expressing different modes of working together as a theatre company. In both images there is a suggestion of mutuality of support, an interdependence. The words 'strong', 'upright', 'proud' and 'confident' suggest feelings and a sense of achievement that is perhaps a culmination of the processes of working together as much as it describes the creative process. Participants in Converge Dance also described how, '[o]ther members are supportive', suggesting that support gained from other members of the group was seen as an important part of the dynamic.

The quality and feeling of this support was described by members of Out of Character. In a research cycle asking participants to reflect upon what they get and what they give to the company the following comments were made (see fig3 as an example of one of these responses):

'I feel loved and cherished, I feel welcome no matter what'
'[U]nderstanding, patience, friendship'
'Family, love, creativity'

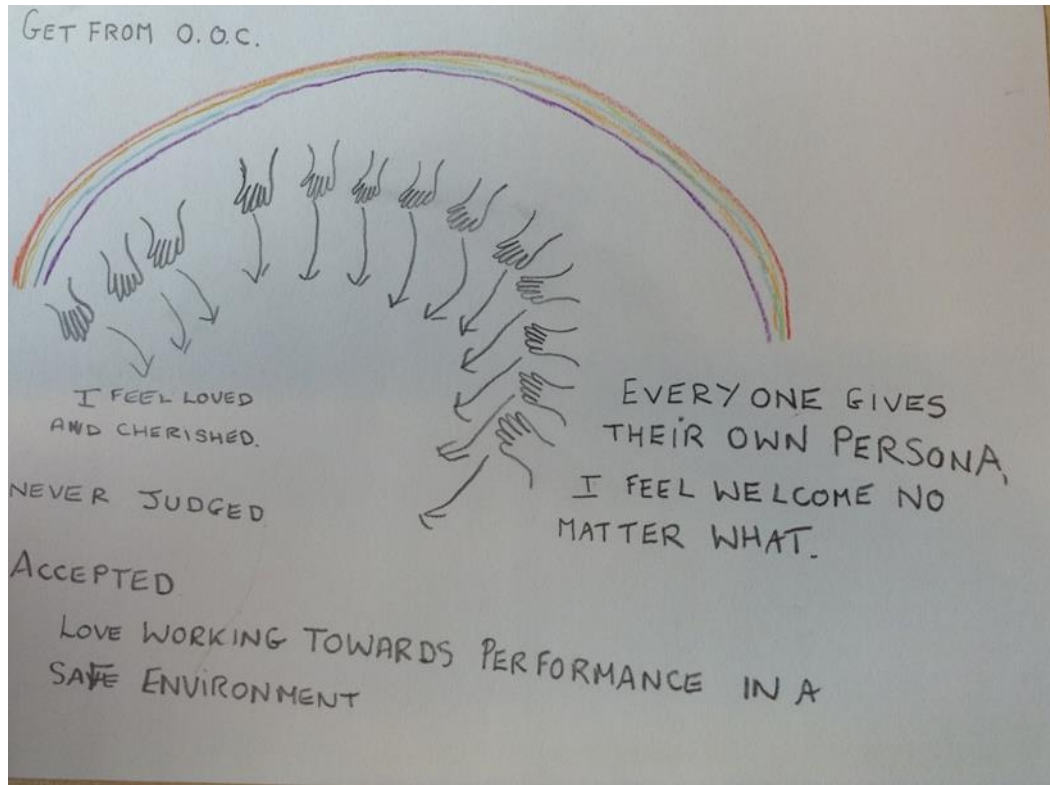


Figure 3 What I give, what I get (a)

In a separate research cycle group members observed: 'Relationships and connections, bouncing off each other'. All of these comments allude to familial or domestic warmth, a quality to the relationship that goes beyond that of colleagues or acquaintances. These comments also suggest that the process of familial recapitulation Yalom describes (1995, pp.13-14) may be occurring in the context of the theatre company. Such processual qualities may be because the company is an ongoing, mature group, with long developed dynamics and working relationships. This was also commented upon in Converge Dance, which was described as '[f]amily, shared culture'. I suggest that the significance of such qualities to the dynamics of arts in mental health groups, lies in the potential to be immersed in a new type of group dynamic which allows for the possible re-configuring of elements of identity.

To return to the theoretical frameworks, Yalom describes how an established and ongoing group might develop into a relational playground, a social microcosm, where we may play and explore our identity within a dynamic that mirrors wider social dynamics:

A freely interactive group, with few social restrictions, will, in time, develop into a social microcosm of the participant members. Given enough time, group members will begin to be themselves: they will interact with the group members as they interact with others in the social sphere, will create in the group the same interpersonal universe they have always inhabited. (Yalom 1995, p.28)

Here, Yalom asserts that in an established and mature group, one Mosey might describe as 'cooperative and mature', a person will be themselves, will explore their own particular set of dynamics within the larger dynamic of the group, as they might in a domestic setting. The observations of members of Out of Character and, more briefly, Converge Dance, seem to support that this process is occurring within these established and ongoing arts in mental health groups. Combined with Wenger's concept of new identities in a given community of practice, such theories suggest that arts in mental health groups may provide the context for an exploration and playfulness around how these new and existing identities fit within the larger group dynamic.

Interestingly and perhaps significantly, support from other group members and the quality of such support was only mentioned explicitly in the theatre and dance groups where there is a group creative output, as in performance. This raises questions about whether this is an element of developing group dynamic which only occurs in relation to performance or whether it is related to the developmental stage of the group, to that cooperative maturity Mosey describes

(2018, p.99). Further investigation would be required to understand the significance of performance and group maturity in arts in mental health and their relationship to the development of new identities through the process of developing group dynamics.

5.8 Collaboration and the collective

Dance members described a quality of, 'collectiveness, collective of individuals'. This notion of parity of status was also alluded to in creative writing where one participant described the group as 'a union of conceptual builders.' The terms 'collective' and 'collaboration' were also used by Out of Character when describing an image made to depict the mode of devising and developing performance. In the theatre company a participant described a quality of mutuality in the way they worked: 'Working with others, collaboration, learning from, being inspired from, taking a lead, following, developing'. Such observations of collaboration and collectivity relate to both the dynamics between the participants and the dynamic between participants and facilitator.

The insistence by members of Converge dance upon the term 'collective' related to a quality that seemed consistent throughout the three groups, alluding to a levelling out of traditional hierarchies that might exist where the artist is teacher or expert passing down their knowledge and expertise. The concept fits with the origins of the community arts movement, Kelly describes how community artists in the 1980s were tackling 'the problem of artist's contribution to the group; of how the artist could make a contribution without their skills and experience

coming to dominate the group's work' (1984, p.18). Dickson's description echoes this in describing the similarities between different community arts groups and how:

'[i]ntentions and purposes may differ, but they are all united around a social concern and an art practice that gives - or potentially gives - shape to other people's creativity, that involves partnerships with 'non-artists' and consultation with bodies other than those within the arts sector.' (1995, p.9)

Many of the reflections from participants in study 1 referred to a relationship with the facilitator that followed this approach described by Dickson and Kelly, where there is a parity between the importance of knowledge and experience of the facilitator and that of the participants within the workshop space. The concept of the collective, where participant and artist are working together on an equal footing; where the knowledge of the art form of the facilitator is valued as much as the wealth of experience of participants, may be an important element of the group dynamic.

5.9 Trusting and being trusted– responsibility to and from the group

I turn next to the theme of trust, a process participants decided to focus upon and that seems particularly important to the performance groups. For one of their research cycles Converge dance chose to focus on 'trust'. This had arisen in previous weeks when describing how they worked together during a contact improvisation session, commenting, 'Trust, working as a team, it works'. The statement infers a positive experience of trust. For the dancers, trust was also linked to the collaborative process of working together: 'Trust in collaboration'.

Both of these statements suggest that trust is an intrinsic element of working together. Linked to this, participants observed 'Commitment to the group, valuable' as an element relating to trust in the way they worked. This commitment was closely linked to the concept of reliance in dance:

'Performance, relying on people to turn up and perform separate parts'
'Relying on cues from other people'

Indeed, Hardin suggests that reliance is intrinsic to the concept of interpersonal trust, stating that, '[a]ll standard accounts of trust assume that it involves reliance on someone or some agency when there is at least some risk that the agent will fail the trust.' (2006, p.27). Thus the concept of trust is closely linked with that of relational risk-taking (see chapter 8), for to trust risks disappointment or betrayal.

If others are trustworthy, however, and we perceive this, so that we trust them, it can be in our interest to act on our trust of them, because that will enable us to have relationships that are mutually beneficial' (Hardin 2006, p.27).

It is this mutually beneficial quality of trust that links to the way Out of Character described their experiences.

Actors in the company allude to the pragmatics of trust in their artistic practice in this statement: 'Pressure to be there on time, feel let down when people don't show - overcoming that is really important too.' There are three elements here: the personal responsibility of being trusted; the risk of being let down; the resilience to overcome that disappointment. The two-way element of trust also described by Out of Character as 'responsibility and trust in equal measure' relates closely to relational risk-taking. White marked the potential of such a dynamic, suggesting that 'a therapeutic benefit is sensed from a combination of autonomy and obligation to others' (2009b, p.39).

Trust is not a simple primitive term. It is constituted by certain things, including expectation and cognitive judgements of the motivations of others, motivations that would make them more or less trustworthy in particular contexts. And, if it is acted upon, it entail various things such as risk-taking. (Hardin 2006, p.27)

Out of Character marked the significance of the requirement to be trustworthy, particularly as they became more experienced members of an ongoing group over time: 'Advisory, different [levels of] experience, generous, Tension'. This and the comment 'Passing on confidence, guidance' suggest that more experienced members of the group took on a role that required a trustworthiness towards newer members of the company, increasing their sense of responsibility over time.

In his development of a measure of interpersonal trust, Rotter remarks that:

Many psychotherapists believe interpersonal trust is a major determinant in the success of psychotherapy. In fact, an expectancy that others can be believed must be an important variable in human learning in general (Rotter 1967, p.651)

The potential therapeutic benefits of the ability to immerse oneself in a group where such a process is ongoing is worthy of further study and adds another element to the process of developing group dynamics in arts in mental health that may aid an understanding of the potential for personal development through such facilitated practice.

5.10 Playing and developing discipline

The process of trusting and being trusted is a foundation for the processes of playing and developing artistic discipline. Playing is closely linked to creative risk-taking which I will explore in Chapter 9, but it is useful to explore playing as a group process and how it links to the theme developing discipline. Winnicott theorised

play and its significance to the development of children from infancy to maturity and argued the significance of such a process for adults:

Whatever I say about children playing really applies to adults as well, only the matter is more difficult to describe when the patient's material appears mainly in terms of verbal communication. I suggest that we must expect to find playing just as evident in the analyses of adults as it is in the case of our work with children. (1971, p.40)

Out of Character Theatre Company identified playing as a significant part of their process of working together, suggesting it as the subject of a research cycle. The experience of the process of playing was linked to playing as children: 'Children play to alleviate fear... child's play, why don't we play as adults?' and lighthearted interaction: 'Laughter, silliness, together validation.' Suggesting the workshop space becomes the arena for play, and that play perhaps develops confidence through the playful interaction with other group members.

A notion of experimental potential of this mode of working was also alluded to through the comments, 'break the rules, No, really break the rules' which suggests a disbelief at the possibility that such experimentation is allowed or even encouraged. This is supported by the comment that the workshop is a, 'safe place, experimental'. This quality of the space for experimentation links to Winnicott's ideas of the facilitating environment for the developing child, a place to play, which 'is the crucible for the developmental process. It provides the fundamental security that enables the baby to piece the world together, and its part in it, bit by bit' (Davies & Richards 2002, p.33). So perhaps the workshop space, during this particular mode of work; during game playing and warmups; at the beginning of a new project, functions similarly to that facilitating space. It offers an arena for development similar to that of a therapeutic space which, 'affords a 'second

chance' to experience a facilitating environment and to re-establish the self-definition process' (Davies & Richards 2002, pp.33-34). The difference again is the focus, that through the practice of the arts a similar process may occur, albeit in a different intensity to that of the therapeutic setting.

There were also references to the quality of playfulness in Creative Writing and Dance. Here the writer describes the experience of writing in class evoking a sense of playful experimentation which sits alongside a comfortability with uncertainty:

As the story progresses the words
Open up into a cauldron of possibilities,
Adding a dash of this a dollop of that!

In Converge Dance a reference was made to the sense of revisiting an area of experience that isn't usually allowed, somehow, perhaps has been dormant during adult lives: 'giving our grown-up selves permission to express ourselves through movement'. This alludes to a playfulness of physicality, a responsiveness that perhaps relates to the losing of inhibitions. I explore the idea of losing inhibitions further as part of Chapter 9 *Creative Risk-taking*. The scope of the group experience that makes such play possible is worth further investigation in relation to its implications for personal change and development. For as Winnicott reminds us 'it is play that is the universal, and that belongs to health: playing facilitates growth and therefore health; playing leads into group relationships; playing can be a form of communication' (1971, p.41). The presence of the process of playing occurred alongside the theme of developing discipline and the juxtaposition of these two processes may be significant.

Though each group referred to playing as a part of their process, particularly Out of Character Theatre Company, participants in the theatre company and in dance also described a process of developing discipline through practice. In Converge dance, when describing their group structure, the observation that the facilitator is 'asking us to push ourselves' was made. In Dance the rehearsal mode of work was also linked to transition: 'the rehearsal phase galvanises things'. Rehearsal was also described very differently to the playing mode by Out of Character.

Participants describing a physical image made by other members of Out of Character about the rehearsal process observed, 'Strong disciplined forward facing, ready, tension.' The contrast with the playing mode was also present in the comment by members of Out of Character: 'Accountable, grown up'. They also described having 'a bit of an edge, determination' when describing performance and 'looking disciplined and ready. Confident,' when describing an image made to represent performance. Group practices that require both engagement in a form of playing and at other times require a practice of being grown-up or disciplined offer scope for exploring those different ways of being and the transition between the two phases. Such modes and transitions between them are cyclical for the theatre company as they repeat with each new project, so there is opportunity to repeatedly engage with these different processes.

Such an experience offers a potential opportunity for personal development as in order to practice the art form one must find a sense of ease with these different modes thus potentially developing a fluency of being with the group in different ways. Contextualised with Mosey's instrumental qualities of the different

types of group such dynamic possibility suggests a great potential for therapeutic experience. I suggest this links to the concept of functional fluency, connected to Berne's concept of transactional analysis which explores how we use the different ego states of parent, adult and child to interact with each other (1964). Temple articulates functional fluency here:

Becoming more functionally fluent means responding more and reacting less, that is, becoming more emotionally literate. It means taking responsibility for one's own well-being and, when in charge of others, taking responsibility appropriately for them too. It means using one's full capacity for assessing and reflecting on situations moment by moment, taking all relevant factors into account. It means using energy on one's own behalf by relating effectively to others, warmly, heart to heart, and openly, and being willing to express one's own unique, creative individuality. (Temple 2015 p.12)

Functional fluency is the concept of being able to respond to what is required socially, in any given situation. In the context of arts in mental health it might be the ability to play when playing is required and to be disciplined when rehearsing or performing. Arts in mental health might then offer the opportunity to practise one's functional fluency through processes intrinsic to the group dynamic of making art together, though further research would be required to explore this.

5.11 Conclusion

The mapping of the processes of developing group dynamics through the three frameworks of group dynamic theory, group typologies and communities of practice provides a theoretical grounding of the experience of arts in mental health groups. These theories suggest that through different group interactions, with different structures; different therapeutic, social and aesthetic effects may be

experienced. Yalom and Mosey support the concept that the therapeutic benefits of such group interaction may be rooted in the parallels between such group dynamics and familial and non-familial developmental experiences that occur during a person's emotional development. Engagement with such groups allows a re-engagement with such dynamics and offers an opportunity to re-frame oneself within the differing possible dynamics. Thus the therapeutic effect is gained through the possibility of re-writing particular experiences or behavioural patterns from one's own emotional development. In arts in mental health, such experience is gained through an engagement with an art form in a group setting.

Neither the art form, nor the group type is prescribed or framed in a therapeutic context. In most of the experiences of the participants, the activities that were framed as arts in mental health, were chosen by them according to art form, not according to the potential instrumental therapeutic benefits that might be gained. There are also different levels and types of groups dependent on the type of art form or the style of group, short educational courses offer different interactions to ongoing theatre or dance companies. But, again, the focus is upon the arts practice rather than on a prescribed therapeutic benefit or developmental challenge. Such intrinsic experiential processes of the arts are often overlooked in the research.

Wenger suggests that belonging to a community of practice, as we might view arts in mental health groups, enables us to develop new identities through the practising together with others (1998, p.4), through what Kester refers to as the dialogical encounter (2004, p.157). Though Kester warns that in the temporary, singular encounter, identity shift may be small (2004, p.157), If we consider the

repeated encounter as they occur in a community of practice such as the theatre company or the dance group then the potential for identity shifts and new elements of identity may be greater.

The observations of the facilitator role in this section support the assertion that arts in mental health practice is rooted in community or socially engaged arts practice. Collaboration is closely linked with that parity of role between facilitator and participant and the elements of trust, mutuality of support and fluency of role through the different modes of practice are all tangled threads of the complex group dynamics at play in arts in mental health practice. Each group is of course different according to the approach of the facilitator, the art form, the temporary or ongoing nature and other factors that have not been identified here. However, perhaps these findings might offer a way to map a group and its' dynamics which may enable further, deeper study of the impacts of such dynamics in the future. The process of developing group dynamics is complex and nuanced but is perhaps a crucial process in understanding the potential impacts of facilitated arts in mental health groups. For as Wenger reminds us:

In the life-giving power of mutuality lies the miracle of parenthood, the essence of apprenticeship, the secret to the generational encounter, the key to the creation of connections across boundaries of practice: a frail bridge across the abyss, a slight breach of the law, a small gift of undeserved trust - it is almost a theorem of love that we can open our practices and communities to others (newcomers, outsiders), invite them into our own identities of participation, let them be what they are not and thus start what cannot be started. (Wenger 1998, p.277)

Crucially, such processes relating to the group dynamic are experienced because of the art making, as a means to an end rather than the aim of the group or practice itself. Reason and Rowe reminds us that the significance of experiences where such

processes are experienced alongside the focus of the group allow us insight into the particular qualities of such practice; 'the concept of obliquity allows us to understand that rather than simply being softer or woollier or less clearly defined, arts processes engage with particular ways of being and doing' (2017, p.21). Such obliquity of approach may be the very thing which provides the scope for such a broad experience of developing group dynamics and the development of new identities through the practice of making art.

Chapter 6

Developing self-agency

Haggard and Chambon describe a sense of agency as:

the experience of controlling one's own actions, and, through them, events in the outside world. Most of us have the feeling that we are in control of what we are doing most of the time: this is the normal sense of agency. (2012, p.390)

This sense of agency is linked closely to control and a belief in one's ability to have choice and influence over what happens in one's own life. From micro decisions we make each day about what to eat; how to dress; to our fundamental ability to make our own life choices. Rochat posits self-agency and perceived control as fundamental in relation to mental health and development:

[A] lack of perceived self-agency and control can be the source of deep mental confusion, a hindering force of optimum (healthy) development [...] the experience of having control is arguably what drives psychological development. (Rochat 2015, p.2)

The concept of self-agency is threaded throughout this thesis. It is present throughout the literature on recovery in mental health, on action research and in applied theatre and socially engaged arts theory. As I have explored in Part 1 of the thesis, in all of these areas, the recognition and development of the agency of the individual is prioritised as a factor towards counter-hegemonic, contextualised understanding of experience.

In the field of participatory arts (critiqued by Bishop (2012) and Harvie (2013)) agency is also an important concept as scholars consider the differing experiences of agency within the ever changing field of participatory arts, particularly in these first decades of the 21st century with the growing popularity of the immersive

theatre performance. Such work challenges the notion of agency for the participants of these highly orchestrated, brief events. However, the participatory experience of facilitated arts in mental health practice explored here occurs over a number of weeks, months or years and this is a very different type of emergence in the experience of having agency. Such ongoing facilitated experience is likely to have very different effects and affects on the individual as the relational experience of agency may become embedded through repeated practice. The theme of agency and the subthemes of creative control, empowerment, and freedom from judgement emerged through the analysis. In this chapter I will explore the links between these subthemes; the broader theme of agency and the significance of this theme of process in the context of mental health and to the understanding of arts in mental health practice.

6.1 Agency, recovery and individualisation

[T]he oppressed are not “marginals,” are not people living “outside” society. They have always been “inside”—inside the structure which made them “beings for others.” The solution is not to “integrate” them into the structure of oppression, but to transform that structure so that they can become “beings for themselves.” (Freire 2009, p.165)

As Freire points out, people experiencing marginalisation from mainstream society are not there by choice rather, from a Foucauldian perspective, marginalised people serve a function relating to the discourses of power in society: without the other there is no mainstream; without deficit there is no normal from which to be deficient. The concept of agency becomes problematic when viewed in the context of individualisation and neo-liberalism. In these discourses individuals experiencing mental ill health may be regarded as faulty, lacking in the skills and resilience to

cope with life. The responsibility for amending these faults is placed upon the individual and the role of social injustice is negated. From this perspective the capacity for agency could be articulated as a something lacking in the individual, however, from a situated perspective one could argue that the opportunities for developing agency, for feeling a sense of empowerment are less available to people experiencing mental ill health. In this way it is important to understand agency as an internal process rather than a commodity. It is pivotal to recognise the significance of a social context where the development of agency and empowerment are possible.

