

ART & WELL-BEING: TOWARD A CULTURE OF HEALTH



ABOVE: STUDENTS AT GOLDEN VALLEY
HIGH SCHOOL IN MERCED, CA
PHOTO BY MARIO GONZALES FOR
THE SAN FRANCISCO MIME TROUPE

BY ARLENE GOLDBARD
CHIEF POLICY WONK



U.S. DEPARTMENT OF ARTS AND CULTURE

HELLO@USDAC.US | USDAC.US

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Dear Reader,

Thank you for downloading *Art & Well-Being: Toward A Culture of Health*, the **U.S. Department of Arts and Culture's** latest publication. By using the USDAC's resources and taking part in its actions, you're joining thousands across the U.S. who understand that to thrive, democracy needs all our voices and all our creativity.

If you would like to take a further step toward honing and deploying your skills in building a culture of health, please be sure you're on the USDAC mailing list. Just add your name and email at our **website** and we'll keep you updated on relevant resources, conversations, and actions.

The USDAC is a *people-powered department*—a grassroots action network inciting creativity and social imagination to shape a culture of empathy, equity, and belonging. It's through your participation that *Art & Well-Being* has been made possible. We are grateful to all of those whose inspiring words and creative ideas you will read in this guide, and to each and every one of you!

Please feel free to contact us. You can always reach us at hello@usdac.us.

Together we create!

The USDAC

TOGETHER, WE CREATE.





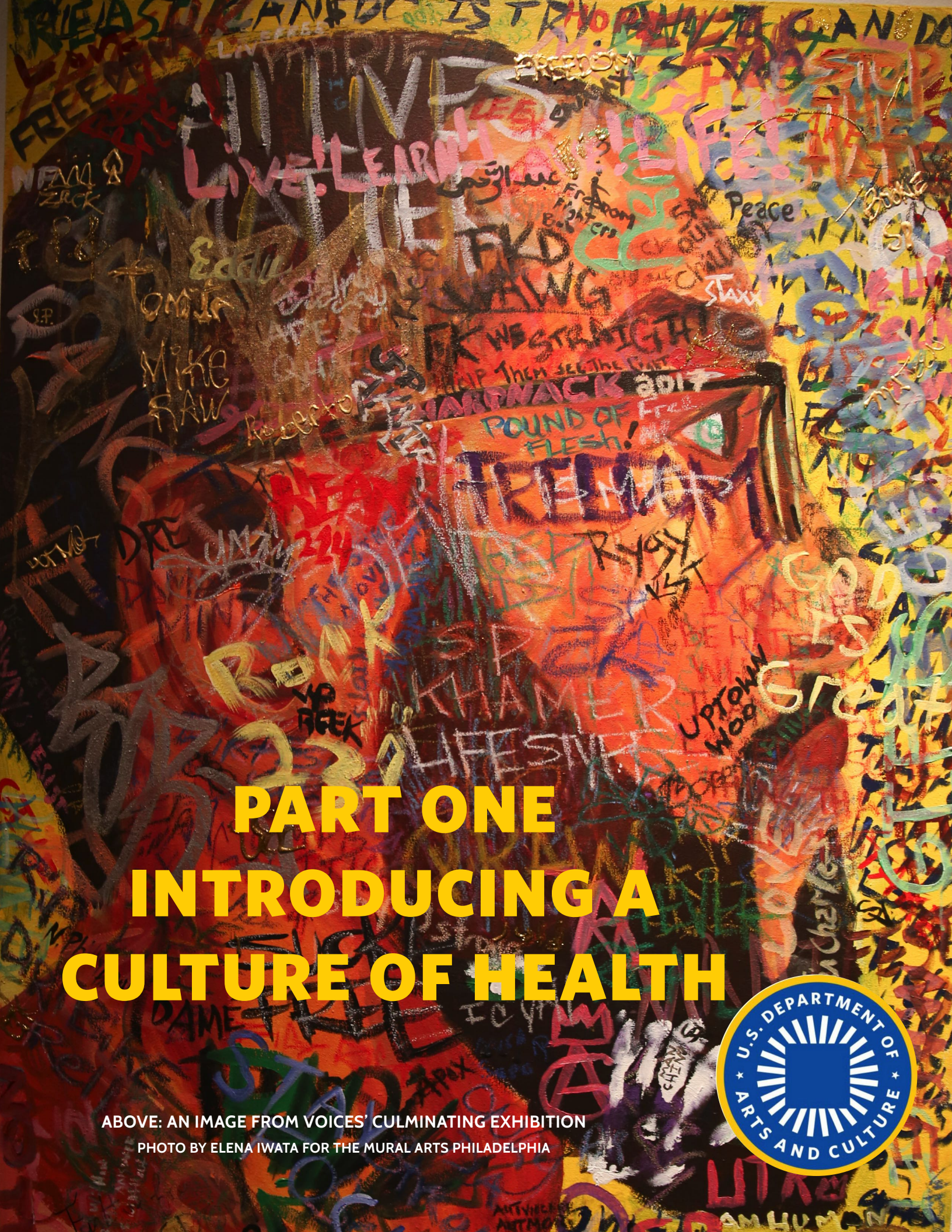
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A ROADMAP TO ART & WELL-BEING: TOWARD A CULTURE OF HEALTH