As I explored in the contextualisation of *Chapter 1*, the experience of the mental health service user in relation to the technological approach to mental health care is often dominated by processes which frequently remove one's sense of agency. Decisions and care plans are still often made for, rather than with, a person experiencing mental distress; consequently choice and agency are reduced as the 'correct' course of action is steered predominantly by medical experts. In this way people are frequently positioned as object upon which technological interventions are enacted rather than subjects of their own experience. Thus a person navigating treatment and care for experience of mental distress may experience a diminishing sense of self-agency. Internalised stigma (Warner 2010, p.4) is also a factor in this loss of a sense of control. By receiving and accepting a diagnosis of mental illness, a person also accepts their own preconceptions of that diagnosis and in doing so an erosion of self-agency is likely to occur as assumptions about the behaviour, needs and outcomes of people with such diagnoses are internalised.

Bellack and Drapalski describe how self-agency can be described as a process whereby people become 'agents of their experience and not simply passive respondents to a deterministic environment, or automatons who are driven by neurocognitive processes' (Bellack & Drapalski 2012, p.157). The development of self-agency here then places the person as agent, as the party with the ability to make decisions and act with autonomy. Mancini refers to self-agency as a '[g]reater capacity for self-initiated action' (2008, p.359), whilst Bellack and Drapalski suggest it is a 'set of beliefs about one's capacity to manage internal and external experiences' (2012, p.157). This emphasis upon beliefs is perhaps crucial. The notion of capacity can, too easily, place the deficit, the fault for any lack in capacity, solely upon the individual and draw us into the neoliberal discourse of individualisation. The emphasis upon beliefs instead suggests a fluid relationship to the capacity for agentic experience, with the potential to be influenced by numerous discourses.

In the literature on mental health recovery (see figure 2, chapter 1) agency is referred to explicitly (Bellack & Drapalski 2012; Mancini 2008) and through related concepts such as empowerment (Bellack & Drapalski 2012; Warner 2010), purpose (Anthony 1993, pp.11-23), control (Shepherd, Boardman & and Slade 2008b), autonomy (Mancini 2008) and self-direction (Bellack & Drapalski 2012). Yet like recovery itself (see Chapter 1), the framing of the concept is crucial as it may be subject to differing interpretations including that of individualisation which works in opposition to many of those original principles of recovery suggested by Anthony in his early conceptualisation (1993, pp.11-23). Thus, in discussing self-agency, one must be mindful of concerns around the use of the recovery approach to promote

neoliberal individualisation agendas. The existing factors of biomedical, technologically focused, mental health care that might result in a sense of lost agency or of disempowerment, highlight the relevance of practices that might develop self-agency, particularly where it is framed as a fluid concept in a personally contextualised recovery: where self-agency is part of a recovery journey rather than a destination.

6.2 Creative freedom and control

During the initial action research cycle with Converge Creative Writing, responding to the prompt, 'Writing is...' participants wrote for 10 minutes. One person wrote the following:

Writing is when you are back in control.

Writing is when you just pick-up a pen and start moving it.

People have controlled you, so this is a time when you start being in control and you can be in any way that you want.

This is your made-up person and you can tell the person to do anything that you want.

Unlike how it is in your life, you are in control.

This is a time to feel good, [rather] than feeling bad.

This was a striking articulation of the value of a space where one might feel in control. Here the writer describes it as an embodied sense of control, through the movement of the pen. There is also a temporal quality to it: 'a time to feel good': the experience is temporary and finite. These sessions occur on a weekly basis and in this writing there is a suggestion here that it is a space and time carved out in which this sense of control can be experienced as opposed to life outside of the session, where such control may be less accessible as alluded in this participant's

writing. The concept of being in control of one's own creative work was particularly prevalent in the experience of creative writing workshops. Listening to the writer share this reflection, myself and the other participant researchers were all struck by the power and clarity of the piece, so we chose it as a prompt for the next action research cycle: 'Writing, freedom and control'.

In response to this prompt, a participant wrote, 'When I write, I command characters, encapsulate nature, explain and define conceptual and spiritual. When I write, I am the master of my little world.'

And another:

'My mind is like an expanding lake with its meandering tributaries which can travel in any direction. Like a dam I can control its direction, flow and intensity. The freedom to change tact[ics], mix it up, stir up some controversy. Without the constraints of rules, regulations and reason'.

In both of these responses, the experience of being in charge of one's own pen, thoughts, what is put on the page, and how the writing develops is clearly articulated. Participants talk of both being in control and of having the freedom to act, to design, to decide. For some, this sense of control and freedom described alludes to a contrasting lack of control elsewhere in the participant's lives.

The structure of creative writing sessions consists of a series of prompts, followed by time limited periods of silence within which to write a response to the prompt. The writing is then shared by reading aloud to the rest of the group, this element of the session is voluntary. In Converge Creative Writing constructive, encouraging feedback is offered by the facilitators and other participants. Each of these prompts and responses functions as an invitation, and an inspiration to improvise for a set period of time. In creative writing this form of improvisation

has a particular quality as one's creative output is almost always a solo experience as opposed to the group improvisation which might be the norm in disciplines such as theatre and dance. Despite the lone nature of the creative output, the group dynamic still has a part to play.

I participated in the creative writing workshops and the atmosphere in the space when everyone is writing in silence for ten minutes is particular; it has a relational quality, something that occurs because other people are doing the same thing at the same time in the same space. As a participant I was often swept away by this feeling, spurred to write without editing or overthinking. There were also occasions that inspiration did not fire from the prompt given by the facilitator, and the quality of my experience in these instances felt very different, quite outsiderly for those periods of quiet writing. This contributed to the impetus to respond to prompts. In my observations people wrote more often than not. The facilitated structure of sessions and ensuing atmosphere usually spurred participants to write. Another group element of the sessions is the sharing of work, sharing writing that is essentially improvised, often one's own first reading, with the group brings a risk-taking I will explore in greater depth in Part 3 of the thesis. These relational dynamics have a part to play in the experience of control, freedom and the validation of these experiences within the sessions.

Discussing improvisation through creative writing, Perry remarks that 'the type of creative writing class that strongly focuses on the act of writing as well as the product of writing may open up alternative ways of conceiving writers as thinkers, i.e. as thinkers through the body.' (2007, p.136). This highly cognitive yet embodied practice of improvisation through creative writing is useful when

considering how a sense of control within one's creative writing practice might be experienced through the body as well as cognitively. It is beyond the scope of the studies here to identify how such an experience might be embedded in the self through repeated practice; however the embodied nature of the experience may be significant.

Another response to the prompt, 'Writing, freedom and control' echoes both the articulation of control and freedom in the other reflections and also emphasises the personal nature of the sense of control:

Writing feels like the freedom to rest, relax and focus the mind. The opportunity to dictate all aspects of the process. I can start when I want, stop when I want, share it when I want or keep it private when I want. Just the process of getting something down on paper and seeing it looking back up at you creates a sense of freedom.

This chance to determine what will happen is described as deeply personal, with the repetition of 'when I want'. Here the space to be in control seems to relate to meeting one's own wants and needs through the writing. This is different from an experience where one might be in control of more external factors such as in a professional context. The following writing from the same cycle has a similar focus on personal control which is articulated as meeting a direct need for feeling in control in a world that feels terrifyingly out of control:

Freedom is, unfortunately, an illusion. The biggest illusion created by that greatest of magicians; the mind. When we realise this we panic, we don't know what to think because even our thoughts seem pre-determined. It is only when we find something that allows us to bring order to the universe in some small way that we can forget this horrific fact of existence. For me that is writing. When I write, I command characters, encapsulate nature, explain and define conceptual and spiritual. When I write, I am the master of my little world.

The theme of control was strong in creative writing, this was in part due to a desire to focus on this theme in a research cycle, however, it also reappeared in research cycles where the focus was not upon control. Occurring again in response to the prompt, 'Realising possibilities':

You have the control

As the story progresses the words
open up into a cauldron of possibilities,
adding a dash of this a dollop of that!

You can choose to stop whenever
you want to. Or keep going
into a new world and feel like
you never have to leave. You can
stay in the moment, adding the
content when you want to. (underlining participant's own)

Here the fluidity of the sense of control is palpable, in the context of the creative writing class, where several short bursts of this experience are facilitated in any given session, such practice then perhaps concentrates and focuses this particular experience of being powerful. Likewise, in response to a prompt, 'Before and now', a participant describes the feeling associated with finding a sense of creative control through the practice of creative writing.

[H]e becomes the architect of a thousand universes, the mastermind of a thousand plots, the grand sculptor of ten thousand characters. And his soul blazes like wildfire in the night.

These numerous research reflections are evocative of the psychological concept of perceived control related to our need to experience a sense of control in life, despite the many factors beyond our control. Eklund and Bäckström articulate the importance of perceived control for people experiencing mental ill health, 'it may be defined as a belief that outcomes in life are the consequence of one's own

actions and control' rather than the result of external factors (2006). They articulate perceived control as an element of empowerment and argue that it has been shown to be an important factor of wellbeing, quality of life and occupational performance (Eklund & Bäckström 2006, p.249). Smith et al. describe the concept in relation to agency; they indicate the significance of this process, and its fundamental relationships to agency and wellbeing:

[B]eliefs of personal efficacy are thought to be the key elements of human agency, to the extent that people will not attempt to make things happen if they feel that they do not have the power to produce the results they desire. (Smith et al. 2000, p.466)

In relation to the discourses surrounding mental health care (see chapter 1) and the dynamics of power within such systems, the significance of developing a practice which might support or build upon one's sense of perceived control is marked. Eklund & Bäckström note the consensus across mental health disciplines around the significance of perceived control and the requirement of deeper understanding of the process within mental health care contexts:

[P]erceived control has been shown to be of importance for people with persistent mental illness, both in mental healthcare in general and in occupational therapy, knowledge of factors that may influence perceived control is important if we are to be able to promote and address this phenomenon among patients seeking mental healthcare (Eklund & Bäckström 2006, pp.249-250)

A lack of control for people experiencing mental distress is due, not only to the discourses surrounding mental illness or the approaches to health care, but the experience of illness itself can leave a person feeling out of control particularly in terms of mood, unwanted thoughts, feelings and behaviours. Indeed this was a fundamental experience in both my own and my mother's mental distress: the often violent and exhausting interruptions of unwanted thoughts and moods, and

for my mother, of auditory and visual hallucination and paranoia. Such experiences are at the core of the disabling elements of mental distress as they inhibit normative functioning and behaviour and often lead to social exclusion. Sagan describes this in her narrative studies exploring arts practice and mental wellbeing:

Illness and trauma were [...] often spoken of as having led to a deep sense of being out of control, firstly of one's mind, and then, once within the confines of a regime of diagnosis, medication, monitoring, perhaps sectioning - of one's body and life. (Sagan 2015a)

Perhaps then, the experience of perceived control within an arts workshop might be one way to counter this profound experience of lacking control over one's mind, body and life. These experiences might then be important moments, allowing an embodied sense of control through the physical act of making art; of holding the pen; of moving the body, and this might begin to counterbalance some of the embodied experiences of distress.

Linked closely to the feeling of being in control through creative practice, participants in both creative writing and theatre described a freedom from external control. Here it is described as an act of liberation from one's limitations or restrictions: 'the engraving of my soul on the stark white page. And whether I publish it or burn it, the fact that I have written it at all frees me from my shackles' (Creative Writing 19.2.14). Creative writing practice is usually towards a solo artistic output, where an individual makes a piece of art, and is thus potentially in control of all decisions relating to the construction of it following the input of the prompt from the facilitator. In this way the element of control seems straight forward. However, a corollary sense of having freedom was articulated by participants in Out of Character Theatre Company, a practice with a group creative output. In

figure 4, a response to the research cycle, 'What I give what I get', the notion of freedom is conveyed, not just *freedom to* be creative but *freedom from* judgements.

The concept of a space where one might experience a freedom from judgment might relate to the stigma of mental ill health and how the space of the theatre workshop negates this and the controlling restrictions of both external and internal stigma. The notion of being 'without the constraints of rules regulations



Figure 4 What I give, what I get (b)

and reason' (Out of Character 27.2.14), infers a space free from stigma and the requirement for normative behaviour. 'No judgement' and, 'Included and accepted' were also participant reflections about the experience of working in Out of Character. This was also echoed by the sense of acceptance illustrated in Figure 3.

The significance of developing a sense of control through arts practice has been identified in previous qualitative studies into arts in mental health practice. In their study exploring the role of art-making in the recovery process, Van Lith, Fenner and Schofield identified the importance of developing control through art-making, how it 'enabled a process of developing self-knowledge and feeling control over one's life' (Van Lith et al. 2011, p.656). In her book *Narratives of Art Practice and Mental Wellbeing*, Sagan describes the significance of gaining a feeling of control through art practice in her narrative interview studies:

[A] sense of order and feeling of control were highly valued by most participants. This is perhaps less than surprising given the numerous ways in which mental illness was felt to have wrecked order and splintered any sense of an on-going identity [...] From such frightening places, art was often seen as offering a means by which some control could be reasserted and some order perceived. (2015a, p.98)

Developing or regaining a sense of control through arts practice may be a significant process as part of a renegotiating of one's sense of agency. Having the freedom to take control and meet one's needs through creative practice, free from normative behaviour constraints, may then redress power imbalances existing as a result of the discourses and stigmas surrounding mental distress. This sense of control is closely linked to a concept of empowerment which was another subtheme of developing self-agency.

6.3 Empowerment

Empowerment is a controversial term in the field of socially engaged arts practice. Historically the term has been used to describe an exchange of power from the facilitator to the participant. This use of the word empowerment is

problematic: the empowered facilitator bestows that empowerment, through arts practice, upon the marginalised workshop participant who (in this scenario) has no agency of his or her own. This echoes the problematic object/subject positioning prevalent in so many encounters between marginalised people and those who seek to study or work with them. This construct reinforces hegemonic power relationships: the agency, the means to develop one's own sense of empowerment, is not passed on or nurtured within the participant, or marginalised person. Pease explains that 'by conceptualising power as a commodity, identities are forced into a powerful-powerless dualism which does not always do justice to diverse experiences' (cited in Aitken 2009, p.504). However there are alternative ways of using the concept. Reviewing the literature from a social psychology perspective Pratto suggests that power 'is not a property of a thing or of an agent, but rather is a property of a social relationship' (2016, p.2). This treatment of empowerment becomes more interesting and less problematic: empowerment as a process which can occur in a given context or as the result of particular experiences. It is not the commodity bestowed upon the powerless by the powerful; rather it is a relational experience.

Responding to that prompt 'Freedom and control in creative writing', a participant from creative writing wrote the following: 'Empowerment is the opposite to power [...] Power is pigeon holes, empowerment is letting the pigeons loose, maybe become champion racer in your own field'. In this reflection the participant expresses power as a means of control by others. The reference to 'pigeon holes' is evocative of many systems of definition of a person, in the context of mental health it conjures ideas around diagnostic labelling and stigmatisation.

Conversely empowerment is imagined as a feeling of freedom and aspiration. This links to the dual conditions within the workshop space referred to by other participants as both freedom from (judgement, oppression, stigma) and freedom to (be in control of one's own creativity). Further in this reflection, there is a sense that it is a thing which must be unleashed within one's self; it is a fluid process rather than a gift.

Whilst describing the experience of performance, members of Out of Character Theatre Company describe feelings that relate to empowerment. The language used suggests a sense of empowerment was both necessary for, and achieved through, the process of preparing for, performance. The following were mind-mapped responses to an exploration of the experience of performance: 'A bit of an edge, determination'; 'confidence levels and in yourself'. Both comments suggest having the emotional means to realise the performance, these qualities of readiness for performance are suggestive of empowerment. The idea that in order to perform one must have developed a sense of empowerment is interesting and is worthy of further investigation beyond the scope of this thesis. Similar qualities were described when reflecting on the rehearsal process: 'Strong disciplined forward facing, ready, tension '(Out of Character 30.1.14). I suggest these qualities indicate how the experience of working towards performance, through different stages of learning, rehearsal and creativity, provides the relational context for the process of developing empowerment.

The qualities described by the theatre company are supported by the suggestion of Pratto (2016) that empowerment is a process of a relational encounter, a process experienced by a person in relation to other people. This

concept of empowerment echoes that described by Aitken, she suggests that a Freirian approach to understanding such encounters 'reminds us to value empowerment as a process of creative exchange and dialogue situated in ongoing reality' (2009, p.505). In this reading of the Freirian concept, empowerment becomes a process which happens in a relational context, rather than a process enacted upon one person by another. Here a person develops his or her own sense of empowerment through experience. It is this concept which most closely resembles that described in the creative writing and theatre practices. However, Secker et al. raise important concerns around the concept of psychological empowerment as opposed to social empowerment:

'[c]ritics of psychological empowerment argue that, in the absence of social empowerment, this may simply involve enabling disempowered groups to fit into and cope better with an unjust social world.' (Secker et al. 2007c, p.21)

They describe how if the experience of empowerment lies solely with the individual it once again plays to the agenda of neoliberal individualisation. Without the element of social empowerment, where the group or the individual develop a more outward looking sense of empowerment, such a process might simply develop the skills to cope with social injustice. Similar concerns and potential contradictions run through this thesis and relate to the tricky relationship between socially engaged arts practice and neoliberal social policy; concerns around individualisation and the ongoing binaries in the field of process versus product and instrumentalisation versus intrinsic.

6.4 Hope and duende: an affective sense that change is possible

The concept of hope emerged during the research and is linked to self-agency through concepts of affective experience, this returns to the concept of affect articulated by Gregg and Seigworth as compelling forces beyond conscious thought that drive us towards new thought or action (2010, p.1). In *Converge Creative Writing*, for one of our research cycles, we discussed the experience of both sharing our own writing with the group and listening to the work of other group members and how we experienced that. The question was offered in discussion about how the ideas and imagery in the writing felt somehow more tangible when we sat together listening to a piece of writing as it was read aloud in the group than when reading it ourselves. The following is a response from one participant sharing an example from a creative writing exercise that we had taken part in.

It is an amazing thing, being in a union of conceptual builders. To see people speak into the air and create a well in Ireland, adjacent to a handful of twisted plots. I have seen paradise deconstructed and destitution built from the ground up. It is a marvel of the mind that manifests in the air, maybe for only a brief moment. Fake, and yet somehow real. The fact that it can be described lends it some existence that belief could make a reality (*Creative Writing*, 12/3/14)

This reflection speaks first of the relational quality of the experience, how this happens as part of being a 'union'. Secondly it speaks of a visceral quality as imagery 'manifests in the air' which connects with the 'visceral forces' of affective response described by Gregg and Seigworth (2010, p.1). The third element here is the suggestion that this experience makes it seem more possible that thoughts could turn into 'reality'. This third element hints at hope, it suggests a feeling that action, change, something different is possible.

In the same research cycle this was written and shared by another participant:

Sometimes it's like being given a gift of great worth, something intangible that pierces me with a glimpse of a different way of being or living. Sometimes it feels cathartic, and I feel healed after hearing it [...] It's a time to grieve, work through the pain that is being alive, and to feel every experience that comes with being human [...] Gifts like this are what the Spanish call 'duende'.

This illustrates the collaborative nature of the research, how the co-researchers contributed great richness to both reflection and connecting this to theory and conceptual thought. The concept of duende was introduced and described by the participant, I then developed such theoretical connections further for the thesis.

This response which makes the link between ideas of affect and duende, speaks of a similar experience to that described above and yet broadens it to the different contexts of experience belonging to this participant, both the experience of this process and the concept of duende she connects with it. Lorca describes how:

The duende does not come at all unless he sees that death is possible. [...]he duende wounds. In the healing of that wound, which never closes, lies the invented, strange qualities of a man's work [...] The duende, then, is a power, not a work; it is a struggle, not a thought. (Lorca [1930] 1995, p.263)

This affective response, this experience of duende is evocative of a sense of hope. Through accessing this ineffable quality of experience in the moment of witnessing creativity, one is reminded both of a sense of the frailty of humanity, and simultaneously of the possibility of something different being possible.

One interviewee noted that arts practice had given her hope following a mental health breakdown that had resulted in hospitalisation. She explained how

she had accessed arts in mental health provision within the hospital and then in a community context:

It was only a complete break in my life that then turned me back to art that I've always enjoyed. And I suppose it's the arts that's helped me move on and sort of lifted me up and given me hope and been positive. (Jackie)

Here, she links the sense of hope with a feeling of upward and forward motion.

This observation also links the sense of hope with the affective forces that compel movement and change.