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Definitions, key resources, and an introduction to this field of work, including the larger social context for a culture of health.	
<i>For any reader, an illuminating and context-setting glimpse of the big picture before diving into the details.</i>	
PART TWO. APPROACHES TO ART FOR WELL-BEING.....	PAGE 11
Description and examples of key types of art and well-being work, including: Public and visual Art; Poetry and Narrative; Music; Dance; Theater; Media and Photography; and Story-Gathering.	
<i>Whether you're an artist, a healthcare professional, funder, educator, or policymaker, this is the place to look for inspiration and to take in the scope of art and well-being work.</i>	
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These case studies focus on three recipients of "Culture of Health" grants from the Robert Wood Johnson Foundation. Youth Radio: "Remix Your Life;" Mural Arts Project: "Voices: Giving Voice To Those With Lived Experience About Successful Reentry;" and "San Francisco Mime Troupe: Toward An Inclusive Culture Of Health Through Engagement, Satirical Theater And Song."	
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PART FOUR. RIGHT RELATIONSHIP: PARTNERSHIPS, ETHICS, VALUES, CARING, AND SELF-CARE.....	PAGE 53
Understanding the forces that create or damage a culture of health; mobilizing the multiple skills needed for effective art and well-being work; crafting good partnerships; essential ethical commitments; and the importance of maintaining self-care even as you are offering care.	
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PART ONE INTRODUCING A CULTURE OF HEALTH

ABOVE: AN IMAGE FROM VOICES' CULMINATING EXHIBITION
PHOTO BY ELENA IWATA FOR THE MURAL ARTS PHILADELPHIA



INTRODUCING A CULTURE OF HEALTH

“A CULTURE OF HEALTH,” WROTE ERIN HAGAN, DEPUTY DIRECTOR OF THE ROBERT WOOD JOHNSON FOUNDATION’S EVIDENCE FOR ACTION INITIATIVE, **“IS ONE IN WHICH GOOD HEALTH AND WELL-BEING FLOURISH ACROSS GEOGRAPHIC, DEMOGRAPHIC, AND SOCIAL SECTORS.** The path to achieving a Culture of Health encourages cross-sector collaboration, and recognizes the impact of social and economic determinants on health outcomes.”

“Health” can mean many things: exercise is healthy, a particular person enjoys good health, a certain clinic provides health care to patients, and so on. It’s a personal as well as a social goal.

But when the word “culture” is used to describe such a goal, many things are implied. Culture is always collective, the matrix of signs, symbols, customs, expressions, and artifacts that contains and sustains social relationships, enabling us to communicate, connect, and collaborate. Culture transforms a crowd into a community, people, or society. In the USDAC’s **glossary**, we define it this way:

Culture in its broadest, anthropological sense includes all that is fabricated, endowed, designed, articulated, conceived or directed by human beings, as opposed to what is given in nature. Culture includes both material elements (buildings, artifacts, etc.) and immaterial ones (ideology, value systems, languages).

The Robert Wood Johnson Foundation articulated **ten underlying principles** encoded in its work toward a culture of health.

They make clear how much common knowledge, common purpose, and collaboration are necessary to the culture shift that achieving a cultural of health requires. People need to value not only their own immediate interests, not only the interests of the communities in which they take part, but to appreciate and pursue the interests of every person and community: “No one is excluded.”

The change requires understanding and action. There are both personal and collective stories that shape our understanding of health. At one end of the story spectrum, it’s a dog-eat-dog world: good health is a virtue and a privilege. It takes hard work and discipline to make healthy choices about things like diet, exercise, and preventive care; and the people whose diligent pursuit of profit yields abundant resources are most entitled to purchase expensive remedies when illness emerges.

At the other end, health is a human right. It is the result of social policy as much as individual opportunity and choice; to achieve it, society must promote access to clean air, water, healthy working conditions, and wholesome food; and provide the best care for all, regardless of socioeconomic status.

ROBERT WOOD JOHNSON FOUNDATION: 10 PRINCIPLES FOR A CULTURE OF HEALTH

- (1) Good health flourishes across geographic, demographic, and social sectors
- (2) Attaining the best health possible is valued by our entire society
- (3) Individuals and families have the means and the opportunity to make choices that lead to the healthiest lives possible
- (4) Business, government, individuals, and organizations work together to build healthy communities and lifestyles
- (5) No one is excluded
- (6) Everyone has access to affordable, quality health care because it is essential to maintain, or reclaim, health
- (7) Health care is efficient and equitable
- (8) The economy is less burdened by excessive and unwarranted health care spending
- (9) Keeping everyone as healthy as possible guides public and private decision-making
- (10) Americans understand that we are all in this together

Consider how this story of collective public and private responsibility is embodied in the **statement of principles developed by the World Health Organization** in 1946, enacted in 1948 (and amended as below).

- Collaborative methods that enlist individuals and communities in exploring their own stories and rewriting those that no longer serve;

CONSTITUTION OF THE WORLD HEALTH ORGANIZATION: PRINCIPLES

- Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.
- The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.
- The health of all peoples is fundamental to the attainment of peace and security and is dependent on the fullest co-operation of individuals and States.
- The achievement of any State in the promotion and protection of health is of value to all.
- Unequal development in different countries in the promotion of health and control of diseases, especially communicable disease, is a common danger.
- Healthy development of the child is of basic importance; the ability to live harmoniously in a changing total environment is essential to such development.
- The extension to all peoples of the benefits of medical, psychological and related knowledge is essential to the fullest attainment of health.
- Informed opinion and active co-operation on the part of the public are of the utmost importance in the improvement of the health of the people.
- Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures.

There is a huge gulf between actual existing conditions and the universal adoption of such principles. As always, no matter how vast or daunting the challenge, it is necessary to change the story to change the world. How are our stories of health—for instance, the acceptance as natural or normal of significant health differentials based on wealth, race, gender, and other indicators—holding us back from achieving an all-encompassing culture of health?

WHY ART MATTERS

WHEN THE TASK IS TO CHANGE THE STORY, THE SKILLS OF STORY-WORKERS—WHICH IS TO SAY ARTISTS—ARE PARAMOUNT. Not just any artist, though. The necessary capacities are most developed by skilled artists whose work is rooted in community and who co-create with groups facing common conditions or embracing common aspirations:

- Deep listening and creative strategies to unearth the parables, metaphors, and narratives that shape people's relationship to health;

- Approaches that give full value to our ability to respond to threats to health and well-being not only through medical protocols, but through engaging creativity, emotion, and imagination; and
- Artistic skill to return those stories to their creators and to the larger society in ways that engage empathy and spark the desire and social imagination to change what's not working.

YOU COULD SAY THAT ARTISTS HAVE BEEN DEPLOYING THEIR WORK TO CREATE A CULTURE OF HEALTH SINCE THE BEGINNING OF TIME.

In fact, in a milestone 2010 article, *The American Journal of Public Health* said exactly that: “The idea that creative expression can make a powerful contribution to the healing process has been embraced in many different cultures. Throughout recorded history, people have used pictures, stories, dances, and chants as healing rituals.” There are countless contemporary examples of

Indigenous people using song, story, movement, and depictions to promote healing, such as:

A flourishing movement by Aboriginal people and allies in Australia; for example, the **Healing Ways: Art With Intent** site, emerging from a 2014 exhibition and symposium; and the **Healing Songs** project created by Noongar people in Western Australia.

The arts projects and relevant research referenced in **Art and wellness: the importance of art for Aboriginal peoples' health and healing**, a report prepared for the Arts Health Network Canada.

The Jingle Dress Tradition film (the still image on this page is from the film) about the Jingle Dress Dance is a collaboration between the Mille Lacs Band of Ojibwe and Twin Cities Public Television. Most stories say the dance arose around the time of the early 20th-century influenza epidemic, coming to an Ojibwe father searching for a way to save his daughter from the illness. Or check out the National Institute of Mental Health's "Native Voices" project, which explores the interconnectedness of wellness, illness, and cultural life for Native Americans, Alaska Natives, and Native Hawaiians, including—to pick just one example—a **gallery of healing paintings**.



Today, medical professionals in the industrialized world are increasingly finding meaningful places in their practice to deploy a less-constrained view of the human subject, one that makes us not just doctors and patients but co-creators of possibility and well-being. In her TEDxAylsebury 2015 talk entitled "**What medicine can learn from art**," Dr. Lucie Wilk spoke of the restrictions of a mechanical approach to the body that fails to give appropriate weight to the role of imagination and emotion:

I would love to be able to tell my patient with arthritis that there is a lot that she can do. That her perception of, and response to the world out there, has an impact on her world in here. And this is something can change. Responsibility is the ability to make a response. We

would be giving people this ability, and we'd be returning to them their sense of agency, which we know is a critical ingredient of feeling whole, and uniquely and beautifully human in this world.

Despite the prevailing world view that draws a line between the real world of matter and the ephemeral world of the imagination, all around us is evidence that life is not so cleanly dissected.

Three main challenges arise in focusing appropriate attention and appreciation on arts-based work that promotes a culture of health:

CLOSING THE GAP IN UNDERSTANDING between a "prevailing world view" that privileges what can be quantified and discounts or dismisses evidence conveyed in other ways. For instance, the perpetual complaint of

arts and health projects that focus on those susceptible to or suffering from illness is that conventional agencies are resistant to the powerful ways changing the story can prevent suffering—which is just as important as *treating symptoms*. Conventional measurements of success in health promotion often focus on things like showing up for medical appointments, taking medications in a timely and consistent manner, and other indicators of compliance with treatment plans. There are no easily documented indicators for becoming more aware through exposure to arts projects of one's own vulnerability to disease, and therefore taking greater precautionary measures.

But the connection is there. For instance, remarkable short first-person videos were made by people of Asian and Pacific Islander heritage susceptible to HIV, working with the **Banyan Tree Project**. It's not possible to know precisely how many of the thousands who've viewed these stories have been awakened and moved into action by them. But underlying the choice to make such works of moving-image art is the knowledge that a human story spoken by a teller whose caring and vulnerability are palpable has power to move hearts and minds that no number of graphs and charts can equal. How can the gap be closed so that resources flow to such important arts-based work?

ENLARGING UNDERSTANDING FROM ART AS AN EXTRA FLOURISH FOR INDIVIDUAL TREATMENT—an accompaniment to allopathic medicine—for those suffering from health challenges, instead encompassing art as a means of illuminating and engaging collective risks and opportunities, touching the larger community.

Almost all research and documentation of arts and health work focuses on those who are already ill: on dance with stroke or Parkinson's patients, visual art therapy with trauma survivors, writing as a source of awareness and resilience for those undergoing cancer treatment, and so on. The relatively greater control available in clinics and hospitals is surely one reason for this: a patient returning repeatedly for tests and treatments can be interviewed or asked to complete a questionnaire at each appointment, thus providing a longitudinal account of experience: do you feel better, have more optimism and energy to fight disease, or otherwise demonstrate benefits from arts-based approaches greater than those lacking arts access in otherwise similar circumstances?

But building culture is steady work. If the aim transcends and subsumes the well-being of individual patients, instead extending to a state in which “good health flourishes across geographic, demographic, and social sectors,” strategies to engage people in promoting their own health along with the larger society's must be multidimensional, flexible, improvisatory, and long-term.

BROADENING THE DEFINITION OF HEALTH CHALLENGES to include not only individual susceptibilities to infectious and autoimmune diseases, but also environmental hazards and the differential ways they affect people depending on economic status, race and ethnicity, gender and orientation, geographic location, and other such factors.

Just as energy and climate crisis cannot be entirely resolved by individual consumer and behavioral choices, some of the largest obstacles to a culture of health require new social policies and ways of effecting them. It is commonplace by now to list social stressors—such as overwork, discriminatory policing, or unemployment—and to offer advice as to how individuals can escape or ameliorate their effects. But the achievement of a true culture of health will not be possible unless the causes are also addressed as part of health promotion.