In the research studies exploring arts in mental health Lloyd et al. (2007), Van Lith, Fenner and Schofield (2011), Sapouna and Pamer (2016), and Stickley, Wright and Slade (2018) all articulate hope as a theme of their research in arts in mental health, though such studies don't connect the process to affect or the duende. This theoretical contextualisation may offer ways to understand the significance of the creative element in the development of hope through arts in mental health practice. Further such connections of this galvanising affective force that makes things seem more possible connects to the importance of self-agency and the importance of a person's belief that they have the ability to influence matters in their life. These fragments of participant reflection are brief and such links with affect, agency and duende are speculative at this stage but would be worthy of future studies focussed on these particular processes.

6.5 Agency in arts in mental health

The findings explored in this chapter suggest the significance of arts in mental health practice to the development of agency, a practice that focuses upon the art-

making whilst emphasising inclusivity and support of people with differing experiences, challenges and needs related to mental distress. The striking articulation of creative control in creative writing may be due to the nature of inquiry, as co-researchers we decided to explore this particular process in depth. However the significance of control recurred in other research cycles as well. Though the process mapping exercise sought to explore processes more broadly for individuals engaged in numerous art forms, the findings related to particular occasions of having control over one's practice rather than to the significance of them to any particular individual or art form. Deeper investigation is required to understand this process more fully.

Agency and empowerment were identified as significant processes of arts in mental health Secker, Spandler, Hacking, Kent and Shenton's large scale, mixed methods inquiry (see chapter 3). When participants were invited to describe their experience of arts in mental health, Spandler et al. mark the significance of agency:

While we could debate the universality of creativity, or our understanding of 'recovery', the ability to have some control over one's actions does seem to be an important human requirement and was also an important facet in the reported benefits of arts participation (2007, p.797).

In their quantitative study results 'showed significant improvements in empowerment and were suggestive of a strong causal link with arts participation' (Secker et al. 2007c, p.14). The findings here, hope to contribute to and expand upon the understanding of the significance of such processes to people engaged in the practice of arts in mental health.

Nicholson remarks that 'in the twenty-first century, power is no longer primarily exerted institutionally through visible hierarchies' (Nicholson 2016,

p.251). However it could be argued that, in mental health care, medical institutions (not only the hospital but the NHS more broadly, NICE guidelines for clinical practice and Clinical Commissioning Groups) still hold a great deal of power over the person seeking care. Nonetheless, the complex interactions of factors such as community-based mental health care, media representations of mental ill-health, social media, and the impacts of campaigns to raise awareness of mental health would suggest that the nature of power and empowerment in this context is increasingly 'temporal, mobile and fluid' (Nicholson 2016, p.251).

The participant reflections within this chapter speak of the facilitated workshop, or the practice of the company, as a space in which a sense of control may be experienced through creative practice, free from the constrictions of stigma or expectations of normative behaviour. A practice where empowerment may be developed and there is freedom to think differently, to imagine, to meet one's own needs and consequently support the different facets of the development of agency. The implications of regular, sustained experience of such practice, incorporating both cognitive and embodied experiences of control and empowerment, may support the embedding of such processes within the self and within the groups. This is significant in the rethinking of approaches to mental health care and to understanding the significance of socially engaged arts practice to the human experience as a whole. Nicholson articulates this in the context of applied theatre practice though the findings here indicate a broader context of socially engaged arts practice:

[T]he political implications of a relational ontology for applied theatre, in which it is recognised that pathways to social agency are created not only through overthrowing structures of power but also biopolitically, in

performative flows and rhythms of human and non-human interaction, and the spatial, temporal and material habits of everyday life. (Nicholson 2016, p.250)

I suggest that practice that focuses upon the art-making with people, rather than the instrumental, reductive qualities of such practice, implicitly supports such pathways to self-agency. The findings here infer that arts in mental health practice supports the development of these elements of agency: control, empowerment, freedom from stigma and normative expectations, perhaps even the development of hope, through the freedom and opportunity to be creative.

Part 3

The process of risk-taking

Chapter 7

Risk-taking in context

Risk-taking has been suggested as a factor in the transformative potential of creativity across different disciplines and fields of study (Copeland 2007, pp.89-104; Freeman & Le Rossignol 2010, p.75-99; Hunter 2008, pp.5-21; Kilroy et al. 2007, p.38; Lassig 2013, p.10). Despite references to risk or risk-taking as a process inherent to creativity, the concept is rarely explored. It is inferred that creative practice encourages adolescents to learn new things (Lassig 2013, p.10); that creative risk-taking through musical improvisation mirrors life itself (Copeland 2007, p.103); that the process of risk-taking develops confidence in writing students (Freeman & Le Rossignol 2010, p.76). An exception amongst these is Hunter's reflection upon an applied performance project with young people in an Australian suburb. From a practitioner perspective, Hunter discusses examples of 'emotional risk' and 'aesthetic risk' and the significance of a safe space within which to explore these processes (2008, pp.5-21). Hunter further suggests that such spaces may be either risk-adverse or risk-attractive (2008, p.9). With this partial exception, in these studies the process of risk-taking in creative practice has not been examined closely from a participant perspective, nor has it been explored in the context of arts in mental health.

Drawing on theoretical frameworks from the fields of risk, mental health and creativity, this chapter explores the nature of risk-taking in creative practice as it emerged from the research findings, and the potential implications of this in relation to mental health.

The theme of risk appeared early in the collaborative action research process. I had begun to participate in Converge Dance sessions and to facilitate action research cycles with the participants, facilitators and people supporting the participants after each session. In the following example I had not been able to attend the workshop but had left an instant camera and some paper and pencils for participants to make their own observations, I then met with the group afterwards to reflect upon the session:

[O]ne research participant said that he'd taken [a photo] of an exercise but it didn't come out. I asked him to describe the picture he'd hoped to take: the moment he had wanted to capture. He then described an exercise they do fairly regularly as part of their weekly warm up. 'It's called balancing over a precipice and it's this lovely moment where everyone is kind of teetering on one leg. Everyone together is wobbling in this precarious moment. Their legs are strong on the ground, but their bodies are wobbling. It has this chaotic form of precariousness and groundedness. There's a tension to it.'
(Field notes)

This undeveloped photograph inspired our action research cycle that day: exploring the idea of precariousness and what it meant to the dance practice of the people in the group. We talked about what significance, if any, this image might hold and, as we were talking, I drew a mind map of our discussion, incorporating everyone's vocal responses. Some of the documented responses suggested a notion of creative risk-taking: 'It could all fall apart, we could go down like dominoes. The thing which could fall apart is the creative attempt itself, the risk is of creative failure. The risk-taking in this example is also relational as it involves the image of dominos, inferring that failure for one means failure for all. Here the risk-taking involves both relying upon others and being relied upon oneself. The following comment related both to the balancing exercise which inspired the discussion as well as to the idea of performance itself: 'Performance is a risk, you're exposing

yourself'. In this example there is personal risk-taking through a notion of exposure and relational risk-taking as that exposure takes place in front of an audience.

From these reflections, based upon a single collaborative action research cycle, three potentially different modes of risk-taking have emerged: personal risk-taking; relational risk-taking; creative risk-taking. Having identified the three different modes of risk taking, they rarely, if ever occur as separate experiences, rather they are qualities of experience which have been discerned from the different ways participants in the study have articulated risk-taking. However, it is useful to consider them in isolation in order to understand the possible permutations of risk-taking in the different disciplines and at different stages of practice. This section will explore the different modes of risk-taking, however initially, an understanding of the broader context of risk-taking is required.

7.1 Risk-taking in a risk society

In order to understand the significance of the process of risk-taking in arts in mental health practice, it is important to situate risk-taking in a wider context. Firstly, exploring risk on a broad societal level, secondly in a mental health care context how risk avoidance strategy might affect the experience of the service user, and finally how, psychologically, a person might employ avoidance as a technique to manage anxiety. Outside of arts practice, risk is often framed as inherently negative:

Risks are potential dangers. We are all confronted with risks everyday, and we have all developed skills with which we constantly assess the various risks [...] No matter how hard we try, risks cannot be avoided. We constantly accept and/or take risks because accomplishing anything necessarily entails risks of all sorts. (Arnoldi 2009, p.1)

There are multiple sociological theories surrounding risk. According to Arnoldi (2009, p.2) the three most important of these are Ulrich Beck's Risk Society (1992); Mary Douglas' concept of the construction of risk (1983); and the Foucauldian perspective. Beck suggested that rapid innovations in technology have posed new risks on a massive scale blurring the lay person's ability to assess that risk (Arnoldi 2009, p.2). Further to this Lash and Wynne describe how:

risks are defined as the probabilities of physical harm due to the given technological or other processes. Hence technical experts are given pole position to define agendas and impose bounding premises *a priori* on risk discourses.' (1992, p.4)

This process negates the numerous subjectivities of such risks, privileging evidence of risk gained through controlled scientific means above the experiences of people employing such processes in situ (Beck et al. 1992, pp.4-5). In contrast to Beck's perspective, Douglas explored the way risk is sociologically and culturally constructed in order to socially include or exclude certain things or people (1983, p.8). Finally, a Foucauldian perspective of governmental policy construction suggests that risk is used by those in power to create certain discourses in order to influence and control (Arnoldi 2009, pp.2-3). Together these theories highlight the subjectivity and intangibility of risk which make it a highly problematic concept. In relation to arts in mental health practice, it is important to consider the ways in which concepts of risk may be constructed in a mental health care context.

7.2 Risk-taking and mental health care

Mental health service providers are tasked with managing people who may be deemed to be a risk to themselves or others whilst simultaneously facilitating their reintegration back into society (Wright et al. 2008, pp.234-235). This tension

is problematic as it has the potential to undermine the efficacy of mental health care, yet strategies of risk avoidance and concerns with risk management are prevalent in mental health policy and strategy in the United Kingdom (Department of Health 2012b; Ramon 2005, pp.184-188).

The risk discourse is particularly developed within Anglo-Saxon societies, where it is assumed that the ideology of individual freedom and autonomy is based on regulation from within, in which those who do not conform are regulated through a series of inclusionary and exclusionary mechanisms and processes [...] It is further assumed that the inclusionary discourse of people with disabilities (e.g. inclusion within education and employment), including those with mental illness, is no more than an attempt to ensure their conformity and hence the reduction of risk to their society and to themselves. (Ramon 2005, p.185)

Ramon's critique of inclusion policies and their connection to the sociological discourses of risk suggests an underlying cause of the ongoing marginalisation of people experiencing mental distress. It is an additional tension, along with that of the duality of role in relation to risk of mental health care workers which leaves the person experiencing mental distress subject to numerous problematic tensions. Such focus on the avoidance of risk and the responsibility for such focus negates the potentially positive processes of risk-taking.

Ramon states that 'it is virtually impossible to live by adhering only to risk avoidance as a major strategy for living, without the utilisation of risk-taking as a complementary framework' (2005, p.191). From another context, Murphy reminds us that 'we know from the world of work that taking risk while being in control enables people to do more, do it better and be more able to innovate' ((1999) cited in Ramon 2005, p.193). This contrast between the negative constructions of risk-taking in mental health care and the potential benefits of being in control of that

risk-taking is significant when considering the relationship between agency, control and risk-taking in arts in mental health.

7.3 Risk-taking and avoidance

A further consideration in the wider context of risk-taking is the experience of the individual experiencing mental distress, particularly those experiencing anxiety.

Wilkinson describes the mechanisms of anxiety:

The term 'anxiety' is a symbolic form of culture representing a state of mind and emotion by which we are made to be convinced that we are in a situation of threatening uncertainty. However, we should also recognise that being made to think and feel this way takes place in relation to the extent to which we lack, or rather, are denied the cultural resources for conceiving a means of escaping the suspected course of our fate (2001, p.17)

As well as being a culturally constructed state of mind and an emotional response, anxiety is both a symptom and a diagnosis within mental health care. Avoidance is a strategy often employed by people experiencing high and prolonged levels of anxiety and is referred to as cognitive avoidance in the field of cognitive behavioural therapy. Wilkinson, Meares and Freeston assert that the term 'refers to those strategies an individual may employ to avoid anxiety-provoking thoughts and feelings' (2011, p.19). In my experiences of mental distress and of working with people who are mentally distressed avoidance is a very common strategy employed by people as a means of controlling their environments and potential triggers to their anxiety and general mental distress. Indeed, '[a]voidance is the most compelling safety behaviour. It often represents the path of least resistance, providing tremendous short-term reward' (Westbrook, Kennerly & Kirk 2011, p.288). It is important to consider the repercussions of this strategy (or behaviour)

in order to understand the potential of a process which may offer a way of challenging avoidance.

It is logical to recognise that when we avoid the things which make us anxious, we may also begin to avoid experiences which could be beneficial to our mental health; which might make us feel good. Jacobson and Newman articulate the cyclical link between avoidance and anxiety thus:

Anxiety is considered an uncomfortable state of physiological activation elicited by a perceived external threat [...] and persons who experience anxiety limit their exposure (avoid) to these perceived threats to reduce their levels of discomfort. However, avoiding feared circumstances may also reduce one's exposure to both positive and corrective experiences. For example, if one avoids a social event due to social anxiety, one may not experience social support. Similarly, if someone has agoraphobia and is afraid of leaving his/her house, he or she may not experience the positive physical and psychological health outcomes of nature (2014, p.438)

Therefore these mechanisms of anxiety and avoidance might be cyclical or spiralling in nature. One feels anxious about a situation; in order to cope one avoids the situation; this leads to missing out experiences linked or peripheral to that situation; this in turn reduces one's exposure to both experiences which cause anxious responses, and to those which might elicit positive emotions. Thus it becomes clear how the effect of avoidance might become cumulative as both negative and positive experiences are avoided, yet the underlying anxiety remains.

Jacobson and Newman discuss the longer term implications of the anxiety and avoidance cycle, suggesting that the linking mechanism between anxiety and depression may be avoidance:

Although no studies have examined anxiety, depression, and avoidance together longitudinally in a naturalistic setting, research has shown that previous levels of anxiety predict future levels of avoidance [...], and past avoidance predicts later depression (2014, p.438)

Indeed, their findings from a longitudinal study showed that anxiety does predict later depression and that this relationship is affected by avoidance (Jacobson & Newman 2014, pp.442 -443). If avoidance plays such a pivotal role in anxiety and depression, then the potential benefits of projects which facilitate the process of risk-taking become clearer. In order to understand the implications of these processes it is worth separating out the different modes of risk-taking (personal, relational and creative) as they emerged from the findings.

7.4 Conclusions

Risk is a problematic, subjective and intangible concept. What constitutes a risk and who has the ability to assess and manage that risk is socially constructed. Risk avoidance strategies have become prevalent, in academia itself, research which has the impact of 'reducing risk' is seen as inherently positive (HEFCE 2012, p.48). Such strategies of risk avoidance are particularly prevalent in mental health care where media constructions of the dangerous mental health service user are still present. Tensions relating to the responsibility of mental health care practitioners to encourage autonomy and independence in mental health service users whilst simultaneously managing the risk they may present to themselves or others is problematic. However, for any individual, the ability and opportunity to take risks is important, the following chapters explore this.

For people experiencing anxiety, strategies of avoidance are often employed as a safety behaviour. This can be detrimental to one's mental health leading to a spiral of anxiety, avoidance and depression. Risk is highly significant in the

experiences of mental health service users and for society in general. How perceptions of risk are constructed and how to develop ways to engage in risk-taking and to develop one's sense of agency in one's own construction of risk seems of the utmost importance in releasing oneself from the shackles of the construction of the identity of mental health service user.

Chapter 8

Personal and relational risk-taking

This chapter will explore the personal and relational modes of risk-taking as they have emerged in the analysis of the research findings. Personal risk-taking in arts in mental health has a particular quality of exposure: exposure of parts of the self (either mentally or physically) that are not usually seen or explored; a sense of testing oneself through creative practice; or an exposure to failure or discomfort. Relational risk-taking occurs through working with or alongside others. In the context of the study this involves working in facilitated groups with others and, in some cases, collaborating towards a group creative output such as a performance. Relational risk-taking also includes the process of sharing creative work with an audience, whether that is within the group setting or beyond with peers, family, friends or strangers. Personal risk-taking and relational risk-taking often occur together, as part of the same act of practice.

8.1 Personal risk-taking through exposure

As discussed in the previous chapter, in response to the notion of precariousness that emerged from the blank photo in the dance workshop, there was a comment that 'performance is a risk, you're exposing yourself' (Collaborative mind map, Converge Dance 27/11/13). Here the exposure is articulated as an act one carries out upon one's self: the act of exposure through performance. This sense of exposure is echoed in the reflection from Out of Character about the company's devising process: 'Digging away at yourself' and in a comment about

the way they work when playing together as performers: 'Trust, losing inhibitions, less [inhibitions] with people you know, comfortable'. Both 'digging away' and 'losing inhibitions' infer a process of removing protective barriers. The process of personal risk-taking through exposure is a stripping away, a revealing of what is under the surface or that which has previously been hidden; discovering new things about the self.

The idea of losing inhibitions links to Augusto Boal's theory of the cop in the head, an image that not only are we all subject to oppressions of some form or other, from a personal level to a societal level, but moreover that we internalise these oppressions through our submission to the oppression (1995, p.42). In arts practice, particularly for those new to it, some typical inhibitions might be 'I can't perform that dance move, I am too fat and ungraceful' or 'I can't paint, my art teacher at school told me I wasn't any good', indeed the latter was a common theme within the interview study. These inhibitions could be construed as cops in the head. This links to Warner's notion of internalised stigma (2004). In order to practice an art form one must usually find a way to overcome at least some of these inhibitions, to challenge one's cop in the head

In performance, and any art activity which requires the sharing of work, personal risk-taking through exposure may well be to an audience, thus having a relational aspect as well. Certainly one is inviting the gaze of the people viewing one's work of art towards one's own body, actions, ideas or emotions as they are represented or portrayed in the creative work. The gaze here refers to the spectator's relational construct of what one is presenting for view or collaboration (Sturken & Cartwright 2009, pp.101-104). In her discussions of applied

performance practice where peace-building is a core aim, Hunter discusses a notion of emotional risk-taking which links to both personal and relational risk-taking:

[T]he risk of expressing open emotion to 'the other'; the risk of 'the other' belittling such emotion; the risk of prolonging conflict by addressing it inappropriately; even the risk of resolving conflict and thereby losing the right (and perceived status) to be indignant. (2008, p.9)

This exposition illuminates the sense of exposure as being one of taking the risk to show parts of oneself that have not been, or are not usually, shown; of exposing one's beliefs to the possibility of change. In this example the sense is that these parts are usually hidden in order to protect oneself, to stay safe. The risk according to Hunter then is the potential negative response of 'the other' (Hunter 2008, p.9). However, Hunter's concept of emotional risk-taking does not wholly articulate the scope of personal risk-taking. Risk-taking through exposure is not always both personal and relational, there is also the experience of exposing one's self to oneself. This is explored further in the section *Out of the comfort zone*.

8.2 Personal risk-taking through the trial of performance

This section focuses on the personal risk-taking within performance and separates this process from the relational risk-taking that is also intrinsic to such an experience. In both the theatre company and the dance group, participants described the testing or trial-like quality of performance based creativity. This testing was explored in reflections on collaborative work with the group 'Notions of are we good enough, do we pick it up'. In the dance sessions participants would explore and offer interpretations of an idea or concept, finding movement inspired

by the task set by the facilitator. The question of being 'good' enough then becomes about whether these attempts are good enough according to the rest of the group and the facilitator, and also to a person's 'cop in the head'. Does the participant feel they meet up to their own expectations, their own hopes for their abilities or creativity? Therefore the testing element of this practice creates moments of potential exposure to three different sets of expectations, one's own expectations, those of the facilitator, and those of other participants.

In Out of Character Theatre Company the process of risk-taking through the experience of performance was described more explicitly as a test: 'Coming on for the first time, rollercoaster, trial by fire, first line, testing, relief'. Also in a reflection on performance: 'Audience, ritual, people clap, I've passed, congregation, connection'. The reference to a 'trial by fire' suggests a ritualistic quality to this risk-taking, a rite of passage: a gateway experience. In the practice of this theatre company, performance to a wider audience is a regular occurrence. It is a predictable and inevitable form of risk-taking which is worked towards as a culmination of the practice of the company, as part of a tacit understanding of the art form being practiced. This linking of performance to a trial suggests a testing within known parameters. The performer understands what is required of them. This has been negotiated beforehand over a number of weeks through workshops and rehearsals. The performance is then a new level of risk-taking, the exposure of the self is on a grander scale as it is in front of a new audience but within the parameters of a ritual-like process. An actor prepares, through rehearsal, for the inevitable test of performance. Theatre theorist Schechner describes ritual and theatre as intrinsically linked (2004, pp.112-169), indeed '[d]rama and ritual are

connected by both contemporary anthropologists and experimental theatre practitioners ' (Jones 1996, p.246). Ritual is often described as an important part of dramatherapy practice. Emunah's description of the significance of ritual in her dramatherapy practice sheds light upon the potential of such a process:

Dramatic rites and rituals were ways in which communities confronted fears, symbolized hopes, celebrated joys, prepared for real-life events, and achieved a sense of control and empowerment. Rites were also a unifying force, connecting individuals to the group. (Emunah 1994, p.21)

Considering the ritual of performance as a form of personal risk-taking has implications throughout other art forms as well. In creative writing and fine art practice such as painting or drawing, the ritual-like process of making artwork which will eventually be seen by an audience is perhaps lower risk than the act of performance, as exhibition is not an intrinsic part of the practice.

8.3 Out of the comfort zone

Performance facilitates personal risk-taking through exposure of oneself in front of others. In performance and practice which works towards performance it is an exposure of one's physicality in two stages as can be seen in these examples from dance workshops. This dance practice (which the facilitator describes as combining contemporary dance and community dance practices) involves using one's body as a creative medium, exploring different ways of using it, often finding movement from within or from external stimuli through exercises set by the facilitator. This process begins with an improvisatory devising process and the material developed in this manner is then constructed and edited into a larger collaborative performance. One reflection describes '[p]ushing the limits, going out

of the comfort zone', the risk here seems to be about challenging oneself or being challenged by the task itself. The process of doing this, of leaving the 'comfort zone', carries the risk of exposing one's limitations to one's self, a personal element of risk-taking that is not relational. The second stage of that risk-taking is inviting others to watch what one is doing with one's body which then becomes relational.

In *Out of Character* a similar observation was made about the experience of playing together as a group 'Getting out of your comfort zone'. Here it is also associated with improvisation and playing and bears elements of creative risk-taking which I will explore further in the following chapter. The risk in these two examples then involves going from a place of comfort into a place of discomfort, thus exposing oneself to that discomfort. In a reflection upon contact improvisation in *Converge Dance* the comment 'Uncomfortable the first time, ok now' hints at what the potential pay-off of the risk-taking is. That a person may become comfortable with more things, comfortable in doing more things. This trajectory of actively risk-taking through one's practice, of becoming comfortable with things that had previously been uncomfortable could be opposite to the avoidance and anxiety spiral articulated by Jacobson and Newman (2014) in Chapter 7 *Risk-taking in context*.

The concept of going out of the comfort zone was inferred to as a positive process by co-researchers, though it was not always clear how much each person felt in control of such risk-taking, the inference was that this was a self-defined comfort zone that was being stretched. This connects to the internalised oppressors of Boal's notion of Cop in the head (1995, p.42), and Warner's internalised stigma (2004) as well as the relationship between avoidance and

anxiety. Perhaps the personal risk-taking of stretching beyond the comfort zone is a way of challenging such internalised oppression as well as the potentially damaging anxiety avoidance spiral.

Several times during the weeks I spent with the dance group, I observed participants sitting out of exercises, an act respected by the facilitator, often without discussion. Over time, there is a negotiation, both explicit and implicit through the facilitator's adaptations in response to reading of body language and about what a participant wishes to participate in during the workshops and when the group is working towards performance. This negotiation occurs despite this process being an inevitable part of this practice. Participants may also feature more or less in the performances as they feel appropriate. There is a self-negotiated risk-taking here, within the parameters of the practice of the group. Of course there may be different pressures to take these risks and some of these will be explored further in the sections on relational and creative risk-taking, nonetheless I suggest that the individual participant has many opportunities to choose not to take these risks, there is a sense of the participant having control over the risk-taking. This sense of control has been explored further in the *Chapter 6 Self Agency*. For example, while I was working with Out of Character Theatre Company, we were exploring the theme of madness in different scenes written by Shakespeare. We would read different parts in the early stages of rehearsal, then we might discuss which roles we particularly enjoyed playing. The director then put a script together linking these scenes and cast us according to his ideas and the comments we had made. Later during rehearsal participants decided they could not play the parts that they had first taken on and these sections were either cut, changed or given to

others. Thus there were opportunities to try things out, to negotiate what felt ok and what didn't, what risks to take and what not to. The creative aspect to these choices will be explored further in the chapter *Creative Risk-taking*.

The process of personal risk-taking was articulated more clearly in dance and theatre than in creative writing, one reason for this could be that the sense of personal risk-taking might be more present in performance based arts. Perhaps this correlation is linked to the ritual-like processes of performance. However there is potential for performance or exhibition in solo art-making. In the creative writing classes I experienced as part of the collaborative study, everyone was invited to share their work with peers and people could choose whether to perform in front of a wider audience too.

8.4 Relational risk-taking: an interdependent duality

Relational risk-taking can be described as the risks one takes when working with others. This type of risk-taking was implied in two comments within the discussion around precariousness. Firstly, 'It could all fall apart, we could all go down like dominos' (Converge Dance) suggests a group or collective effort where there is a risk of failure. Images of falling apart and cascading dominos have another implication: that failure by one means failure for all, suggesting a collective responsibility, a reciprocal responsibility towards the group. This idea of collective responsibility could relate to the images suggested in the description of the exercise from the blank photograph: 'Balancing over a precipice, groundedness and precariousness' (Converge Dance). What is groundedness here? When discussing it

with the participants and facilitators of the group there seemed to be an inference of being grounded and supported by other members of the group: 'Relying on cues from other people [...] Feedback from other people reassures' (Converge Dance). So here perhaps the simultaneous and paradoxical notions of being both grounded and in a precarious position, of having to 'rely' upon others, could be suggestive of relational risk-taking which involves trusting and allowing one's self to be grounded by the other members of the group whilst also allowing oneself to be trusted and relied upon by the group.

This duality is articulated in a reflection by Out of Character Theatre Company members: 'Responsibility and trust in equal measure'. This relational risk-taking which involves both offering something to the group and accepting something from the group was also inferred in a reflective drawing (this method is described in the *Methodologies Chapter*) by a member of Out of Character in a collaborative action research session entitled *What I get, what I give* with the simple words 'initiate, follow'. In this context the company member expresses the duality of leading and following in her practice with the company.

The connection between relational risk-taking and responsibility to the group is made clearer in a reflective image created by Out of Character Theatre Company. As part of a collaborative research cycle, I asked the company to divide into small groups and to make theatre images of some of the different ways that they worked as a company, using their bodies to create images without using words. One such group created a moving image relating to the process of devising and developing work: the group approached an invisible object, out of reach in the

centre of a space, seemingly surrounded by barriers. The following reflection is an extract from my field notes:

[A]ll of them working to try to reach something in the centre of the circle, with invisible barriers. They stretched and strained, and someone observed that they each had different roles, or ways of doing this. After some time they began to figure out ways of helping each other and, working together they eventually did get the object and showed a sense of satisfaction and group bonding. (Field notes)

This theatre image holds some similarities to the example from dance of balancing over a precipice. In this instance performers reached for the invisible goal: balancing and risking falling. They were supported and anchored by other performers in the group. After reaching it, they congratulated and thanked each other, hugging and patting each other on the back. Here the representation is described by participants as an image of '[s]training for something, effort and precariousness. Risk [...] The danger of it.' (Field notes), linking effort with risk-taking through the notion of precariousness or instability. There is an inference here that the precariousness and the effort of the task depicted is difficult but worthwhile, that there is an outcome that is worth the effort. Here, as in reflections from the dance workshops, there is the focus upon '[t]eam collaboration. Individuals with different approaches but collaborating.' (Field notes). Thus this image exploring the devising and development stage of practice is one of relational risk-taking through group collaboration and articulates the duality of precariousness and groundedness.

8.5 Relational risk-taking in collaboration

Collaboration as a form of relational risk-taking is referred to by Out of Character Theatre Company in different ways. It is mentioned directly in the description of the characters working together, leaning on each other for balance: 'Collective, collaboration'. It is also described in terms of the qualities of this experience and how the group supports an individual: 'People help out when you go wrong' and 'Trust, losing inhibitions, less [inhibitions] with people you know, comfortable'. In these reflections the development of a collaborative process is described, with the collaborative relationships developing as people get to know each other and get used to working together. The art making in forms with a group creative output such as theatre and dance would usually be collaborative in a community art setting, rather than being prescriptive or heavily directed by the facilitator as it might be in classes or groups outside of the community arts context. However in the use of the word collaboration, and the qualities described that relate to it, a particular quality beyond simply working together is implied. Within that collaboration certain complexities arise which inevitably produce the necessity for relational risk-taking.

Hunter cites Lévinas ' suggesting that in the encounter of collaborative work we come face to face with the potential differences of the other, how '[i]n the act of collaboration, the face of the other[...] and the potentially different ways in which the other perceives their world, demand attention' (2008, p.16). This confrontation with the ideas and experiences of others serves to potentially destabilise one's own view of the world and so in this encounter there is a relational risk-taking. However the very process of engaging in that risk-taking may

well serve to strengthen one's own sense of the world and ability to accept one's differences with the 'other'. As Lévinas states, 'the self cannot survive by itself alone, it cannot find meaning within its own being-in-the-world, within the ontology of sameness' (Lévinas & Kearney 2014, p.437). That meaning then comes from the relational risk-taking of allowing one's self to be confronted with the differences of the other. The collaborative process intensifies the potential for this encounter and requires the process of relational risk-taking. This intensified process of being faced by the other holds a potential for transformation and Grant Kester describes in his book *Conversation pieces*:

Our existing identities do not simply dissolve upon contact with difference. Rather they maintain a provisional coherence, leaving us open to the transformative experience of others, yet retaining a sufficiently material sense of self for this experience to leave a lasting impression. (Kester 2004, p.158)

In her book exploring the collaborations of famous artists and thinkers, John-Steiner marks the challenges of collaboration and its parallels with family life, she suggests that '[l]ike an extended family, a collaboration bears the complexity of human connectedness, strengthened by joint purpose and strained by conflicting feelings' (2000, p.91). Further she describes how 'interdependence is fashioned then either resisted or effectively balanced, among partners who practice the varied skills of collaboration' (2000, p.92). Here she talks of collaboration between partners; however the same could be said for larger group collaborations. Such a process carries inherent risks of failure to collaborate thus collaboration requires an intense level of relational risk-taking, of engaging with the complexities of working closely towards a unified outcome, of developing the relational skills one

needs in order to achieve that outcome. The notion of interdependence relates back to that duality of precariousness and groundedness. The complexities and demands of collaboration and group work and its inherent dynamics have been explored in greater depth in *Chapter 6 Themes of Process: Group Dynamics*.

8.6 Relational risk-taking in performance

Another element of creative practice which particularly requires relational risk-taking is performance and the sharing of work as was identified in the reflection from the dance group, 'Performance is a risk'. The act of performing or sharing one's work, is a form of both personal and relational risk-taking.

Performance is a direct and clearly framed form of relational risk-taking, it assumes the presence of a spectator, an audience or a viewer. It invites the gaze (Sturken & Cartwright 2009, pp101-104) of the other upon one's self. To call upon Lévinas once again: this is an explicit and intentional facing of the other (Lévinas & Kearney 2014, p.434).

I return to the reflections on performance of Out of Character in order to explore relational elements of risk-taking. The first example: 'Coming on for the first time, rollercoaster, trial by fire, first line, testing, relief' suggests an experience of shifting emotions which relate to the feeling around the risk-taking. The use of the metaphor of the rollercoaster suggests there are lows as well as highs in this experience. The suggestion of 'trial by fire' is extreme, inferring a high level of risk in the act. Certainly the act of performance is a high anxiety one as is clear from the number of professional actors that suffer from stage fright. The final reflection of

relief refers to the feeling after the initial act of risk-taking, it is unclear whether this is after the performance itself or just after the initial exposure: the initial facing of the other.

There were similar observations made by interview participants about the intensity of the experience of performance in dance and music respectively:

We had a quick practice before our final performance in the church. It was quite nerve wracking in a sense, but you get a rush from it. You feel like God afterwards, you feel so alive. (Scott)

And we've done, obviously, a performance. Again, getting out and performing, the buzz and the thrill you get afterwards. A nervous wreck to start with, because that's the adrenaline, that's normal. Afterwards when you get that applause, and okay it was only in front of the other students, but even still it was, that setting of doing it, was great. (James)

These observations mark the extremes of feeling either side of the moment of risk-taking through performance, suggesting the intensity of this relational experience of performing in front of an audience has a significant pay-off: an experience that is similar across different creative disciplines.

In the reflection: 'Audience, ritual, people clap, I've passed, congregation, connection'. There is a journey of experience, a transition through a series of emotions. Here however the reflection lingers on the experience of relational risk-taking with the words 'congregation' and 'connection', these are linked to the audience and so it is inferred that through that act of relational risk-taking with the spectators one connects with them, one forms a congregation. This then may be the pay off or the culmination of the relational risk-taking, creating a sense of connection, togetherness, perhaps even belonging. In the dance group, back in that initial reflection on precariousness, there was a comment: 'Putting ourselves

out there and we're hoping that people will allow us to be what we are', suggesting a hope for acceptance and perhaps for validation.

In the process mapping workshop, interviewees marked the risk of failure when sharing their work with an audience:

'I enjoy sharing but it is risky, it depends on people's response.' (Margaret)
'People could think I'm rubbish & my art is not good enough to put in the exhibition.' (Jackie)

Here both participants articulate a fear of a negative response to exhibiting their visual artwork. It is interesting to note that such risk-taking relates to a solo creative output where, perhaps, the risk of personal exposure is higher than in a group creative output.

Relational risk-taking is an action which involves placing one's self in relation to others, through collaboration, through informal sharing of work, through performance. A person opens their physicality and ideas or creative product to the gaze of others, to be seen, to be heard and to be reconstructed in the gaze of others. One is permitting the possibility of connection and perhaps coming together with others in the acceptance of difference.

8.7 Conclusions

Personal and relational risk-taking are very closely linked. At the core of the examples of personal risk-taking is the premise of being exposed, uncovered through the trial of performance or going out of the comfort zone. Most of these experiences are also forms of relational risk-taking, involving exposure of one's self to others. Through these experiences one might develop a comfort with exposure,

with being uncovered, with the complexities of collaboration, with facing the other and being in the gaze of the other and through it all what the collective Goat Island performers describe as a 'comfortability with failure' (Mitchell et al. 2002). The implications of regularly encountering these processes through one's creative practice could be varied and widespread. In a risk society and in the context of mental health care within that society, where risk is mediated and assessed, where the perceived safety of risk-averse policy and procedure arguably underpin many mental health service users' experiences these opportunities to practice risk-taking could be of great value. A practice which enables one to develop the strengths to regularly practice this risk-taking in a supportive and understanding environment where the focus is not upon the self could help one to engage in and cope with the complexities of this kind of risk-taking in other contexts beyond the arts practice. This transferability of experience from the processes within the practice to experiences in life beyond the setting of the arts in mental health workshop is a key question for future research and is perhaps even more pressing when considering the process of creative risk-taking in the following chapter.

Chapter 9 Creative risk-taking

Remembering the dancer on the edge of the precipice, risk-taking has long been suggested as a factor in the transformative potential of creativity across different disciplines and fields of study. Creative risk-taking⁴ is perhaps the most complex and elusive mode to define therefore an overview of discussions around the nature of creativity itself, from a multidisciplinary perspective, is required. I will then explore my analysis of the research material in relation to this theoretical context. Through this discussion I will show how facilitated arts practices provides the opportunity to engage in creative risk-taking, and further, how this may deepen our understanding of the unique qualities of arts practices in a mental health context and beyond.

9.1 Concepts of creativity

To conceptualise creative risk-taking, an overview of concepts of creativity from a multidisciplinary perspective is required. Turning first to Maslow who:

distinguished between two types of creativity, which he referred to as primary and secondary. Primary creativity is the type of creativity a person uses to become self-actualized - to find fulfilment. Secondary creativity is the type of creativity [...] that leads to creative achievements of the sort typically recognized by a field (Sternberg, Kaufman & Pretz 2002, p.8).

The implication is that these primary and secondary forms of creativity are separate, and it is indeed useful to differentiate between types of creativity in

⁴ Much of Chapter 9 has been published in a book chapter entitled *Capturing the Intangible: Exploring Creative Risk-taking through Collaborative and Creative Methods* (Stannage 2017, pp.109-122)

order to understand the concept. The psychological concepts of Maslow are, however, problematic, rooted as they are in the idea of the 'self-actualised' (1974) person and the hierarchy of needs. As Sagan critiques:

That well-known triangle, with creativity part of the self-actualisation of its peak, still held so firmly in the sight of positive psychology, lures us into its topography while overlooking the gristle, spit and inequity that characterize its bottom two levels and the increasing difficulty of moving out of their intractable snare. (2015a, p.145)

Simonton also distinguishes between two forms of creativity, suggesting that '[s]mall-c creativity enhances everyday life and work with superior problem-solving skills whereas big-C Creativity makes lasting contributions to culture and history' (2005, p.195). This mirrors Maslow's primary and secondary creativity and alludes to underlying personality traits, becoming similarly problematic. However, Simonton also refers to them as types of creative activity (2005) which is more useful in developing a concept of creative risk-taking. From an educational paradigm, Craft again distinguishes between two types of creativity, she explains that '[m]any studies of creativity have focussed on this extraordinary paradigm-shifting sort which many call "high creativity"' (2001, p.46). Craft goes on to describe her conceptualisation of 'little c' creativity and articulates its role within society:

One of the effects of the intensification of change in each of these elements of society - social relations, the economy and technology - is that individuals are required to be increasingly self-directed [...] One way of describing this quality of self-direction might be 'little c creativity' (2001, p.46).

Here Craft roots the concept of little c creativity in a quality of action, an approach to life in response to the increasing uncertainty of living in a postmodern world. Craft herself makes the link between risk and little c creativity (LCC) 'an act

cannot be called one of LCC if a risk, which matters to the agent, has not been taken' (2001, p.58). Crucially, the agent in this concept is the person who carries out a creative act, with the phrase 'which matters to the agent' being very telling, the risk then must be of value to the 'agent'. Therefore in Craft's conceptualisation of little c creativity, as in the writings of Simonton and Maslow, creativity is intrinsically an act of risk-taking, of making a choice that could result in benefit or loss to the agent.

In seeking to understand the process of creative risk-taking in facilitated arts practice I suggest that there is a third type of creativity, where the potential of a person to engage in these different types of creativity is fluid rather than fixed, and part of a spectrum of creative action. I have termed this 'facilitated creativity' because it occurs as part of the experience of trying or exploring new things, in this case, arts practice. Table 1 presents a taxonomy of creativity and begins to suggest how increasing one's capacity for one type may increase one's capacity for others. These types of creativity are on a continuum where the actions might differ in type, scale and domain, however the creative process itself may be the same. Thus by practicing facilitated creativity one may develop the skills to implement those creative processes on an individual level in one's life or across an art form or a larger domain.

Sternberg, Kaufmann and Pretz's (2002) conceptualise a propulsion model of creativity where the focus is upon contributions or innovations to a field of practice or study. This could also have parallels with the practice of an individual or group.

Creativity type	Little c (small-c or primary)	Facilitated	Big C (high or secondary)
Domain	Individual	Local (Individual or group engaged in creative practice facilitated by others)	Field
Creative action	Living	Exploration	Contribution

Table 4 A taxonomy of creativity

An individual or a group of people might explore a new creative form or idea which, whilst not innovative within the wider field of practice, is new to their practice.

Indeed, these creative 'explorations' as I call them rather than 'contributions', could be mapped upon the seven different forms suggested in the propulsion model (Sternberg et al. 2002). Here it is suggested that each different contribution moves the field forward in a different way and that some types of contribution propel the field further than others. This concept could also be applied at a local level to the practice of an individual (or group, such as a theatre company or people working in collaboration) where one's creative territory is propelled further forward through different forms of creative exploration. The forward movement here then is about innovation beyond one's previous experience.

In their book *The Origins of Creativity*, which explores creativity from a neuroscientific perspective, Pfenniger and Shubik support this potential for movement across these typologies:

Creativity must be the ability to generate in one's brain (the association cortex), novel contexts and representations that elicit associations with symbols and principles of order [...] Creativity further must include the ability to translate the selected representations into a work of art or science (2001, p.235).

In this treatment, creativity consists of two elements, the first being 'novel contexts and representations': a new way of looking at things or of showing things. The second is 'the ability to translate': communication. In Big C creativity this communication occurs through a work of art or science, whereas in little c creativity this could be enacted through the cooking of a new recipe or the changing of a routine. Thus the definition of creativity here becomes: a new way of communicating or translating and representing a new idea or concept. This suggests that the act of engaging in a practice of facilitated creativity could develop one's skills of applying little c creativity to one's own life. This ability to be self-directing and adaptable to change also provides the skills for employing strategies of risk-taking, thus challenging strategies of avoidance. In identifying this facilitated form on the continuum of creative acts, it is important to locate this within the research findings and the experiences of the participants of arts in mental health.

9.2 Creative risk-taking in practice

After a Converge Creative Writing session, as part of an action research cycle I asked participants to write for ten minutes in response to the prompt 'Writing is...'

One participant produced the following:

It involves continually refreshing my creative eye and letting in the light that inspires and informs my creative work. [...] a very personal and intimate encounter with something that exists only at the edge of my experiences. To a great extent this encounter involved overcoming a kind of mortal fear or anxiety, coming face to face with a foreign and inscrutable other.
(Converge Creative Writing)

Here the participant talks of creativity as an encounter with something on the edge of his experience, and of the fear and anxiety related to this process. In this description the process of creative risk-taking entails exploring a new concept or idea, and way of communicating that idea through the art form. The practice of the art form, in a sense, facilitates the creative exploration. This is made more urgent through the participant's sense of necessity to overcome the fear of doing this.