The groups engaged by the three projects in Part Three—the incarcerated, immigrants and migrant workers, young people living in highly stressed communities—are all affected by the individual and collective experience of trauma. It takes awareness, acknowledgment, and healing action to lessen the consequences of trauma. With the prison-related projects described in Part Two, for instance, multiple types of trauma intersect: the experience of the victim of crime, the experience of the incarcerated, and the collective trauma of



Family Interrupted © 2012 City of Philadelphia Mural Arts Program/ Eric Okdeh. Photo by Mike Reali.

living in a society in which violent crime creates rips in the social fabric that must be mended. One step to healing such trauma is creating the container for people to share their stories such that they are received in a loving way, where dignity is preserved and the caring of the listener is felt.

CHANGING THE FRAME

IF THIS GUIDE WERE BEING WRITTEN ACROSS THE ATLANTIC IN ENGLAND, WE WOULD BE TEMPTED TO TAKE A SHORTCUT AND REFER READERS

to *Creative Health: The Arts for Health and Wellbeing*. This 2017 *Inquiry Report of the All-Party Parliamentary Group on Arts, Health and Wellbeing* summarizes research carried out since the Parliamentary Group was formed in 2014. It is a substantial and well-documented survey of arts and health projects that begins and ends with inspiring first-person testimonials from a wide range of commentators, from artists to members of Parliament to hospital administrators, foundation executives, and medical practitioners. It is based on 16 roundtable discussions, many other conversations, original research, and a wide-ranging review of academic research and project documentation and evaluation. The report itself is extensive, and even more details behind its findings can be seen at the Parliamentary Group's [website](#).

The report is cited multiple times in this guide, especially insofar as it offers a more complete, sophisticated, and authoritative understanding of the subject than many U.S. resources. But as its foreword also acknowledges,

As it is, the United Kingdom is still very far from realising more than a small modicum of the potential contribution of the arts to health and wellbeing.

We lag in significant respects behind other countries, such as Australia, Cuba and the Nordic countries.

They also lead in significant respects: the sheer number of public sectors studies, interventions, and actions referenced in the report illustrate the advantage that comes from considering social well-being from the perspective of a relatively well-nourished public sector.

The report's scope, set out plainly in its opening paragraphs, states what must surely seem self-evident to many Citizen Artists:

It is time to recognise the powerful contribution the arts can make to health and wellbeing. There are now many examples and much evidence of the beneficial impact they can have. We have three key messages in this report:

- The arts can help keep us well, aid our recovery and support longer lives better lived.
- The arts can help meet major challenges facing health and social care: ageing, long-term conditions, loneliness and mental health.
- The arts can help save money in the health service and social care.

But if these messages were truly self-evident, there would be no need for such documents. Instead, attitudinal obstacles block acceptance of the evidence, as the report's foreword explains:

The conundrum that we have found ourselves pondering is why, if there is so much evidence of the efficacy of the arts in health and social care, it is so little appreciated and acted upon. In our discussions, we have identified a number of barriers to recognition and embrace of the potential contribution of the arts. These barriers are attitudinal rather than legislative or inherent in formal policy.

In the U.S., there is an even larger gap between what is now known to advocates and practitioners about such subjects as the social determinants of health and well-being and the value of arts-based interventions—between what has been researched, experienced, and documented—and what is commonly understood.

What will it take to change the frame, so that people commonly think of a culture of health in broad social terms rather than focusing primarily on perceived failures in individual conduct? A growing body of evidence supports social justice and equity as the foundation of a culture of health. This needs to be widely understood to close the gap in knowledge and understanding.

Consider just a few examples from Vicenç Navarro López's 2009 address to the Eighth European Conference of the International Union of Health Promotion and Education, "**What we mean by social determinants of health.**" [*Emphasis added.*]

To quote one statistic directly from the [WHO Commission on Social Determinants of Health 2009] report: "A girl born in Sweden will live 43 years longer than a girl born in Sierra Leone." The mortality differentials among countries are enormous. But such inequalities also appear within each country, including the so-called rich or developed countries. Again, quoting from the report: "In Glasgow, an unskilled, working-class person will

have a lifespan 28 years shorter than a businessman in the top income bracket in Scotland.” We could add here similar data from the US. In East Baltimore (where my university, The Johns Hopkins University, is located), a black unemployed youth has a lifespan 32 years shorter than a white corporate lawyer. Actually, as I have documented elsewhere (1), a young African American is 1.8 times more likely than a young white American to die from a cardiovascular condition. **Race mortality differentials are large in the US, but class mortality differentials are even larger.** In the same study, I showed that a bluecollar worker is 2.8 times more likely than a businessman to die from a cardiovascular condition. **In the US as in any other country, the highest number of deaths could be prevented by interventions in which the mortality rate of all social classes was made the same as the mortality rate of those in the top income decile.** These are the types of facts that the WHO Commission report and other works have documented. So, at this point, the evidence that health and quality of life are socially determined is undeniable and overwhelming.

Navarro goes on to say that these truths are being obscured by a policy consensus that emerged during the Reagan-Thatcher years of the 1980s:

[A] new policy environment that emphasizes: 1. the need to reduce public responsibility for the health of populations; 2. the need to increase choice and markets; 3. the need to transform national health services into insurance-based health care systems; 4. the need to privatize medical care; 5. a discourse in which patients are referred to as clients and planning is replaced by markets; 6. individuals’ personal responsibility for health improvements; 7. an understanding of health promotion as behavioral change; and 8. the need for individuals to increase their personal responsibility by adding social capital to their endowment. The past 30 years have witnessed the implementation of these policies and practices worldwide, including in the US, in the EU and in international agencies such as the WHO.

One way art can have impact is by shining a light on truths that have been obscured. The social determination of health and well-being is so stark, it calls into question any assertion that our current policies are compassionate or equitable. How can artists spread awareness of a principle so ancient

it is embedded in the Golden Rule: do not to others what is hateful to yourself? If those in the top income decile had to make do with the housing, food, policing, medical care, schooling, and other social goods widely prescribed for those in the lowest decile, there is no doubt there would be rapid and remarkable improvement in each of these areas.

How can Citizen Artists express and share these simple and powerful truths?

Beyond calling attention to the appalling current order of things, there is another way to enlarge and deepen people’s understanding of what it would take to develop a true culture of health. Those who come in direct contact with the work of artists committed equally to social and individual healing are usually convinced by their own experience of its value and importance. Those who learn about it through documentation and other forms of sharing are often persuaded to investigate for themselves.

The USDAC aims to support artists who place their gifts at the service of healing, working for both individual and collective well-being, for social justice as the foundation of a culture of health; and to support medical practitioners and policymakers in making arts-based interventions integral to the achievement of their aims.

WE ENVISION A TIME WHEN CULTURAL INTERVENTIONS TO IMPROVE PERSONAL AND SOCIAL HEALTH ARE COMMONPLACE AND WELL-FUNDED.

Imagine not just a beautiful appearance for every hospital and clinic; not just musicians and storytellers on every ward to help people craft the narratives and move to the rhythms of their own healing. Go further and imagine never again having to argue for the necessity of beauty, connection, and purpose to well-being. Imagine the scales falling from policymakers’ eyes, allowing them to finally see that social justice heals. Imagine them investing real power and resources in that truth.

But we must also acknowledge that getting there will take effort to overcome embedded attitudes that privilege conventional approaches, often without vetting them by the same standards to which innovations are subjected. It will be necessary to address resistance to increased social spending; and to inspire advocacy at a point when very few officials and policymakers are willing to take a stand for art’s essential role in nurturing well-being.

In this moment, we are not optimistic about such changes being made top-down. But every reader of this report has the capacity to catalyze change from the grassroots. If such changes reach critical mass, if they are shared in compelling and accessible forms, change at the top levels can follow.

Arts in Health and Care Environments

This includes hospitals, GP surgeries, hospices and care homes.



A mental health recovery centre co-designed by service users in Wales is estimated to save the NHS

£300k

per year.



Visual and performing arts in healthcare environments help to reduce sickness, anxiety and stress.



The heart rate of new-born babies is calmed by the playing of lullabies. The use of live music in neonatal intensive care leads to considerably reduced hospital stays.

Participatory Arts Programmes

This refers to individual and group arts activities intended to improve and maintain health and wellbeing in health and social care settings and community locations.

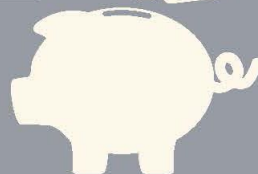
After engaging with the arts

79% of people in deprived communities in London ate more healthily

77% engaged in more physical activity

82% enjoyed greater wellbeing.

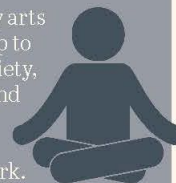
£1 spent on early care and education has been calculated to save up to £13 in future costs. Participatory arts activities with children improve their cognitive, linguistic, social and emotional development and enhance school readiness.



Over the past two centuries, life expectancy has increased by two years every decade, meaning that half of people being born in the West can expect to reach 100. Arts participation is a vital part of healthy ageing.



Participatory arts activities help to alleviate anxiety, depression and stress both within and outside of work.



Arts Therapies

This refers to drama, music and visual arts activities offered to individuals, usually in clinical settings, by any of 3,600 practitioners accredited by the Health and Care Professions Council.



Arts on Prescription

Part of social prescribing, this involves people experiencing psychological or physical distress being referred (or referring themselves) to engage with the arts in the community (including galleries, museums and libraries).

An arts-on-prescription project has shown a 37% drop in GP consultation rates and a 27% reduction in hospital admissions. This represents a saving of

£216

per patient.



A social return on investment of between £4 and £11 has been calculated for every £1 invested in arts on prescription.

The graphics on this page and the next are based on experience in England and are taken from *Creative Health: The Arts for Health and Wellbeing*.



Music therapy reduces agitation and need for medication in

67%
of people with dementia.



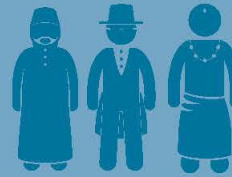
Arts therapies help people to recover from brain injury and diminish the physical and emotional suffering of cancer patients and the side effects of their treatment.



Arts therapies have been found to alleviate anxiety, depression and stress while increasing resilience and wellbeing.

Attendance at Cultural Venues and Events

This refers to attendance at concert halls, galleries, heritage sites, libraries, museums and theatres.



Attendance tends to be determined by educational level, prosperity and ethnicity.



Cultural engagement reduces work-related stress and leads to longer, happier lives.

Medical Training and Medical Humanities

This refers to inclusion of the arts in the formation and professional development of health and social care professionals.

Within the NHS, some 10 million working days are lost to sick leave every year, costing

£2.4bn

Arts engagement helps health and care staff to improve their own health and wellbeing and that of their patients.



Of
2,500
museums and galleries in the UK, some

600
have programmes targeting health and wellbeing.



The Built and Natural Environments

Poor-quality built environments have a damaging effect upon health and wellbeing.

85% of people in England agree that the quality of the built environment influences the way they feel.

Every £1 spent on maintaining parks has been seen to generate

£34

in community benefits.



Everyday Creativity

This might be drawing, painting, pottery, sculpture, music or film-making, singing or handicrafts.

There are more than
49,000 amateur arts groups in England

involving
9.4 million people

that is
17% of the population.





PART TWO

APPROACHES TO ART

FOR WELL-BEING

ABOVE: CLOWNS FROM AROUND THE WORLD
RETURN TO IQUITOS, PERU FOR THE
ANNUAL BELÉN FESTIVAL, SPONSORED BY
THE GESUNDHEIT! INSTITUTE



APPROACHES TO ART FOR WELL-BEING

This section of Art & Well-Being offers examples of a wide range of artistic approaches and interventions that can contribute to a culture of health. It draws on projects from the U.S. and other countries where documentation is readily available in English. It is by no means a global survey, but a curated selection of possible models that can inspire, be adapted, or offer useful information for Citizen Artists working to create a culture of health. Be sure to check out Part Three as well: it offers detailed case studies of three arts projects supported by the Robert Wood Johnson Foundation.