Creative risk-taking also links to the concept of getting out of the comfort zone explored in Chapter 8. This shift out of the comfort zone often involves the trying out of new forms of creative expression, or a shift into the territory of previously unexplored ideas. The implication is shifting from comfortable ways of doing things and infers the trying out of the new: movement through a creative exploration.

During the research process with Out of Character, members of the company made short scenes about their different modes of practice. In their reflections upon these, the participants used phrases such as 'Thinking, trying things out', 'To keep trying' and 'working up towards getting it' which again link to the trying out of the new concept and way of communicating that concept. In the playing and devising modes of working, theatre games and exercises which use improvisation are frequently employed. This is common practice throughout the field of theatre. These activities facilitate exploration of both elements of creativity

as conceptualised from the neuro-scientific perspective: a new way of communicating a new idea or concept. This notion of trying seems intrinsic to creative risk-taking and brings me back to Sternberg, Kaufmann and Pretz's propulsion model of creativity (2002) where one begins with an idea, perhaps inspired by something one has heard or seen elsewhere, and attempts to find a new way of communicating that idea. One shifts the creative act away from the known, from the previously experienced and into the unknown; there is propulsion here in these acts of facilitated creativity. Participants discussed the experience of theatre games and exercises where improvisation is often a core element.

9.3 Creative risk-taking through improvisation

It is worth looking more closely at the process of improvisation and its relationship to creative risk-taking. In an essay on improvisation in dance Foster writes:

The unknown is precisely that and more. It is that which was previously unimaginable, that which we could not have thought of doing next. Improvisation presses us to extend into, expand beyond, extricate ourselves from that which was known. It encourages us or even forces us to be 'taken by surprise' (2003, p.4).

Here the potential for improvisation as a form of practice facilitating creative risk-taking is evident. The extension of thought and practice into the unknown propels one beyond the comfort zone. In the context of music, Higgins and Mantie describe the experience of improvisation as 'embodying such qualities as risk-taking, reflexivity, spontaneity, exploration, participation, and play' (2013, p.9).

Whilst warming up for a session with the Converge Theatre Company, I noticed how creative risk-taking works within a moment of practice. As we completed the warmup exercises the energy of the company was very high, they had really thrown themselves into the workshop, with energetic, bold and creative offers. Often when I work with people, even those experienced in theatre, there is a reluctance to take physical or creative risks; those that might be embarrassing or difficult. An example of what I mean by risk in a theatre workshop might be particularly useful here. In the game 'What are you doing?' the focus is upon offering and accepting: the first person offers an idea to play with and the second person accepts and works with that offer. In this kind of work, the more a participant commits to that idea, the more willing they are to use their entire body, to be as imaginative as possible with that offer, the greater creative risk they take and the more enjoyable the experience of participating. In this example, creative risk-taking is about trying something out, about committing oneself to that attempt by being as uninhibited with one's ideas and physicality as possible. Improvisation games work as exercises of practicing that creative risk-taking.

In Converge Dance the experience of improvisation was described using different language to that of theatre participants. In dance, participants described, 'Finding our own movements' which links to the idea of trying out a new way of expressing something, the movement being the expression and the 'finding' similar to the notion of 'trying'. Participants in dance also talked of: 'Communication with bodies, non-verbal communication'. This links to the communication element of creative risk-taking, in this instance with a fellow performer through contact improvisation, a form of dance improvisation where bodies move together in

space, bearing weight with each other, and the space and objects around them. In these examples different elements of creative risk-taking are present including trying a new way of expressing or communicating something and the casting off of inhibitions in the process of doing these things. Improvisation is a mode of working which necessitates a concentration of creative risk-taking and thus may be a particular crucible for facilitated creativity.

In her visual arts practice, Jackie marked a process of creative risk-taking when exploring new forms of work: 'I am very open to trying different material/techniques. I enjoy spontaneity.' This mention of spontaneity during creative practice might be similar to the process of improvisation.

The practice of improvisation is a mode of working which necessitates a concentration of creative risk-taking and thus may become a crucible for the practice of facilitated creativity. The relevant skills for this risk-taking could then be incorporated into one's sense of self and thus develop one's small c creativity. This process is particularly evident in the performance-based practice where improvisation is readily accepted as a mode of practice, though one interviewee noted something similar in her visual arts practice. It may also be present in creative writing although the scope of this research study did not uncover this, and further investigation would be required. However Perry discusses the way writers improvise when working upon a facilitated task in a creative writing class or group and how this influences their practice:

Improvisation and writing in situ must not be overlooked for its value in developing the writer as thinker. A writer's improvisation can serve many purposes. Like the dancer's work, it is never truly ephemeral. It is always ghosted by past rigorous learning and technique. And the improvisation itself continues to ghost the writer: to be part of the writer's repertoire,

part of their writing history, and thus must influence the writer's future work. (2007, p.140)

The practice of improvising in a group setting is present across the disciplines of theatre and dance and, according to Perry (2007, p.140), it is also a part of creative writing practice within a group facilitated setting. This practice of improvisation facilitates a process of creative risk-taking. Further investigations would have to be carried out to ascertain whether improvisation as a form of creative risk-taking is present across arts in mental health practices.

9.4 Creative risk-taking and living creatively

The potential implications of facilitated creative risk-taking change how we might consider impact in the context of arts in mental health. As Bohm states, '[c]reativity is essential not only for science, but for the whole of life. If you get stuck in a mechanical repetitious order, then you will degenerate' (cited in Gauntlett 2007, p.26). This suggestion that creativity entails the ability to shift one's sense of self rather than remaining stuck is similar to a notion of living creatively, which Ruti identifies as a confluence between the theories of Winnicott and Lacan:

To be creative a person must exist and have a feeling of existing, not in conscious awareness, but as a basic place to operate from. Creativity is then the doing that arises out of being. It indicates that he who is, is alive. (Ruti 2010, p.353)

However with further exploration, Ruti defines the concept more specifically, suggesting that 'living creatively in the postmodern era entails accepting existential insecurity' (2010, p.369). According to Ruti, Lacan takes this

concept further still, suggesting that it is 'only by exchanging ego for language, its narcissistic fantasies for the meaning making capacities of the signifier, that the subject can begin to ask constructive questions about its life' (2010, p.358). Thus by becoming 'meaning maker', by exploring new ways of communicating an idea or concept, one is developing one's little c creativity. Ruti's concept of living creatively relates to an ability to accept a multitude of possibilities and meanings, of embracing a sense of not-knowing. Living creatively requires the development of the skill of being comfortable with uncertainty, whilst simultaneously pursuing the attempt to communicate one's own perceptions and understand the perceptions of others. I suggest that these skills are practiced in facilitated creative risk-taking in a manner that enables them to be subsequently adopted in everyday life.

9.5 Conclusions

Drawing together Ruti's notion of living creatively by 'accepting existential insecurity' (2010, p.369) with Gauntlett's notion of creativity in the arts being a cultivation of a multiplicity of perspectives (2007, p.20), the potential of arts practices to allow a transferral of this quality of approach to one's life becomes clearer. In arts practice the creative risk-taking involves both the experience of communicating one's own ideas in new ways whilst becoming cognisant of the numerous other ideas, and ways of communicating those ideas, that other people may employ. I suggest that this facilitated creative risk-taking developed in the local domain of community based arts in mental health practice encourages the development of one's little c ability to live creatively. It seems this process is integral to arts practices and further that this necessity for creative risk-taking may

be a quality that clarifies the potential value of arts practices, as opposed to non-arts activities, in a mental health context. There is potential here for developing an understanding of how facilitated creativity might aid the development of these qualities of little c creativity.

Chapter 10

Risk-taking in arts in mental health

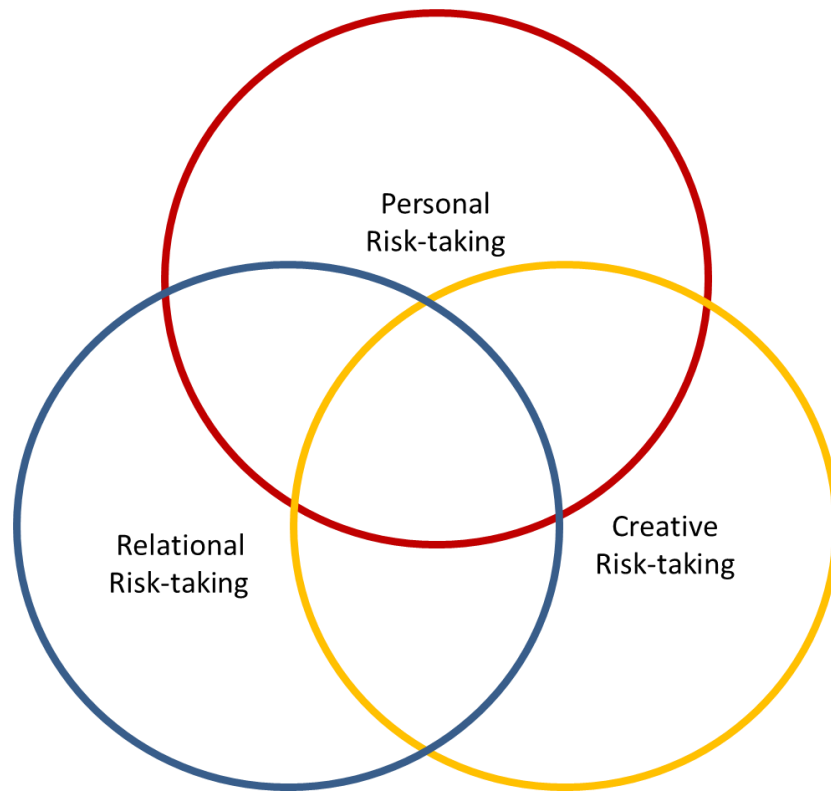


Figure 5 Modes of risk-taking in arts in mental health practice

The analysis on the theme of risk-taking has yielded the possibility of three different modes of risk-taking that are present in the experiential process of facilitated community-based arts in mental health. There is some evidence of these different modes in all three of the art forms included in the collaborative study and indications from the narrative interview study that this process may occur more widely. The Venn diagram above (Figure 5) illustrates the overlapping nature of these modes of risk-taking and could serve as a way of mapping which modes of

risk-taking are occurring for a group or individual at a given point in a particular practice.

This chapter seeks to explore the implications of the processes of risk-taking that arose through the research, thus attempting a broader perspective and situating such processes more clearly in relation to the nuances of practice and experience within that practice. The participants in the research forum (see *Chapter 4 Methodologies*) suggested that this risk-taking has the potential to develop over a period of time spent practicing these disciplines and so the exact nature and magnitude of the risk-taking may be very specific to each person's particular situation in a particular moment. Consequently, experiences of risk-taking would differ over time and be relative to that person's level of experience; mood; confidence levels and other factors unidentified in this study.

10.1 Developing risk-taking through practice

Through discussions in the research forum it was suggested that the participants felt that in order to develop one's practice one must take further and greater risks within that practice. It was suggested that in both theatre and dance the practice requires an immediate risk-taking. This is because participants are working as a group towards collective creative output which requires involvement in performance almost immediately, firstly through sharing work and then in order for a period of work to reach its necessary conclusion in performance-based art forms. Despite this immediate necessity for risk-taking within the practice, the forum also marked that there was an ongoing self-negotiation of the levels at

which one participates in the performances, a sense of control over the role one takes in the performance and thus the level of risk-taking.

The forum noted that examples of the different levels of creative risk-taking in Out of Character ranged from non-speaking parts in small sketches; to bigger roles in performances; to solo performances which might explore autobiographical material. The participants in the forum from the dance group felt that in their practice, the extreme end of what we might consider to be a scale of creative risk-taking was personal exposure explored through testing physicality rather than through disclosure of personal material through overtly autobiographical performance. Although their dance practice did involve autobiographical performance, they felt that this was not the kind of performance which constituted a higher risk of exposure. In creative writing it was noted that one wasn't required to participate in the performance element of the workshops at first so the inherent personal risk-taking for beginners was very low. However as participants gained confidence they might share their work and begin to become bolder with their ideas, perhaps adding autobiographical elements and eventually performing or publishing their work, thus developing the different modes of risk-taking. These examples of developing risk-taking through practice are inevitably subjective to those that were present in the discussion, however they highlight that potential for development is an important quality of the process of risk-taking.

There are numerous other possibilities and potential levels of risk-taking, too many to identify here. These few broad examples might begin to illuminate the differences and similarities of risk-taking in the different art forms. Further it allows us to see the potential of a development of all modes of risk-taking, and that the

fluid or shifting nature may be an important element of the process. It is important to remain cognisant of the subjective nature of this concept of developing risk-taking through practice as people find different things challenging: some are more anxious about their physicality than about using their voice; some people might feel quite relaxed about using autobiographical material where other people might find that very exposing. This particular quality or potential of the process of risk-taking might well be useful in the development of further studies in this area and has the potential to develop a more nuanced understanding of the impacts of arts in mental health practice and beyond into the relationship between community or socially engaged arts and the links to wellbeing on a wider scale.

10.2 Risk-taking and failure

For the comedian facing the audience, for the shaman invoking the spirits, for the footballer measuring the goalposts, the crucial emergent moment at which they perform their action is the moment of risk, the risk of failure—that the audience might not laugh, that the spirit will not come forth, that the goal will be missed, that the desired state of affairs will not emerge. [...]he underlying temporality of this risk, the specific structure of expectation and eventuality, is what constitutes these events as performance. (Grant 2014, p.127)

Here Grant asserts that it is the moment of risking failure before an audience that makes an event a performance. The performance moment in an arts in mental health project facilitates a high potential for risk-taking, and thus creates the conditions for a higher potential of failure. For if one does not pass the test of performance, if one cannot complete the task by not communicating the ideas clearly in the form that one hoped to, by making mistakes which make the process difficult for one's fellow performers, one risks failing. The exposure of that failure is

in a public space, beyond the confines of the group workshops where one might try again under the care of the facilitator and fellow group members.

I was involved in devising and performing with two of the groups I researched with. The following is an example of how risk and failure might operate in an arts in mental health project, it is anonymised, and the details of the circumstances have been removed in order to preserve confidentiality of the participant:

We were devising a new performance in a very short timescale. The pressure was high but people in the group were excited by the project. After a short development period people were given their part by the facilitator. Liam was given quite an important role to play in the performance, however very early in the rehearsal process he had some personal issues which kept him away from rehearsals and the other people in the group were concerned for him and how he might be coping. People communicated this to Liam, explaining that he could return to the group when he was ready and that someone (myself in a multi-positional role as researcher, support facilitator and performer) was learning his part so they could perform it in his place if needs be.

Shortly before the performance day Liam returned to rehearsals. He had learned his part and proceeded to rehearse with the group. He was again given the option of performing or stepping down and was told the decision was entirely his and that the group would support him either way.

During the performance, in front of an audience of forty or more people Liam began his part then he forgot what he was doing and froze on stage. He then left the performance space saying that he couldn't do it. The show continued without him; I covered his part.

After the performance someone went to find Liam, he returned to be with the group in the now empty auditorium. He was very distressed and apologetic and said that he felt he'd let everyone down. Various members of the group took time to talk to him, to tell him that it was ok, that they had been worried about him. People were particularly concerned that this difficult event had happened after the stressful personal issues that Liam had been going through, that this moment of crisis might affect Liam really negatively.

Liam did not attend the next workshop and members of the group talked about how they wished they had responded to him, and whether they had supported him enough in his return to the group.

Staff from the organisation, the facilitator and other group members took time to talk to Liam over the following weeks and Liam did return. The performance had been recorded and Liam chose to watch the performance

including the part where his part had been performed by someone else. He decided to try the role again in the next performance of the material. This time he was involved in all the rehearsals and managed to complete the performance.

He spoke to me afterwards about what a positive experience it had been overall, that he was proud of managing to perform and overcome the crisis moment in the first performance.

This example illustrates how risk-taking can lead to failure and the potential of this is not to be underestimated. In this performance context the risk-taking was multi modal. The level of distress caused by that moment of crisis on stage, in that public space, and the potential repercussions could be catastrophic to an individual. Indeed as a researcher I did not have an insight into Liam's experiences in the hours and moments following the crisis moment on stage. I did observe the support and reassurance he was offered by the group, the lack of judgement they showed him, the ways people considered how best to support him and the solidarity they felt with him. In this instance the failure was not catastrophic, however had Liam not returned to the group, not continued in his practice with them, had the experience triggered a significant relapse of symptoms of mental ill health or been too traumatic then it might have been a risk too far. These risks are inevitably present as part of creative practice and the significant thing here is that it was Liam's choice to take those risks. There were explicit negotiations with the facilitator of the piece and with me as co-facilitator and co-performer as to whether the challenge was too much for him given the circumstances surrounding the performance and preparation for it. Perhaps it was his because the risk-taking was within his control he was then able to control his comeback from that moment of crisis. Perhaps it was the support and understanding of the rest of the group, or a combination of these things. Further investigation would be required to explore

the nuanced interplay between these different factors upon risk-taking and one's ability to cope with failure in this context.

It is worth considering the control the Liam had over his decision to take the risk of performing with so little preparation. Perhaps it was this level of control, combined with the experience of non-judgemental support from his peers which then led to him feeling he could attempt a similar risk again which we can see eventually led to an experience of validation. For if one does not have the opportunity to risk failure then the risk is not really a risk at all.

10.3 Implications of risk-taking in arts in mental health

The research forum discussed the interplay between risk-taking and other processes that had arisen through the first collaborative study. This relationship between risk-taking and other processes was articulated visually by participants of the forum session exploring risk. The diagram in figure 6 was developed and adapted from that original simple articulation to incorporate less ambiguous language than that which was used in that early stage of research analysis (i.e. risk has become risk-taking; control has become having control etc.). This clarifying of language has come about through my own in depth analysis of the findings from the research as well as the discussions within the forum and through linking the processes to existing theory. This links to my fluid position as researcher, as I discussed in *Chapter 4*.

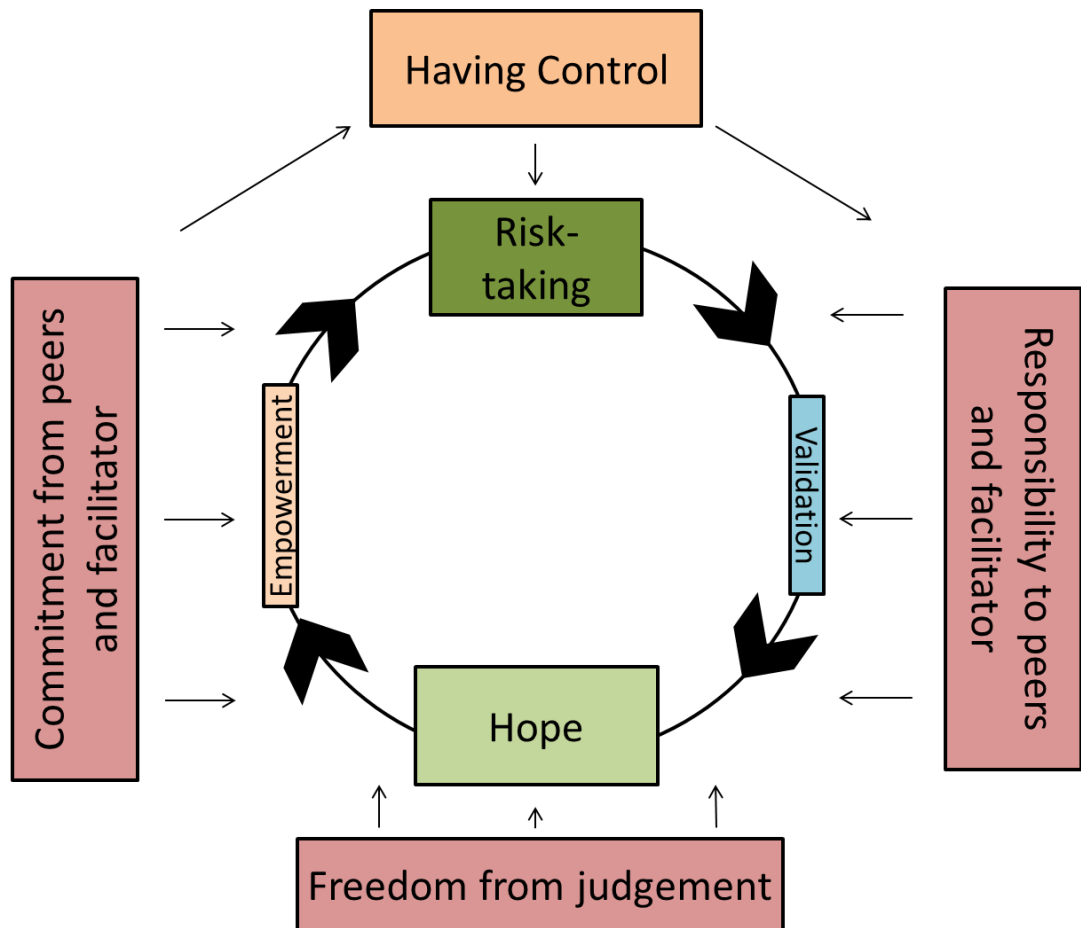


Figure 6 Risk-taking and other processes of arts in mental health

In this visualisation, the workshop participant has 'control' over the act of risk-taking which is supported by the group's commitment to that individual whilst conversely the individual's sense of responsibility to the group both encourages and heightens the feeling of risk through the duality of relational risk-taking. The process of achieving a positive outcome from the risk-taking is then often validated by the group; by a wider audience through performance; or simply by the positive outcome of the risk-taking itself such as in improvisation. The forum then felt this linked to developing a sense of 'hope' which then led to a sense of 'empowerment' to engage in further risk-taking. This multi-processual cycle occurs in a workshop setting where the participant feels there is a 'freedom from judgement' within the

group. The other themes represented have been discussed in previous chapters. It is useful to note the centrality of risk-taking within this formulation, how the forum felt it was that action which precipitated other processes.

Through exploring the different modes of risk-taking in arts in mental health practice across different creative disciplines, I suggest that these forms: personal; relational; and creative, exist across all arts practices as creativity is a key component of that practice. Through a synthesis of theories around creativity I have developed a taxonomy of creativity and mapped the nature of creative risk-taking in arts in mental health as facilitated creativity within the local domain. Further I have proposed that, by engaging in a practice which includes facilitated creativity, one may simultaneously be developing a capacity for little c creativity which could develop one's capacity to cope with the insecurities of living in a risk society.

I have indicated the importance of a participant being in control of that risk-taking, mediating both the timescale and nature of the engagement in risk-taking. The research suggests that the group plays a critical role in the facilitation of risk-taking. That the pressure of feeling responsible to the group marries with the commitment from the group toward the individual participant to both inspire and support risk-taking. And further I have explored an example of the importance of non-judgemental support from the group and facilitator, particularly when risk results in failure.

The progressive potential for risk-taking in creative practice is significant as it emphasises a development of practice which incorporates a potential ongoing development of one's sense of self and how one copes with the world. It has also

been important to note how the different art forms in this study facilitate different possible entry levels of creative risk-taking. Performance based practices with a group creative output require an immediate engagement with risk-taking through exposure whereas a practice with individualised creative output might allow a space at the beginner level of engagement where personal and relational risk-taking may not be required.

The exploration of performance and how it facilitates the relationship between risk and validation is useful as it illuminates what the payoffs to risk-taking might be. It also suggests a cyclical relationship between risk and validation which illuminates the potential for progress through creative risk-taking. This sense of validation was particularly prevalent in formal performance and described in detail by participants from the theatre company where the risk inherent to the practice was perhaps most significant. It is important to consider the tangibility of failure through creative risk-taking and how serious the effects of that failure could be to people experiencing mental distress. However, the potential for failure is integral to the reality of risk-taking, for if there is no risk of failure, there is no risk to take.

I suggest there is a necessity for a practice which encourages risk-taking in the context of sociological discourses of risk, where multiple subjectivities of the concept blur societal understanding of the nature and scale of risk and develop our sense of fear. Importantly, as with all the other processes in this analysis, through the arts practice, a process of risk-taking occurs, however the focus is the development of that practice rather than the therapeutic benefit of the risk-taking. This differentiates arts in mental health practice from therapeutic interventions. Furthermore a practice which facilitates risk-taking becomes more urgent when

mental health care often focusses instead upon its strategy of risk avoidance. On an individual level, when considering the implications and prevalence of avoidance as a coping strategy, the potential benefits of a practice which facilitates risk-taking are clear. Finally I suggest that the role of creative risk-taking is particularly important due to the potential for personal transformation it may facilitate. Creative risk-taking may be the elusive factor that shows the unique benefits that might be gained from participating in arts in mental health practices because it is integral to creative practice itself.

Part 4

Combining process and theory

Chapter 11

Conclusions

This thesis is about the experience of the people making art together: that is people who experience/struggle with/survive mental distress and ill health being facilitated to be creative in a community space. In exploring this area I have sought to emphasise such experiences as constructed by the people making art themselves, whilst untangling it from the complex web of discourses surrounding the practice. The thesis challenges assumptions and illuminates new connections across disciplines. To do this I have troubled concepts surrounding the power and influence of mental health discourses that often shape the experience of people making art in a mental health context. I have explored the discourses of socially engaged arts practice and research: the democratisation agendas of community arts traditions (Badham 2010; Kelly 1984); the leap to prove outcome in arts in health (Stacey & Stickley 2010, p.71); the concepts of affect versus effect (Thompson 2009), the intrinsic versus the instrumental (Belfiore & Bennet 2008), and how these influence power dynamics surrounding research and funding of arts in mental health and the experience of those making art together. In exploring such relationships, I establish the theoretical terrain of arts in mental health practice. Through this contextual mapping, the research exposes the implicit values of such discourses that can hijack research agendas and limit practice.

This chapter synthesises the findings from the research with the theoretical concepts that construct the discourses of arts in mental health as I established in Chapters 1 and 2. In particular I will explore the collaborative action research

methodology and how the use of this approach, along with creative methods creates a situated knowledge of arts in mental health. I will map the findings of the thesis across concepts of recovery to explore the syntheses between arts in mental health and the recovery paradigm. I will articulate the two key areas of originality in the thesis: theorising the process of developing group dynamics; and the conceptualisation of facilitated creativity and creative risk-taking. Finally, I will explore the limitations of the research and indications for further study.

11.1 Seeking collaboration

At the heart of this inquiry was the desire to understand and articulate the experiences of people making art in this context. As the research design developed, continuing challenges arose surrounding how to do this both sensitively and collaboratively. Thus I followed the methodological principles of collaborative action research as a process of inquiry that most closely matched the practice, so as to create the least disruption to the experiences of the participants and the art they were making. These principles include fitting the method to the practice, transparency, communication (Bergold & Thomas 2012, p.195), fluidity of researcher positioning (Somekh 2006, p.7), and evolving research questions. In arts workshops we used creative methods such as creative writing, theatre images and mind mapping as tools of reflection which created rich insights into personal and group processes occurring when making art. This way the methods used mirrored practice through both collaboration and creative approaches.

Such collaborative approaches were sometimes hard fought. Individuals within two of the groups from the collaborative action research study held deep misgivings about being researched. Concerns were in two areas: the first, worry that I might ask of, or take more from them than they were willing to give. This element perhaps spoke to the positioning of participants within a mental health context. As Sagan reminds us, sometimes the people participating in arts in mental health have exhausted other routes of engaging with treatment or therapies and the context and practices of the arts provide a kind of sanctuary away from the positioning and power relations that exist within mental health care (2015a, p.76-81). As I learned from these experiences, I adapted my approach to recruitment, saying more about the methodological aims of the research and more about my own personal experiences of mental ill health. I offered clarity about my positioning, both ethically and personally, as researcher. Here the autoethnographic element to my position as researcher was crucial to the quality of my research with others as well as a foundational element of my independent analyses.

The second concern mentioned by participants within Out of Character Theatre Company and Converge Dance was that by looking at their creative practice and processes, they may diminish what they referred to as 'the magic'. That by exploring and expressing the ineffable (Brown & Tucker 2009) they may lose something that could not be regained, as though the creative process depended on a state of innocence. Perhaps this echoes the resistance to theorise of the community arts movement (Kelly 1984). Or perhaps it hints at the actuality of power dynamics within these settings. Although the aims of community arts

practices may broadly be collaborative practice and parity of esteem between artist and participants, perhaps the nature of this relationship is not so equal and rather, as is suggested in chapter 5, the facilitator can sometimes be seen as the parental force working with the raw innocence of the infantilised participant. Such a relationship is overstated here in order to draw attention to it and is, perhaps rather subtle or occasional. However, it is a significant point of critique for practitioners, researchers, and participants alike, to be cognisant of such hidden dynamics and assumptions.

Despite such misgivings, participants in Out of Character Theatre Company commented on being relieved at the end of the research process, having found it enjoyable and enlightening to reflect on the processes of making arts and their own individual approaches. Some commented how they had feared it would take something away, but rather it had added. This speaks to the foundations of collaborative action research as well as ethical research with defended subjects (Hollway and Jefferson 2000, p.26). Research which can be positive, enjoyable and even enriching for the participant, rather than diminishing personal resources such as energy and time, should be the ultimate goal of ethical research practices. Such lessons of how participants in arts in mental health might be considered defended subjects of research and how such consideration may be incorporated into the design of further research in the field, is a methodological contribution of this research.

The knowledge created through these collaborative processes is deeply embedded in the experience of practice. It accesses knowledge of such practices that are often assumed but not necessarily articulated. Through this collaborative

process, my own contribution as researcher is entwined with the contributions of the participants/co-researchers. My personal relationship to arts in mental health makes this entanglement less problematic, however the value here is in the situated (Haraway 1988), intersubjective (Kemmis 2008) nature of the knowledge produced rather than any attempt at objectivity. Such knowledge creation has been possible through an attention to the influential discourses in arts in mental health in order to contribute to the situated, baseline understanding of process and an exploration of what such knowledge may mean when assumptions based on these discourses are made explicit.

11.1 Mapping recovery and arts in mental health

The processes of arts in mental health, as articulated through the research in this thesis, are similar to the elements of the recovery approach, positing this facilitated creative practice as one that supports, promotes and could enhance one's journey through recovery. Here I present the themes of recovery, as depicted in Table 1 (p19), mapped alongside the corresponding summarised themes of process as they emerged (See table 5 Recovery and processes of arts in mental health). Comparing recovery models alongside the themes of process from this research, it shows that arts in mental health processes may support recovery whilst doing so in a non-clinical environment with a focus on the arts.

Recovery is a problematic term carrying criticisms that policy-based articulations of recovery support neoliberal agendas of individualisation and negate governmental and societal responsibility for the social context within which such recovery is possible. Despite these problems with policy-level use of recovery, the

Hope	A core tenet in most recovery models, this emerged as a minor theme of process through the research, a shift that may be linked to the ephemeral experience of duende.
Empowerment and Agency	Frequently articulated in study 1, the experience of having control over one's creative practice and how this might enable risk-taking, empowerment and a broader sense of self agency
Self Care	In recovery approaches this refers to collaborative and supportive relationships a person might develop to support themselves. Such relationships were articulated in these studies as a phenomenon linked to developing group dynamics.
Occupation and meaning	The creative practice is an occupation in its own right. The themes of group dynamics and relational risk-taking also include the process of mutual responsibility that is intrinsic to the practice of arts in mental health
Social changes	The processes of group dynamics and relational risk-taking include possible shifts in identity and development of a fluency of role within the group dynamic.

Table 5 Recovery and processes of arts in mental health

processes of arts in mental health align with broader articulations of recovery approaches. Such findings concur with other researchers who have suggested the synergies between creative practice and recovery in mental health care (Lloyd et al. 2007; Van Lith et al. 2011, pp.652-660; Sapouna & Pamer 2016; Stickley et al. 2018). These studies mainly use interview methods rather than action research methods, it is useful then to note that similar processes related to recovery also emerged from the more participant led studies presented in this thesis. Further, the non-clinical setting and focus of arts in mental health may also support the

processes of recovery for those who struggle to conform to and work within the strictures of standard mental health care.

11.2 Theorising developing group dynamics

The therapeutic potential of group work is well established in the fields of psychotherapy (Yalom 1995) and occupational therapy (Mosey 2018, pp.98-104). However, theoretical understanding of such processes in arts in mental health is rarely explored. Several studies mark themes relating to the experience of being part of a group (Argyle & Bolton 2005, p.350; Sagan & Sochos 2016; Van Lith et al. 2011, p.655; Wilson et al. 2014, p.345). However, only Sagan and Sochos (2016) go on to theorise the group experience, likening the processes experienced in a single case study to the principles of therapeutic communities. The exploration of developing group dynamics in this thesis theorises the group processes as described by participants through collaborative research processes across different art forms.

Arts in mental health practise requires a person to explore the contextual social dynamics, changing roles and playfulness of creative practice within a group. Such requirements, which are integral to the practice, are much like the process of social learning described by Wenger in his theory of communities of practice (1998). Sagan and Sochos describe how such a process was facilitated for their case study as 'the deliberate, if unconscious requirements of a social art practice, a safe zone of relating and forming group attachments' (2016, p.47). The findings here support these observations and broaden them to suggest they are an innate

process across different creative disciplines. Engagement in these processes facilitates a re-engagement in dynamics similar to the stages of child development (Fehr 2003, p.85). This process offers an opportunity for self-development by reconfiguring such familial dynamics and roles from the position of adulthood in the playground of the arts workshops which nurture self-agency. This way engagement in creative practices can be a way of exploring new and different roles and group dynamics with a sense of control over such exploration. Further, this exploration happens through a focus on the arts rather than a focus on the self.

Through this synthesis of thematic analysis with three theoretical frameworks from the disciplines of psychotherapy (Yalom 1995), occupational therapy (Mosey 2018) and community psychology (Wenger 1998), the research presented here builds upon the existing knowledge of the significance of the group in community-based arts in mental health practices. Further this synthesis of findings and theoretical concepts of group dynamics offers a reframing of understanding of impact in the arts in mental health in ways that might be understood across disciplines. For the practitioners, the research offers ways to understand and consider the impacts of group dynamics and how one might position oneself as facilitator of such processes. For researchers and funders, this treatment offers ways in which the impact of developing group dynamics may be articulated in healthcare without being framed by such discourses.

11.3 Facilitated creative risk-taking

Perhaps the most significant contribution of the research presented in this thesis, are the conceptualisations connected to creativity and risk-taking. The first is the concept of facilitated creativity as a new mode of creativity that sits between

'high' and 'low' (Sternberg et al. 2002; Simonton 2005) or 'Big C' and 'little c' (Craft 2001) creativity. From this concept comes the articulation of the process of creative risk-taking, the form of risk-taking implicit to, and necessary for creative practice.

Creative risk-taking is a subtle yet vital process within arts practice, cultivated through facilitated creativity in rehearsal rooms of theatres, in university drama studios, in youth centres, occupational therapy rooms and anywhere that people are facilitated to make art. Just as the conceptualisation of creative risk-taking draws on a cross disciplinary knowledge base from the fields of education and psychology (Craft 2001; Simonton 2005; Sternberg et al. 2002), so it could have similar cross-disciplinary impacts. The implications of this process in arts in mental health may find application in education, broader applied and community arts practice, the conservatoire, and anywhere where arts practice is facilitated though this is for future research.

This process of creative risk-taking enables a honing of the skills useful in the creation of both macro field changing new ideas and micro acts of day-to-day living. Yet risk is such a divisive concept, particularly in mental health, that the subtle process of risk-taking in creative practice might easily be negated or deleted through heavy handed facilitation or research if such practices bring the dominant discourses of mental health into the creative space. Without the matching of method and practice and the focus upon generating a situated knowledge, the process of creative risk-taking may be lost in the limitations of methodologies prone to existing discourses around marginalized communities.

The process of creative risk-taking could be the answer to the question which bounds around the field of arts in health: 'Why art?' This process may be singular to

creative practices and offer an insight into the ways that arts practice might be distinguished from other practices and occupational activity. The studies presented here suggest a need for further research into creative risk-taking, across a broader range of arts in mental health disciplines, with a broader range of groups. Perhaps the process might be included as part the development of new quantitative measures that explore arts in mental health processes, disentangled from traditional constructions of mental ill health.

11.4 Limitations and recommendations

The first collaborative action research study proved the most fruitful in terms of new knowledge as processes were described generatively. The qualities of action research lend themselves to a focus of exploration of process, rather than qualifying experiences as either positive or negative. In the interviews, interviewees were often trying to persuade me, or through me you the reader, of the relevance and significance of the arts practice. In a precarious climate amid swingeing cuts to arts funding and local government funding including adult social care services, this is unsurprising. However, the collaborative action research seemed to resist this bias of persuasion, through an explicit focus on process rather than outcome, and instead articulated what participants experienced.

The collaborative action study was, however, limited to exploring three different art forms, theatre, creative writing and dance. In future research, use of similar methodological approaches but with a broader sample of arts disciplines would be useful. The research articulates that there are some processes that may

be more commonly experienced in art forms with a group creative output such as a group performance. The experience of relational risk-taking was described more in theatre and dance whereas the experience of being in control was articulated more in creative writing where there is usually a solo creative output. In a study looking at more disciplines, there could be scope to explore whether particular processes are specific to performance and group work. This research indicates that there are differences in processes between disciplines but lacks the scope for comparative conclusions.

Due to the emergence of processes from the analysis of the first study and the new knowledge that was generated from this, the second study was analysed using the same thematic framework. This added a fresh perspective to the exploration of process; however the second studies were not analysed in their own right. The data from these interviews could be explored more succinctly to see if there were changes for individuals over time. An exploration of the case studies in isolation might offer insights into the motivations for engaging with arts in mental health answering questions about who benefits from it; whether there are common experiences that lead people to engage with it; whether there are common trajectories and how people might move on from facilitated arts in mental health practice in to their own practice in their own right. However, there was not scope to explore this within the focus of this thesis as the emergent themes of process were centre stage and produced the most original contribution to knowledge.

11.5 Reframing impact: back to the people making the art

The analysis in this thesis contributes to the field of knowledge of art in mental health in three ways: through a focus on process; a methodology that produces a situated knowledge of practice; and in exploring process across different art forms. Furthermore it troubles practice and assumptions of impact based upon traditional constructions of mental ill health, instead it provides a cross-disciplinary theoretical context for the practice. This way, I articulate experiential process as constructed by the people making art together and, in doing so, explore the implications of such processes in ways that might speak both within and beyond the disciplines of socially engaged arts practice, psychology, psychiatry, health more broadly and arts education. This situated knowledge follows the work of Sagan (2012; 2015a; 2015b), and Stickley (2007; 2010b) who have both articulated the practice through longitudinal narrative interview, though their focus has been individual fine art practice and arts on prescription projects respectively. This research also builds upon the large-scale mixed-method study by Secker, Hacking, Spandler et al. (Hacking et al. 2008; Secker et al. 2007c; Secker et al. 2009; Spandler et al. 2007) by articulating process from a situated perspective across artistic disciplines, through the collaborative action research approach.

Following Belfiore's call to 'reclaim and reinvent the impact agenda' (2015, p.95) in socially engaged arts practice, this thesis challenges constructions of impact in arts in mental health and calls for future research to follow. The research presented here, suggests that new ways of measuring and understanding impact are possible, further that these methods might speak across disciplines and provide

a cross disciplinary evidence-base, grounded in a situated knowledge; in the reflections of people with experience of mental distress, of arts in mental health.

Researching experiences of socially engaged arts practices that are so transient, subjective and 'messy' (Hughes, Kidd & McNamara 2011, pp.186-209), whilst untangling them from the discourses of mental health is challenging, yet fundamental in the search for a more situated knowledge of the field. Much of the recent research in arts in mental health avoids taking a critical perspective when applying frameworks and existing scales. Though this is shifting, such lack of criticality risks articulating the impact of participating in the arts in a way that services the individualisation agendas of neoliberal government policy which mitigate the responsibility of the state for creating the societal conditions where recovery from mental ill health is possible. This poses a particular challenge for both the practitioner and researcher if they are to avoid colluding with such agendas. However, progress can still be made toward a democratic epistemology inspired by the development of collaborative approaches in both practice and research.

It is worth heeding Harvie's warning and applying it to arts in mental health, of how governments have:

[I]nstrumentalized art to fulfil policies of social inclusion [...] In this context it is crucial for art practices to tread a careful line between social intervention and autonomy, since demonstrable outcomes are rapidly co-opted by the state. (2011, p.118-119)

The findings and analyses presented in this research sharpen the urgency of this warning for the field. Without careful critique and choice of methods, the process of creative risk-taking may not have emerged. Engagement in such a process,

though subtle and easy to negate through the adherence in research and practice to traditional mental health discourses, may be the very process that enables a persons' resistance to precarity. Nicholas Ridout and Rebecca Schneider suggest that relational arts practices that facilitate a precarious kind of playfulness may indeed provide the grounds for such resistance:

[P]recarity's 'positive qualities' – leaning away from habit, stepping outside of comfort zones, chancing the speculative and uncertain act of critical thinking – can be used to undermine or interrupt neoliberalism's negative, fear-mongering mode of precarity that imposes insecurity for the many in the interest of enormous wealth for the few. Deploying precarity to critique precarity might in some ways be reminiscent of Brecht's deployment of the alienation effect as a form of materialist critique. (Ridout & Schneider 2012, p.9)

The implication is that arts in mental health practice may follow in the tradition of arts practices that resist dominant discourses if only we look carefully and critically from the perspective of people making art together.