There are many ways to understand the field of work described here. We've listed projects by art form (e.g., music or poetry). But you could also do it by participant groups (e.g., teenagers or recent immigrants), issues to be addressed (e.g., food deserts or pollution, diabetes or asthma), or by objectives (e.g., alleviating symptoms, promoting public awareness, or supporting activism).

Any way you slice it, the field features several contrasting approaches to the subject of culture and health.

PREVENTION, TREATMENT, ADVOCACY?

To categorize projects within the larger field of art and health, consider where they place their focus:

- On **PREVENTION**, including social interventions that can prevent suffering by addressing the conditions that cause it; also on education about risks and remedies both for those not currently experiencing diminished well-being and to those who are.
- On **ADVOCACY**: groups or projects formed to change public views of health or illness, advocating for the rights of those vulnerable to or coping with health challenges.
- On **TREATMENT**: interventions designed to serve and support those living with disease or other health impairments, often taking place in healthcare environments.

In the United States, most health-related programs fall into the third category. Most are positioned as part of—or complementary to—treatment for those suffering from chronic conditions or under medical supervision in hospitals and clinics. Storytellers and clowns visit children in intensive care wards; musicians perform with and for elders in dementia care; art therapists guide cancer patients in understanding and responding to their illnesses through drawing or collage.

The typical U.S. frame for this work is “arts *in* healthcare.” For instance, almost all Board and staff members of the **National Organization for Arts and Health** (NOAH) are medical professionals, medical educators, or administrators of arts-related programs in hospitals and other clinical settings. The organization is strongly committed to integrating arts into healthcare, with an emphasis on addressing existing health challenges. One of the six major sections of NOAH’s thorough survey of its field, **Arts, Health, and Well-Being In America**, is entitled “In Community Health and Well-Being.” But the projects described there almost all take place in institutional settings such as private and military hospitals.

In contrast, the three projects described in Part Three of *Art & Well-Being* focus on the social determinants of health, recognizing that well-being is as much about reducing threats to health stemming from economic policy, racial and gender injustice, and other social factors as it is about treatment of illness. They are committed to engaging participants in understanding, analyzing, and integrating that information, addressing their personal challenges within the context of our collective social challenge.

Beyond the U.S., we see a larger proportion of work that is simultaneously self-advocacy and public advocacy. Clive Parkinson, Director of Arts for Health at the Manchester School of Art, is a leading figure and exemplar of this approach. His **blog** covers many related topics and provides links to a wealth of resources. In 2010-11, he and his colleagues engaged more than a thousand participants to create the first *Manifesto on Arts for Health*, a colorful, in-your-face declaration of not-knowing and knowing, very human and very unlike a conventional white paper or other official document:

[W]hen we're asked, what is this arts and health about, we must remember that our health and our well-being are bigger than narrow notions of sickness and disease. Our work is about our imagination and our voice, here on a street, there in the world. This isn't slavish instrumentalism, or impenetrable elitism. There is no formula, no commandments or little red book. But this manifesto is a start, a shared vision, made real, connected by our passion and values, changeable, open to disagreement, but a starting point.

So, if it's kite-marks and standards, or the toolkit of how to do it, weighing in your art by the cubic tonne and counting its value, this manifesto isn't the place for you. It's not a strategy and it never will be. This is us and our expression of the here and now. It started out as arts, health, and well-being, but it's underpinned by so much more. And that's the thing: it's the politics of being alive, here and now. Our arts/health story can't ever be separated from the inequalities that underpin and undermine our world.

Part one of the *Manifesto* ends with a call for readers' response. **Part Two**, published just a few months later in 2012, compiles that response.

A more recent project of Clive Parkinson's is *A Recoverist Manifesto*, collaboratively developed by people in recovery from substance misuse in the United Kingdom, Italy, and Turkey. Its aims are humanizing the face of addiction by dispelling "the stigmatized myths and legends associated with substance misuse by providing a counter-blast that challenges current clichéd misconceptions by reframing addiction as a health issue and recovery as a civil rights concern. With an introduction by [English writer and TV personality] Will Self, this manifesto presents us with an opportunity to start a wider conversation around cultural change."

What sets it strikingly apart from much of the work that focuses on art as a treatment modality in clinical settings is the spirit of "we," speaking not for or about those in recovery, but joining as one:

we are unreservedly utopian and aspire to our vision of a better society, not a big society, and will share this vision far and wide and inspire and support people in the struggle to get there

we will plant culture at the core of other strands of decision making and influence the hearts and minds of politicians and the public

our language will speak to a wider community and not be self-congratulatory or sanctimonious

we are hybrid and evolving, embracing diverse disciplines but constrained by no individual profession

our fourth culture' will create debate, influence policy and people, and look outwards

we will challenge ourselves to engage with the cynical

we take the long-view and look beyond short-termism to generational change

we are more than the sum of our parts and will nurture local activity that embraces a world view

we will not reduce our work to a standardized form, but will articulate our potency through a common language and shared vision

this is a movement, we are the resources; we will tell the story of our work and like a virus, will spread

we will meet, we will talk, we will argue and we will influence change, thriving on critique and rallying our resources...face-to-face, person-to-person

creativity goes beyond materialism and is like food and water, art is an expression of imagination and a powerful vehicle for social change

Excerpt from the
Manifesto on Arts for Health

We've been exploring artists, manifestos and activism, and central to this has been the idea of our fundamental human rights. With something of the spirit of Nelson Mandela, who was publicly and politically rehabilitated from 'terrorist' to 'saint', we began redefining ourselves from being passively in recovery to recoverists – sentient human beings with individual voices and with a shared vision beyond national frontiers.

Whilst we are bound by the invisible threads of addiction, we won't be defined by shame, deficit and stigma; instead, we will be defined by our value and potential. By giving a human face to recovery, we will break down barriers to dialogue. Our shared voices will confront and educate those who demonise and stigmatise us.

Here's a video presentation of an art project Parkinson co-created with Vic McEwan, **The Harmonic Oscillator**, based on the sound environment of a hospital.

CONVENTIONALLY, PREVENTION IS PERSONAL AND INDIVIDUAL. For example, the American Diabetes Association offers many tips for healthy eating and physical exercise, leading to obesity reduction—obesity being a recognized risk factor.

Interventions sometimes go beyond urging individual change. One article in the Diabetes Association's magazine focuses on "food deserts"—neighborhoods in which fresh food (such as fruit and vegetables) is scarce, whereas low-nutritional value/high-cost junk food may be easily available. It mentions the **Healthy Food Financing Initiative** public-private partnership, authorizing up to \$125 million per year in public funds to support projects by "healthy food retailers" in low-income communities. But there is no mention or analysis of the causes of food deserts, or other proposals to address them.

In many other parts of the world, most interventions that focus on the individual have a stronger social dimension than "mainstream" U.S.-based prevention initiatives.

For example, the concept of "social prescribing" is taking root in Europe. The first empirical studies have supported the effectiveness of this practice in empowering "people with social, emotional or practical needs...to find and design their own personal solutions, i.e. 'co-produce' their 'social prescription', often using services provided by the voluntary and community sector."

People who are isolated by age, illness, or a change in life that sets them apart (e.g., retirement, divorce, loss of a loved one) are much more susceptible to mental and physical illness than those who participate in networks of relationship. Under isolated circumstances, it can be easy to subside into a depression that perpetuates itself, especially in the absence of powerful energy, will, and/or information to reach out. Often social prescriptions focus on arts and cultural participation: take a class, join a theater group, go see art exhibits, take part in a chorus, and so on. There is a **thriving national network in Britain**, and considerable research underway, for example, **this 2017 study**.

The gulf between prevention as a society-wide effort and as a personal challenge brings to mind C. Wright Mills' pointed distinction in the first chapter of his 1959 book **The Sociological Imagination**. He distinguishes "the personal troubles of milieu" from "the public issues of social structure."

**We are Recoverists
and we are
committed to
solidarity and
equality**

**We are Recoverists
and we ask for
respect and
tolerance**

**We are Recoverists
and we are diverse
and evolving**

**We are Recoverists
and we are nurturing
our voices**

**We are Recoverists
moving forwards**

**To Forgiveness
and Education,
to Family, Sincerity
and Freedom,
to Friendship
and to Love.**

I can't, but we can

Excerpt from
the Recoverist Manifesto

Troubles occur within the character of the individual and within the range of his or her immediate relations with others; they have to do with one's self and with those limited areas of social life of which one is directly and personally aware. Accordingly, the statement and the resolution of troubles properly lie within the individual as a biographical entity and within the scope of one's immediate milieu - the social setting that is directly open to her personal experience and to some extent her willful activity. A trouble is a private matter: values cherished by an individual are felt by her to be threatened.

Issues have to do with matters that transcend these local environments of the individual and the range of her inner life. They have to do with the organization of many such milieu into the institutions of an historical society as a whole, with the ways in which various milieux overlap and interpenetrate to form the larger structure of social and historical life. An issue is a public matter: some value cherished by publics is felt to be threatened.

This guide focuses primarily on projects that refuse to treat public issues as if they were purely private troubles. In the examples below, while we mention a number of treatment-focused programs, we stress what artists and allies are doing to build awareness and engagement in addressing the conditions that threaten well-being, even as they may work with people vulnerable to or suffering from illness.

A RANGE OF ART & WELL-BEING

In the United States, certain health challenges are prominent in arts-based work for well-being (and therefore in this guide), probably because they are so widespread. In a [chart of diabetes rates by country](#), the U.S. ranks 43rd highest out of nearly 200, one explanation for all the attention diabetes receives. While the genetic risk for type 2 diabetes is pretty evenly distributed across the U.S. population, other risk factors are not. Lack of economic opportunity, racism-related stress, and living in communities lacking affordable healthy food sources exacerbate risk. As Andrew Curry put it in a [2017 essay on the subject](#),

[D]ecades spent focusing on genes to explain racial differences in type 2 diabetes risk may have obscured a difficult truth. Ethnic and racial minorities are more likely to be poor, face discrimination in the job market, lack a college education, and live in neighborhoods plagued by crime. When parents are afraid to let their kids play outside, it's no surprise childhood obesity is high. By the same token, being treated differently because of the color of your skin, or being eyed suspiciously on the street because of how you look, is stressful.

Research shows those things put people at higher risk for type 2 diabetes. A paper published in the *Journal of General Internal Medicine* suggested that food insecurity (a lack of consistent access to enough food) doubled diabetes risk, for example. And a 2013 Diabetes Care study showed that the less walkable a neighborhood, the more likely its residents were to develop

diabetes. “Although diabetes can be prevented through physical activity, healthy eating, and weight loss,” the authors write, “the environment in which one lives may pose barriers to achieving these measures that are difficult to overcome.”

In contrast to dominant prevention modes, consider the approach of **The Betes.org**, which focuses on “the lived experience” of chronic illness. Many of their early initiatives were diabetes-specific, but the scope is expanding to all chronic illness. This is from their Facebook page:

THE BETES brings all sides of the healthcare community together, cultivating compassion and humanizing the practice of healthcare through puppet theater and performance. We seek to transform chronic illness care from a bureaucratic, technical endeavor into a deeply meaningful, playful, emotion-and-imagination driven dialogue. By transforming healthcare into a human story, we help the people who have chronic illness, their support networks, healthcare providers, and general public, to engage in a profound dialogue on the meaning of disease and foster healing outside of a biological cure.