Nicholson speaks of a resituating of socially engaged arts practice:

Rather than seeking to represent and re-order a (socially constructed) world, it acknowledges that life is constantly improvised and constantly in flux and that social change happens not only through challenging institutional structures of power but also through the relationality of experience, and in the unreflexive practices of everyday life, as enactment, embodiment and inhabitation. (Nicholson 2016, p.254)

In asking the question, 'What is happening when we make art together?' The findings in this thesis suggest that Nicholson's statements also apply to arts in mental health.⁵ Improvisation is utilised in different creative disciplines and

⁵ Much of this section has been published in the article *Groundedness and Precariousness: An Exploration of Risk-taking in Arts in Mental Health* (Stannage 2017)

supports building the skills to improvise in life, through a developing comfort with personal, relational and creative risk-taking. Thinking back to the blank photograph and the description of the dancer teetering on the edge of the precipice, the notion of simultaneous precariousness and groundedness speaks to the heart of this thesis. The experience of participating in arts in mental health is one that includes processes of practice that challenge and resist the institutional structures of power in mental health care through the development of self-agency, risk-taking and collaborative practice. Perhaps as important as this practice of resistance is the relational experience of developing group dynamics: creating a playground for re-imagining and exploring one's identity, roles and relationships. These processes could have broader implications on the lives of people making art together: supporting the practice of living creatively; of taking risks beyond the space of the arts workshop in ways that might disrupt and resist personal and cultural patterns of risk-avoidance. Perhaps such processes could have impacts beyond the improvement of areas of perceived deficit constructed on established notions of mental ill health, and rather, support a broader self-development in anyone's life journey.

Bibliography

All-Party Parliamentary Group on Arts, Health and Wellbeing (2017) *Creative Health: The Arts for Health and Wellbeing Inquiry Report* 2nd. Available from: http://www.artshealthandwellbeing.org.uk/appg-inquiry/Publications/Creative_Health_Inquiry_Report_2017_-_Second_Edition.pdf.

APPG for Arts and Health. (2014) Available at: <http://www.lahf.org.uk/appg-arts-and-health> [Accessed: 7/3/14].

Aitken, V. (2009) Conversations with status and power: how Everyday Theatre offers 'spaces of agency' to participants. *Research in Drama Education: The Journal of Applied Theatre and Performance*, 14 (4), pp.503-527.

Almeida, S. (2015) Race based epistemologies: the role of race and dominance in knowledge production. *Wagadu: A Journal of Transnational Women's & Gender Studies*, 13 (Summer), pp.79-105.

Amans, D. ed. (2008) *An Introduction to Community Dance*. Basingstoke, Palgrave Macmillan.

Angus, J. and White, M. (2003) *Arts and Adult Mental Health Literature Review: Addressing the Evidence Base from Participation in Arts and Cultural Activities*. Durham, University of Durham (CAHHM).

Anthony, W. (1993) Recovery from Mental Illness: The Guiding Vision of the Mental Health Service System in the 1990s. *Psychosocial Rehabilitation* [Internet]. 16 (4), pp.11-23. Available at: http://www.recoverydevon.co.uk/download/Recovery_from_Mental_Illness_Anthony_1993.pdf [Accessed: 17/10/13].

Argyle, E. and Bolton, G. (2005) Art in the community for potentially vulnerable mental health groups. *Health Education*, 105 (5), pp.340 - 354.

Arnoldi, J. (2009) *Risk*. Cambridge, Polity Press.

Arts and Minds Network (2011) *Home Page*. Available at: <http://www.artsandmindsnetwork.org.uk/> [Accessed: 12/2/2016].

Badham, M. (2010) The case for 'socially engaged arts': navigating art history, cultural development and arts funding narratives. *Local-Global: Identity, Security, Community*, 7, pp.84-99.

Baker, B. (2013) Madness and Theatricality. *Creative Arts and Mental Health*. Queen Mary's University, London, 1/10/13.

Basset, T. and Stickley, T. (2010) *Voices of Experience; Narratives of Mental Health Survivors*. Chichester, Wiley-Blackwell.

Beck, U. (1992) *Risk Society: Towards a New Modernity*. London, Sage.

Beck, U., Lash, S. and Wynne, B. (1992) Introduction. Beck, U. *Risk Society: Towards a New Modernity*. London, Sage.

Belfiore, E. and Bennett, O. (2008) *The Social Impact of the Arts: An Intellectual History*. Basingstoke, Palgrave Macmillan.

Belfiore, E. (2015) 'Impact', 'Value' and 'Bad Economics', *Arts & Humanities in Higher Education*, 14(1) pp. 95-110

Bellack, A. and Drapalski, A. (2012) Issues and Developments on the Consumer Recovery Construct. *World Psychiatry*, 11 (3), pp.156-160.

Bergold, J. and Thomas, S. (2012) Participatory Research Methods: A Methodological Approach in Motion. *Historical Social Research*, 37 (4), pp.191-222.

Berne, E. (1964) *Games People Play: The Basic Handbook of Transactional Analysis*. New York, Ballantine Books.

Beuys, J. (2006) I am searching for field character (1973). In: Bishop C ed. *Participation*. London, Whitechapel, pp. 125-126.

Bishop, C. (2012) *Artificial Hells: Participatory Arts and the Politics of Spectatorship*. London, Verso.

Bloodworth, J. (2013) *The Sun's Mealy Mouthed Apology*. Available at: <http://www.leftfootforward.org/2013/10/the-suns-mealy-mouthed-apology/> [Accessed: 20/02/2014].

Boal, A. (1995) *The Rainbow of Desire: The Boal Method of Theatre and Therapy*. Translated by Adrian Jackson. London & New York, Routledge.

Boardman, J. and Friedli, L. (2012) *Implementing Recovery through Organisational Change 3: Recovery, Public Mental Health and Wellbeing*, 3. London, Centre for Mental health.

Bracken, P., Thomas, P., Timimi, S., Asen, E., Behr, G., Beuster, C., Bhunnoo, S., Browne, I., China, N., Double, D., Downer, S., Evans, C., Fernando, S., Garland, M.R., Hopkins, W., Huws, R., Johnson, B., Martindale, B., Middleton, H., Moldavsky, D., Moncrieff, J., Mullins, S., Nelki, J., Pizzo, M., Rodger, J., Smyth, M., Summerfield, D., Wallace, J. and Yeomans, D. (2012) Psychiatry beyond the current paradigm. *British Journal of Psychiatry*, 201 (6), pp.430-434.

British Psychological Society (2012) *DSM-5: The Future of Psychiatric diagnosis (2012 - Final Consultation)* British Psychological Society. Available from:

http://apps.bps.org.uk/_publicationfiles/consultation-responses/DSM-5%202012%20-%20BPS%20response.pdf.

Brown, L. (2012) Is Art Therapy? In: Stickley, T. ed. *Qualitative Research in Arts in Mental Health*. Ross-on-Wye, PCCS Books, pp. 22-41.

Brown, S.D. and Tucker, I. (2009) Eff the Ineffable. In: Gregg M and Seigworth GJ eds. *The Affect Theory Reader*. [e-book]. US, Duke University Press, pp. 229-249.

Carey, J. (2005) *What Good are the Arts?* London, Faber.

Chalabi, M. (2013) *The Sun Says 1,200 People have been Killed by 'Mental Patients' – is it True?* [Internet blog] Available at: <http://www.theguardian.com/society/reality-check/2013/oct/07/sun-people-killed-mental-health-true?commentpage=1> [Accessed: 25/02/14].

Chen, M. and Lawrie, S. (2017) Newspaper Depictions of Mental and Physical Health. *British Journal of Psychiatry Bulletin*, 41 (6), pp.308-313.

Copeland, A. (2007) Improvising: Learning to Relish Risk. *Fourth Genre: Explorations in Nonfiction*, 9 (2), pp.89-104.

Corner, L. (1995) Community Arts Development. In: Dickson M ed. *Art with People* Artic Producers, pp. 115-122.

Craft, A. (2001) 'Little c Creativity'. In: Craft, A, Jeffrey, B, and Leibling, M, eds. *Creativity in Education*. London, Continuum, pp. 45-61.

Cronin-Davis, J. and Long, C. (2006) *Occupational Therapy Evidence in Practice for Mental Health*. Oxford, Blackwell Pub.

Csikszentmihalyi, M. (1997) Finding Flow. *Psychology Today*, 30 (4), pp.46-46.

Curtis, T., Dellar, R., Leslie, E. and Watson, B. eds. (2000) *Mad Pride: A Celebration of Mad Culture*. 1. London, Spare Change Books.

Davies, A. and Richards, E. eds. (2002) *Music Therapy and Groupwork*. London, Jessica Kingsley Publishers.

Daykin, N. and Attwood, M. (2013) Supporting arts and health evaluation: Report of a UK knowledge transfer partnership. *Journal of Applied Arts & Health*, 4 (2), pp.179-190.

Department of Health (2012a) *No Health without Mental Health Policy*. London, Department of Health.

Department of Health (2012b) *No Health without Mental Health: Implementation Framework*. London, Department of health.

Department of Health (1999) *National Service Framework for Mental Health* [Internet] Department of Health. Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/198051/National_Service_Framework_for_Mental_Health.pdf [Accessed on: 28/8/13].

Dickson, M. ed. (1995) *Art with People*. Sunderland, Artic Producers Publishing.

Dolan, J. (2005) *Utopia in Performance: Finding Hope at the Theater*. University of Michigan.

Donohue, M.V. (1999) Theoretical bases of Mosey's group interaction skills. *Occupational Therapy International*, 6 (1), pp.35-51.

Douglas, M. (1983) *Risk and Culture: An Essay on the Selection of Technological and Environmental Dangers*. Berkley, Los Angeles and London, University of California Press.

Eklund, M. and Bäckström, M. (2006) The role of perceived control for the perception of health by patients with persistent mental illness. *Scandinavian Journal of Occupational Therapy*, 13 (4), pp.249-256.

Emunah, R. (1994) *Acting for Real: Dramatherapy Process, Technique and Performance*. London & New York, Brunner-Routledge.

Evans, J., Mellor-Clark, F., Margison, M., Barkham, K., Audin, J., Connell, G. and McGrath, C. (2000) CORE: Clinical Outcomes in Routine Evaluation. *Journal of Mental Health*, 9 (3), pp.247-255.

Farber, S. (2012) *The Spiritual Gift of Madness: The Failure of Psychiatry and the Rise of the Mad Pride Movement*. Vermont, Inner Traditions.

Feeney, L., Jordan, I. and McCarron, P. (2013) Teaching recovery to medical students. *Psychiatric Rehabilitation Journal*, 36 (1), pp.35-41.

Fehr, S. S. (2003) *Introduction to Group Therapy: A Practical Guide*. 2nd. New York; London, Haworth.

Fenner, P., Ryan, B., Latai, L. and Percival, S. (2018) Art making and the promotion of wellbeing in Samoa – participants' lived experience of a recovery oriented intervention. *Arts & Health*, 10 (2), pp.124-137.

Foster, S.L. (2003) Taken By Surprise: Improvisation in Dance and Mind. In: Cooper-Albright, A. and Gere, D. eds. *Taken by Surprise: A Dance Improvisation Reader*. Middletown, Connecticut, Wesleyan University Press, pp. 3-10.

Foucault, M. (1978) *The History of Sexuality: Vol 1 an Introduction*. London, Routledge.

Freeman, R. and Le Rossignol, K. (2010) Taking Risks - Experiential Learning and the Writing Student. *Australian Journal of Adult Learning*, 50 (1), pp.75-99.

Freire, P. (2009) Chapter 2 from Pedagogy of the Oppressed. *Race/Ethnicity: Multidisciplinary Global Contexts*, 2 (2), pp.163-174.

Gauntlett, D. (2007) *Creative Explorations: New Approaches to Identities and Audiences*. London & New York, Routledge.

Govias, J.A. (2011) The five fundamentals of el Sistema. *Canadian Music Educator*, 53 (1), pp.21-23.

Grant, S. (2014) What if? Performance is Risk. *About Performance*, 12, pp.127-144.

Greenhalgh, T. and Peacock, R. (2005) Effectiveness and efficiency of search methods in systematic reviews of complex evidence: audit of primary sources. *BMJ: British Medical Journal*, 331 (7524), pp.1064-1065.

Gregg, M. and Seigworth, G. J. eds. (2010) *The Affect Theory Reader*. Duke University Press.

Hacking, S., Secker, J., Spandler, H., Kent, L. and Shenton, J. (2008) Evaluating the impact of participatory art projects for people with mental health needs. *Health and Social Care in the Community*, 16 (6), pp.638-648.

Haggard, P. and Chambon, V. (2012) Sense of agency. *Current Biology*, 22 (10), pp.390-392.

Hamera, J. (2007) *Dancing Communities*. Basingstoke, Palgrave Macmillan.

Hansard, (. (2013) *Arts: Contribution to Education, Health and Emotional Well-Being*.

Haraway, D. (1988) Situated Knowledges: The Science Question in Feminism and the Privilege of Partial Perspective. *Feminist Studies*, 14 (3), pp.575-599.

Hardin, R. (2006) *Trust*. Cambridge, Polity Press.

Harper, D. and Speed, E. (2012) Uncovering Recovery: The Resistible Rise of Recovery and Resilience. *Studies in Social Justice*, 6 (1), pp.9-25.

Harpin, A. and Foster, J. eds. (2014) *Performance, Madness and Psychiatry: Isolated Acts*. Hampshire and New York, Palgrave Macmillan.

Harpin, A. and Nicholson, H. (2017) Performance and participation: practices, audiences, politics. In: Nicholson, H. and Harpin, A. eds. *Performance and Participation*. London: Palgrave, pp. 1-15. [Accessed: 14/08/14].

Harvie, J. (2013) *Fair Play: Art, Performance and Neoliberalism*. Basingstoke, Palgrave Macmillan.

Harvie, J. (2011) Democracy and Neoliberalism in Art's Social Turn and Roger Hiorns's Seizure. *Performance Research*, 16 (2), pp.113-123.

HEFCE (2012) *Research Excellence Framework: Assessment Framework and Guidance on Submissions* Available from:
<http://www.ref.ac.uk/media/ref/content/pub/assessmentframeworkandguidanceonassessmentfr/GOS%20including%20addendum.pdf>. [Accessed on: 21/05/2014]

Higgins, L. and Mantie, R. (2013) Improvisation as Ability, Culture, and Experience. *Music Educators Journal*, 100 (38), pp.38-44.

Holland, K. (2012) The unintended consequences of campaigns designed to challenge stigmatising representations of mental illness in the media. *Social Semiotics*, 22 (3), pp.217-236.

Holland, S. (2015) Community arts, creativity and positive mental health and well-being: A case study of the Support to Recovery art gallery. *Journal of Applied Arts & Health*, 6 (3), pp.257-269.

Hollway, W. and Jefferson, T. (2000) *Doing Qualitative Research Differently: Free Association, Narrative and the Interview Method*. London, Sage Publications Inc.

Hornstein, G. (2010) Impossible Puzzle. *Mental Health Practice*, 13 (10), pp.11.

Horrocks, C., Jevtic, Z. and Appignanesi, R. (2004) *Introducing Foucault*. Thriplow, Icon.

Howarth, A. (2013) Arts Health and Wellbeing: Personal Reflections and Political Perspectives. In: *Keynote speech at Culture Health and Wellbeing*. Bristol, 25/7/13.

Huggett, C., Birtel, M.D., Awenat, Y.F., Fleming, P., Wilkes, S., Williams, S. and Haddock, G. (2018) A qualitative study: experiences of stigma by people with mental health problems. *Psychology and Psychotherapy - Theory Research and Practice*, 91 (3), pp.380-397.

Hughes, J., Kidd, J. and McNamara, C. (2011) The Usefulness of mess: Artistry, Improvisation and Decomposition in the Practice of Research in Applied Theatre. In: Kershaw B and Nicholson H eds. *Research Methods in Theatre and Performance*. Edinburgh, Edinburgh University Press, pp. 186-209.

Hunter, M.A. (2008) Cultivating the art of safe space. *Research in Drama Education*, 13 (1), pp.5-21.

Ingleby, D. (1981) *Critical Psychiatry: The Politics of Mental Health*. Harmondsworth, Penguin Books.

- Jacobson, N.C. and Newman, M.G. (2014) Avoidance mediates the relationship between anxiety and depression over a decade later. *Journal of Anxiety Disorders*, 28 (5), pp.437-445.
- Jensen, A. and Bonde, L.O. (2018) The use of arts interventions for mental health and wellbeing in health settings. *Perspectives in Public Health*, 138 (4), pp.209-214.
- John-Steiner, V. (2000) *Creative Collaboration*. Oxford, Oxford University Press.
- Jones, P. (1996) *Drama as Therapy: Theatre as Living*. London, Routledge.
- Joss, T. and Fancourt, D. (2013) *The AESOP 1 Framework for Developing and Researching Arts in Health Programmes*, AESOP Arts & Society Limited. Available from: <http://www.ae-sop.org/wp-content/uploads/2015/02/AESOP-1-The-Framework.pdf>. [Accessed on: 23/06/2014].
- Jost, A. (2009) *Mad Pride and the Medical Model*, Hastings Center Report 39 (4)
- Kelly, O. (1984) *Community, Art and the State: Storming the Citadels*. Surrey, Commedia.
- Kemmis, S. (2008) Critical Theory and Participatory Action Research. In: Reason P and Bradbury H eds. *The Sage Handbook of Action Research: Participative Enquiry and Practice*. Sage, pp. 121-138.
- Kershaw, B. (1992) *The Politics of Performance: Radical Theatre as Cultural Intervention*. London, Routledge.
- Kester, G. (2004) *Conversation Pieces: Community, Communication and Modern Art*. California and London, University of California Press.
- Kilroy, A., Garner, C., Parkinson, C., Kagan, C. and Senior, P. (2007) *Towards Transformation: Exploring the Impact of Culture, Creativity and the Arts on Health and Wellbeing*, Manchester Metropolitan University. Available from: <http://www.compsy.org.uk/Critical%20friends%20report%20final%20amendments.pdf>. [Accessed on: 14/09/2014].
- Lal, S. (2010) Prescribing recovery as the new mantra for mental health: does one prescription serve all. *Canadian Journal of Occupational Therapy*, 77 (2), pp. 82-89.
- Lassig, C.J. (2013) Approaches to creativity: How adolescents engage in the creative process. *Thinking Skills and Creativity*, 10, pp.3-12.
- Lévinas, E. and Kearney, R. (2014) Ethics of the Infinite. In: Tallack D ed. *Critical Theory: A Reader* Routledge, pp. 434.
- Lipe, A.W., Ward, K.C., Watson, A.T., Manley, K., Keen, R., Kelly, J. and Clemmer, J. (2012) The effects of an arts intervention program in a community mental health setting: A collaborative approach. *The Arts in Psychotherapy*, 39 (1), pp.25-30.

Lloyd, C., Wong, S.R. and Petchkovsky, L. (2007) Art and recovery in mental health: a qualitative investigation. *British Journal of Occupational Therapy*, 70 (5), pp.207-214.

Locke, T., Alcorn, N. and O'Neill, J. (2013) Ethical issues in collaborative action research. *Educational Action Research*, 21 (1), pp.107-123.

Mancini, A. (2008) Self-determination theory: a framework for the recovery paradigm. *Advances in Psychiatric Treatment* 358–365, 14, pp.358–365.

Margrove, K.L., Heydinrych, K. and Secker, J. (2013) Waiting list-controlled evaluation of a participatory arts course for people experiencing mental health problems. *Perspectives in Public Health*, 133 (1), pp.28-35.

Maslow, A. (1974) Creativity in Self-Actualizing People. In: Covin T ed. *Readings in Human Development: A Humanistic Approach*, MSS Information Corps, pp. 107-117.

Matarasso, F. (1997) *Use Or Ornament? The Social Impact of Participation in the Arts*. Gloucestershire, Comedia.

McKay, G. and Higham, B. (2012) Community music: History and current practice, its constructions of 'community', digital turns and future soundings, an Arts and Humanities Research Council research review. *International Journal of Community Music*, 5 (1), pp.91-103.

McNiff, J. (2013) *Action Research, Transformational Influences: Pasts, Presents and Futures*. Available at: <http://www.jeanmcniff.com/items.asp?id=11> [Accessed: 25/11/13].

McNiff, J. and Whitehead, J. (2009) *You and Your Action Research Project*. 3rd ed. [e-book]. GB, Routledge Ltd.

McNiff, S. (2008) Art-Based Research. In: Knowles, G. and Cole, A. eds. *The Handbook of the Arts in Qualitative Research*. London: Sage, pp. 29-40

Menzies, R., LeFrançois, B., A. and Reume, G. (2013) Introducing Mad Studies. In: LeFrançois B, A., Menzies R and Reaume G eds. *Mad Matters: A Critical Reader in Canadian Mad Studies*. Toronto, Scholar's Press Inc., pp. 1-22.

Mills, S. (2003) *Michel Foucault*. London, Routledge.

Mitchell, C. J, Saner, B., Christopher, K., Jeffrey, M., Ghoulish, M. and Hixson, L. (2002) *Letter to a Young Practitioner*. Available at: http://www.goatilandperformance.org/writing_L2YP.htm [Accessed on: 09/07/15].

Mosey, A.C. (2018) The concept and use of developmental groups. In: Cole, M.B. ed. *Group Dynamics in Occupational Therapy: The Theoretical Basis and Practice*

Application of Group Intervention. Fifth edition. Thorofare, New Jersey, Slack Incorporated, pp. 98-104. [Accessed: 10/05/18].

Nicholson, H. (2016) A good day out: applied theatre, relationality and participation. In: Hughes J and Nicholson H eds. *Critical Perspectives on Applied Theatre*. Cambridge, Cambridge University Press, pp. 248-268.

Ospina, S., Dodge, J., Foldy, E. and Hofmann-Pinilla, A. (2008) Taking the Action Turn: Lessons from bringing participation to qualitative research. In: Reason P and Bradbury H eds. *The Sage Handbook of Action Research: Participative Enquiry and Practice*. Sage, pp. 420-434.

Parkin, E. (2018) *Mental Health Policy in England*. London, England, House of Commons.

Parr, H. (2006) Mental Health, the Arts and Belongings. *Transactions of the Institute of British Geographers*, 31 (2), pp.150-167.

Perry, G. (2007) This Story Wants to be Danced: Creative Writing, Dance, Convergence and Confluence. *International Journal for the Practice and Theory of Creative Writing*, 4 (2), pp.135-140.

Pfenninger, K.H. and Shubik, V.R. eds. (2001) *The Origins of Creativity*. Oxford, Oxford University Press.

Philo, G. and Secker, J. (1999) Media and Mental Health. In: Franklin B ed. *Social Policy, the Media and Misrepresentation*. London, Routledge, pp. 135-145. [Accessed on : 25/02/2014].

Philo, G. ed. (1996) *Media and Mental Distress*. Harlow, Longman.

Pratto, F. (2016) On Power and Empowerment. *British Journal of Social Psychology (2016)*, 55, 1–20, pp.1-20.

Ramon, S. (2005) Approaches to Risk in Mental Health: A Multidisciplinary Discourse. In: Tew, J. ed. *Social Perspectives in Mental Health: Developing Social Models to Understand and Work with Mental Distress*. London, Jessica Kingsley, pp. 184-197.

Raw, A. (2013) *A Model and Theory of Community-Based Arts and Health Practice*. PhD Thesis, Durham University.

Raw, A., Lewis, S., Russell, A. and Macnaughton, J. (2012) A hole in the heart: confronting the drive for evidence-based impact research in arts in health. *Arts & Health.*, 4 (2), pp.97-108.

Reason, M. (2010) Working Paper # 16: Mind maps, presentational knowledge and the dissemination of qualitative research. In: Anonymous *Realities: Part of the ESRC*

National Centre for Research Methods. Manchester, November 2010, Manchester University, pp.1-12.

Reason, M. (2017) Intrinsic and Instrumental Impacts in the Participatory Arts. In: Reason M and Rowe N eds. *Evidence and Impact in Theatre, Music and Art*. London: Bloomsbury, pp. 37-47.

Reason, M. and Rowe, N. (2017) Purpose Outcomes and Obliquity: To Plan or Not to Plan. In: Reason, M. and Rowe, N. eds. *Evidence and Impact in Theatre, Music and Art* London: Bloomsbury, pp. 11-23.

Ridout, N. and Schneider, R. (2012) Precarity and Performance: An Introduction. *TDR: The Drama Review*, 56 (4), pp.5-9.

Rochat, P. (2015) The Innate Experience of Self-Agency. In: Eitam B and Haggard P eds. *The Sense of Agency*. New York, Oxford University Press [Accessed on: 12/11/18].

Rotter, J.B. (1967) A new scale for the measurement of interpersonal trust. *Journal of Personality*, 35 (4), pp.651-665.

Rowe, N. (2011). Border Crossings: Arts and health work in a university. *Journal of Applied Arts and Health*, 1(3), pp.241-250.

Rowe, N. (2015) Creating a Healing Campus: A Partnership between a University and a Provider of Mental Health Services In: *University Partnerships for Community and School System Development*. <http://dx.doi.org/10.1108/S2055-364120150000005007> [Accessed on: 24/05/2015]

Ruti, M. (2010) Winnicott with Lacan: Living Creatively in a Postmodern World. *American Imago: Psychoanalysis and the Human Sciences*, 67 (3), pp.353-374.

Rycroft-Malone, J., Seers, K., Titchen, A., Harvey, G., Kitson, A. and McCormack, B. (2004) What counts as evidence in evidence-based practice? *Journal of Advanced Nursing*, 47 (1), pp.81-90.

Sagan, O. (2007) Research with rawness: the remembering and repeating of auto/biographical ethnographic research processes. *Ethnography and Education*, 2 (3), pp.349-364.

Sagan, O. (2011) Thou Arts: The multiple gaze of audio-visual, community-based participatory research. *Journal of Applied Arts and Health*, 2 (2), pp.125-136.

Sagan, O. (2012) Connection and reparation: Narratives of art practice in the lives of mental health service users. *Counselling Psychology Quarterly*, 25 (3), pp.239-249.

Sagan, O. (2015a) *Narratives of Art Practice and Mental Wellbeing*. Sussex, Routledge.

Sagan, O. (2015b) "Hope crept in": a phenomenological study of mentally ill artists' biographic narrative. *Journal of Mental Health*, 24 (2), pp.73-77.

Sagan, O. and Sochos, A. (2016) Group attachment through art practice: a phenomenological analysis of being seen and showing. *Therapeutic Communities: The International Journal of Therapeutic Communities*, 37 (2), pp.45-56.

Sapouna, L. and Pamer, E. (2016) The transformative potential of the arts in mental health recovery – an Irish research project. *Arts & Health*, 8 (1), pp.1-12.

Schechner, R. (2004) *Performance Theory*. Rev. and expanded ed. [e-book] Routledge Ltd.

Schein, E., H. (2008) Clinical Inquiry/Research. In: Reason P and Bradbury H eds. *The Sage Handbook of Action Research: Participative Enquiry and Practice*. 1. London, Sage, pp. 266-279.

Secker, J., Hacking, S., Spandler, H., Kent, L. and Shenton, J. (2007a) *Mental Health, Social Inclusion and Arts: Developing the Evidence Base*. Chelmsford, Anglia Ruskin University.

Secker, J., Hacking, S., Spandler, H., Kent, L. and Shenton, J. (2007b) Art for Mental Health's Sake. *Mental Health Today*, (July/August 2007), pp.34-36.

Secker, J., Spandler, H., Hacking, S., Kent, L. and Shenton, J. (2007c) Empowerment and arts participation for people with mental health needs. *Journal of Public Mental Health*, 6 (4), pp.14-23.

Secker, J., Hacking, S., Spandler, H., Kent, L. and Shenton, J. (2009) Development of a measure of social inclusion for arts and mental health project participants. *Journal of Mental Health*, 18 (1), pp.65-72.

Secker, J. (2011) Mental health and art: your guide to today's mental health issues. *Mental Health Today*, pp.21-22.

Secker, J., Loughran, M., Heydinrych, K. and Kent, L. (2011) Promoting mental well-being and social inclusion through art: evaluation of an arts and mental health project. *Arts & Health*, 3 (1), pp.51-60.

Sellman, E. and Cunliffe, A. (2012) Working with artists to promote mental health and wellbeing in schools. In: Stickley T ed. *Qualitative Research in Arts in Mental Health*. Ross-on-Wye, PCCS Books, pp. 140-169.

Shaughnessy, P. (2000) Into the Deep End. In: Curtis T, et al. ed. *Mad Pride: A Celebration of Mad Culture*. London, Spare Change Books, pp. 15-22.

Shepherd, G., Boardman, J. and Slade, M. (2008a) *Making Recovery a Reality*. London, Sainsbury Centre for Mental Health.

- Shepherd, G., Boardman, J. and Slade, M. (2008b) *Implementing Recovery: A New Framework for Organisational Change*. London, Sainsbury Centre for Mental Health.
- Simonton, D., Keith (2005) Creativity. In: Snyder, C. R. and Lopez, S. J. eds. *Handbook of Positive Psychology*. 1Oxford University Press, pp. 189-201.
- Smith, G. C., Kohn, S. J., Savage-Stevens, S. E., Finch, J. J., Ingate, R. and Lim, Y. O. (2000) The effects of interpersonal and personal agency on perceived control and psychological well-being in adulthood. *Gerontologist*, 40 (4), pp.458-468.
- Somekh, B. (2006) *Action Research: A Methodology for Change and Development*. Maidenhead, Open University Press.
- Spandler, H., Secker, J., Kent, L., Hacking, S. and Shenton, J. (2007) Catching life: the contribution of arts initiatives to recovery approaches in mental health. *Journal of Psychiatric & Mental Health Nursing*, 14 (8), pp.791-799.
- Spandler, H. (2007) From social exclusion to inclusion? A critique of the inclusion imperative in mental health. *Medical Sociology Online*, 2 (2), pp.3-16.
- Stacey, G. and Stickley, T. (2010) The meaning of art to people who use mental health services. *Perspectives in Public Health*, 130 (2), pp.70-77.
- Stannage, E. (2017) Capturing the Intangible: Exploring Creative Risk-taking through Collaborative and Creative Methods, in Reason, M.; Rowe, N. (eds), *Applied Practice: Evidence and Impact in Theatre, Music and Art*. London, Bloomsbury. 109-122
- Stannage, E. (2017) Groundedness and Precariousness: An Exploration of Risk-taking in Arts in Mental Health, *Research in Drama and Education* Vol 22:1. 153-156
- Sternberg, R., Kaufman, J. and Pretz, J. (2002) *The Creativity Conundrum: A Propulsion Model of Kinds of Creative Contributions*. New York; London, Psychological Press.
- Stevens, J., Butterfield, C., Whittington, A. and Holttum, S. (2018) Evaluation of Arts Based Courses within a UK Recovery College for People with Mental Health Challenges. *International Journal of Environmental Research and Public Health*, 15 (6), p.1170.
- Stickley, T. (2007) *Promoting Mental Health through an Inner City Community Arts Programme: A Narrative Enquiry*. University of Nottingham.
- Stickley, T. (2010a) Does prescribing participation in arts help to promote recovery for mental health clients? *Nursing Times*, 106 (18), p.18.
- Stickley, T. (2010b) The Arts Identity and Belonging: A Longitudinal Study. *Arts and Health: An International Journal for Research, Policy and Practice*, 2 (1), pp.23-32.

Stickley, T. (2012) Creating Something Beautiful: Art in Mind. In: Stickley, T. ed. *Qualitative Research in Arts in Mental Health*, PCCS Books, pp. 58-74.

Stickley, T. and Eades, M. (2013) Arts on Prescription: a qualitative outcomes study. *Public Health*, 127 (8), pp.727-734.

Stickley, T., Wright, N. and Slade, M. (2018) The art of recovery: outcomes from participatory arts activities for people using mental health services. *Journal of Mental Health*, 27 (4), pp. 367-373.

Stone, B. (2004) *Starting to Speak: Madness and the Narration of Identity*. PhD Thesis, University of Sheffield.

Stone, B. (2012) Art, Autoethnography and the Use of Self. In: Stickley, T. ed. *Qualitative Research in Arts in Mental Health*, PCCS Books, pp. 170-184.

Sturken, M. and Cartwright, L. (2009) *Practices of Looking: An Introduction to Visual Culture*. Second. Oxford, Oxford University Press.

Swantz, M., Liisa (2008) Participatory action research as practice. In: Reason, P. and Bradbury, H. eds. *The Sage Handbook of Action Research: Participative Enquiry and Practice*. 1. London, Sage, pp. 31-48.

Thomas, P. and Bracken, P. (2004) Critical Psychiatry in Practice. *Advances in Psychiatric Treatment*, 10, pp.361-370.

Thomas, P. and Longden, E. (2013) Madness, childhood adversity and narrative psychiatry: caring and the moral imagination. *Medical Humanities*, 39, pp.119-125.

Thompson, J. (2009) *Performance Affects: Applied Theatre and the End of Effect*. Basingstoke, Palgrave Macmillan.

Turner-Halliday, F. (2013) *Experiences of Freedom and Personal Growth in a Community Arts Group for Mental Health: An Interpretative Phenomenological Analysis*. Queen Margaret University.

van de Venter, E. and Buller, A. (2015) Arts on referral interventions: a mixed-methods study investigating factors associated with differential changes in mental well-being. *Journal of Public Health*, 37 (1), pp.143-151.

Van Lith, T., Schofield, M.J. and Fenner, P. (2013) Identifying the evidence-base for art-based practices and their potential benefit for mental health recovery: A critical review. *Disability and Rehabilitation*, 35 (16), pp.1309-1323

Van Lith, T., Fenner, P. and Schofield, M.J. (2011) The lived experience of art making as a companion to the mental health recovery process. *Disability & Rehabilitation*, 33 (8), pp.652-660.

- Walker, M. (2007) Action research and narratives: 'Finely Aware and Richly Responsible'. *Educational Action Research*, 15 (2), pp.295-303.
- Warner, R. (2010) Does the scientific evidence support the recovery model? *The Psychiatrist*, 34 (1), pp.3-5.
- Watts, J. (2011) Ethical and practical challenges of participant observation in sensitive health research. *International Journal of Social Research Methodology*, 14 (4), pp.301-312.
- Wenger, E. (1998) *Communities of Practice: Learning, Meaning and Identity*. New York, Cambridge University Press.
- Westbrook, D., Kennerly, H. and Kirk, J. (2011) *An Introduction to Cognitive Behaviour Therapy*. 2nd. London, Sage.
- White, J. and Johnson, H. (2012) Can mental health policy ever deliver its objectives? *British Journal of Healthcare Management*, 18 (5), pp.238-244.
- White, M. (2009a) *Arts Development in Community Health*. Abingdon, Radcliffe Publishing Ltd.
- White, M. (2009b) A 'homecoming' for arts in mental health. *A Life in the Day*, (13), pp.37-40.
- Wilkinson, A., Meares, K. and Freeston, M. (2011) *CBT for Worry and Generalised Anxiety Disorder*. London, Sage.
- Wilkinson, I. (2001) Part I: The problem of anxiety: Chapter 1: Towards a sociological conception of the problem of anxiety. In: *Anxiety in a 'Risk' Society*. Taylor & Francis Ltd / Books, pp. 13-41.
- Wilson, C., Secker, J. and Kent, L. (2014) Arts participation, mental well-being and social inclusion: Mixed methods evaluation of an Open Arts studio for people with mental health needs. *Journal of Applied Arts & Health*, 5 (3), pp.341-354.
- Winnicott, D.W. (1971) *Playing and Reality*. USA, Tavistock Publications Ltd.
- Wright, N., Bartlett, P. and Callaghan, P. (2008) A review of the literature on the historical development of community mental health services in the United Kingdom. *Journal of Psychiatric & Mental Health Nursing*, 15 (3), pp.229-237.
- Yalom, I.D. (1995) *The Theory and Practice of Group Psychotherapy*. 4th ed. New York, Basic Books.

List of Abbreviations

AoP: Arts on Prescription

AoR: Art on Referral

APA: American Psychiatric Association

APPG: All Party Parliamentary Group

CHOICE: Choice of Outcome in CBT for Psychoses

CORE: Clinical Outcomes in Routine Evaluation

DSM: Diagnostic and Statistical Manual

FCD: The Foundation for Community Dance

ICD: Classification of Diseases

NICE: National Institute for Health and Care Excellence

NHS: National Health Service

RCT: Randomised Control Trial

SIS: Social Inclusion Scale

WEMWBS: Warwick Edinburgh Mental Wellbeing Scale

WHO: World Health Organisation

Appendix A

Ethical clearance for study 1

University ethical clearance study 1



Elanor Stannage

Lord Mayor's Walk
York YO31 7EX
T: 01904 624624
F: 01904 612512
www.yorks.ac.uk

7th October 2013

Dr Simon Rouse
Chair of Research Ethics
Direct Line 876901
e-mail: s.rouse@yorks.ac.uk

Dear Elanor

**RE: New ways of measuring Impact in Arts in Mental Health
Pilot phase**

REF: UC/7/10/13/ES

I can confirm that your ethics proposal, submitted initially 29th July 2013 with a revision on the 23rd September 2013, is now approved. You have clarified the issues highlighted in July and these have been agreed by your supervisor, Dr Nick Rowe.

Yours sincerely

A handwritten signature in blue ink, appearing to be "N. Rowe".

Cc Dr Nick Rowe, Dr Matthew Reason



A Church of England Foundation 1841
A Company Registered in England with Exempt Charitable Status
Company No: 4498683

Email communication clarifying ethical position in relation to NHS research and development for study 1

From: Audsley Sinead (LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST)
Sent: 14 June 2013 16:27
To: Boyles Linda (LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST)
Cc: Betton Victoria (LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST)
Subject: RE: Ethical Clearance: defining my responsibility to the NHS

Sounds ok to me. As long as there is a clear understanding that the project is being part funded and that there is an expectation that the results will be shared with LYPFT I don't see an issue.

As for any longer term research (as opposed to service evaluation/development) - if it involves any LYPFT staff or service users it will need R&D approval from us (and NHS ethical approval).

Sinead

-----Original Message-----

From: Boyles Linda (LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST)
Sent: 14 June 2013 16:02
To: Audsley Sinead (LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST)
Cc: Betton Victoria (LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST)
Subject: FW: Ethical Clearance: defining my responsibility to the NHS

how does el's proposal below sound to you? i'm meeting her on monday afternoon so be useful to know by then if poss?

this isn't just about this pilot reseach project that el's doing at stnics - it's also the more extensive research el will be doing next year which is likely to include some of our service users and staff...

cheers
linda
Linda Boyles

Arts & Minds Development Manager

Tel: 0113 305 5900
Mob: 07985 805092

Please note that I work part-time - usually Mon - Wed 10 - 4.30, Thurs 9 - 1. I will get back to you as soon as I am able.

Arts & Minds @ Inkwell, 31 Potternewton Lane, Leeds, LS7 3LW

Website: www.artsandmindsnetwork.org.uk
It's free and easy to become an arts and minds member - just log onto our website

From: Elanor Stannage [e.stannage@yorks.ac.uk]
Sent: 13 June 2013 21:14
To: Boyles Linda (LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST)
Subject: RE: Ethical Clearance: defining my responsibility to the NHS

Hi Linda,

I'm able to get to St Nics any time from 11.30 on Monday so just let me know what works.

I've spoken to Sinead in R&D and she just needs me to be very clear in writing what the Trust's relationship is to me and the research.

My supervisors have agreed that:

there is no formal research relationship with the Trust.

the research will be 'owned' by myself and YSJU although there is a requirement to disseminate the research to the Trust.

Trust funding would be acknowledged in any publication arising from the research but no permission would need to be sought for such publication.

the research is not research carried out by the NHS.

Let me know if any of these differs from your understanding. Do we need to run these past Victoria?

Obviously our working relationship is less formal than this but the R&D people need absolute clarity (I'm beginning to get used to this in anything relating to the PhD). It's also a good exercise to be clear about these details.

Thanks,

EI

EI Stannage
PhD Student
Faculty of Arts
York St John University

Appendix B

Ethical clearance for study 2

University Ethical Clearance Study 2



Elanor Stannage

Lord Mayor's Walk
York YO31 7EX
T: 01904 624624
F: 01904 612512
www.yorksja.ac.uk

28th April 2014

Dr Simon Rouse
Chair of Research Ethics
Direct Line 876901
e-mail: s.rouse@yorksja.ac.uk

Dear Elanor

RE: New ways of measuring Impact in Arts in Mental Health: Case studies

REF: UC/28/4/14/ES

I can confirm that that this second study research ethics proposal, submitted 31st March 2014, is approved without any alterations.

Yours sincerely

A handwritten signature in black ink, appearing to read "S. Rouse".

Cc Dr Nick Rowe, Dr Matthew Reason



A Church of England Foundation 1841
A Company Registered in England with Exempt Charitable Status
Company No: 4498683

**Email communication clarifying ethical position in relation to NHS
research and development for study 2**

Audsley Sinead (LEEDS AND YORK PARTNERSHIP NHS
FOUNDATION TRUST) [sinead.audsley@nhs.net]

29 May 2014 17:02

Hi El

I can't see any requirement for formal NHS Permission (R&D approval) here.

Linda - can you please confirm the status of Arts and Minds network in relation to LYPFT?

Thanks

Sinead Audsley
Research Governance Manager
Leeds and York Partnership NHS Foundation Trust
North Wing, St Mary's House
St Martin's View
Leeds
LS7 3JX
Tel: 0113 2954462
Email: sinead.audsley@nhs.net

Please note the generic mailbox for Research and Development is research.lypft@nhs.net

-----Original Message-----

From: Elanor Stannage [mailto:e.stannage@yorks.ac.uk]

Sent: 29 May 2014 14:57

To: Audsley Sinead (LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST)

Subject: Second Study for PhD

Dear Sinead,

We communicated last year about whether I needed NHS ethical clearance for my pilot study for my PhD, you concluded that I did not on the basis that participants were not recruited through the NHS. I'd like your opinion on the second study which is in the form of case study interviews.

There were two factors which seemed key then:

1) That participants were not recruited through the NHS

2) That my working agreement as a PhD student part funded by the L&Y NHS PFT made it clear that this was not research carried out by the NHS.

Both of these factors are still true for the second study, participants will be recruited through the Arts and Minds network and Converge at York St John University but they will not necessarily be NHS service users or staff, nor will they be required to disclose whether they are or not.

Please find attached my ethical considerations document which has gained university ethical clearance which gives clear detail of the study and the recruitment procedure.

Also attached is the completed working agreement document.

Any guidance you can give me will be gratefully received.

With thanks in anticipation,

EI

EI Stannage
PhD Student
Faculty of Arts
York St John University