Founder Marina Tsaplina has made use of several performing arts modalities to portray the personal relationship to diabetes, helping people—health professionals, diabetes patients, family members, and the general public—understand the profound personal and collective impact of this disease. Puppets—especially sock puppets—figure prominently, as you’ll see in this overview page on The Betes’ performative family-oriented program, “**The Overneath**,” and in the project’s **intro video**. The Betes also sponsored a convening in New York in 2016, “The Patient Voice,” described in **this blog post** and **this interview**.

The Betes founder Marina Tsaplina and workshop participants

As we scanned art and well-being projects, dementia-related work similarly stood out. Although not all dementia is age-related, as life span increases, so does the incidence of dementia, leading to a growing number of arts-based programs in dementia care homes and other healthcare facilities. Globally, the **World Alzheimer Report 2015** indicates, the number of people with dementia doubles every twenty years. “Much of the increase will take place in low and middle income countries (LMICs): in 2015, 58% of all people with dementia live in LMICs, rising to 63% in 2030 and 68% in 2050.” Half the new cases reported are in Asia, with Asia, Africa, and the Americas showing the highest rates of increase.

TIMESLIPS is one of the most successful arts-based approaches to working with elders in care, with memory-loss being a key factor. It was founded in 1996 when Anne Basting (a theater professor at the University of Wisconsin-Milwaukee’s Peck School of the Arts) explored using improvisation and creative drama techniques with individuals with Alzheimer’s and dementia, shifting attention from memory—often

a ground of frustration, loss, and disconnection—to imagination, a capacity available even to most people with profound memory loss. From the original *TimeSlips* play Basting wrote based on stories shared by elders with dementia, the multi-award-winning project has grown to encompass training programs, certifications, and internships; software and interactive online tools; further plays and documentaries. *The Penelope Project*, a multi-year collaboration between Basting, Sojourn Theater and Luther Manor Retirement Community in Milwaukee generated a **book** and **film** describing the co-creation of a site-specific performance project.

At the **TimeSlips website**, visitors can add a story to a browsable archive. Many creative story prompts are offered there. You can also browse stories, many of which are freely—often delightfully—imagined by individuals with memory loss while gazing at old photographs.

Basting tells her story in a **TEDx talk**, describing her frustration in visiting the locked ward of a nursing home in which elders had been drugged into passivity in what Basting calls “group solitary confinement,” trying repeatedly to engage residents in memory-based interactions, and failing every time. She describes the generative moment in which she switched tactics to using an image almost at random to evoke an imagination-based story. Her first foray used a torn-out magazine photo of the Marlboro Man.

To be validated by funders and others with the capacity to grant an imprimatur, the imagination-based approach had to be evaluated in the complex and expensive frame of medical research, difficult when working with a multifaceted intervention such as storytelling. But the research eventually proved, for example, that “having a sense of purpose is preventive against dementia.” In her **TEDx talk**, Basting said that

If we actually spent just one percent of money we spend on pharmaceutical research to find a cure for dementia—which we haven’t done very well at for decades now, and it’s doubtful, I believe, that we will—one percent of that research money, if that went towards programs that fostered a sense of meaning in purpose in people’s lives, then we’d be a lot further down the road in preventing dementia, and easing the symptoms of dementia.

PUBLIC AND VISUAL ART

Public art—murals, installations, monuments, poster campaigns—position our awareness of health and well-being in public space, as can exhibiting work by individual artists. Here are a few examples.

Street artist **Appleton** suffers from severe type 1 diabetes (which always requires regular doses of insulin, as opposed to type 2, which is far more common and can sometimes be controlled by diet and exercise). The images he posts on city streets



A TimeSlips story and the photo that inspired it

feature the insulin bottles, syringes, and other paraphernalia he's been collecting since a diabetic coma at age six changed his life. Here's his mission statement:

My mission is to spread the word about diabetes – misunderstood by many as an easy disease. Too many do not know the complications, the physical and psychological damage that diabetics go through daily –let alone a lifetime.

My art is about taking diabetic awareness to the streets—to see it everyday.

As a friend's daughter, who passes my work on the way to school everyday, tells me, "She smiles and looks up at you, she thinks she's in a secret club." I would like to say, that's the only reason I do it. Knowing she may live her entire life as a diabetic destroys me. I pray it gets cured in her lifetime.

It hasn't in my life time.

Even with all the great advancements in diabetes—you still have to get insulin in your body and still monitor your blood sugar. So really nothing has changed since the advent of insulin. People under the very best of care—are still at risk of losing limbs and going blind.



Street art by Appleton

The subtext of much art about diabetes has to do with profit. Thirty million adults in the U.S. have diabetes, according to the **Centers for Disease Control**, and twice that many are pre-diabetic. It is the seventh-largest cause of death. Insulin is a hugely profitable product for the drug industry (with 2018 worldwide revenues estimated at \$34 billion US). More than one activist has suggested that were it not so, a cure might be closer to hand. Although there is no way to substantiate this claim, suspicion abounds.

RETURN FROM EXILE is a traveling exhibition mounted by the Southeastern Indian Artists Association. It comprises the work of 32 contemporary Southeastern Native American artists. The exhibit began touring in 2015 and continues to circulate to galleries and museums. It poses questions such as how the ancestral experience of trauma continues to resonate today, and how art can play a role in facing trauma and cultivating resilience. The artists whose work is included are engaged with the challenge of restoring knowledge and connection in the face of forced loss, as the exhibit's website explains:

Within the first 40 years of the 19th century, almost all of the original inhabitants of the southeastern United States—the Creeks, Choctaws, Chickasaws, Cherokees and Seminoles—had been removed, either voluntarily or forcibly, to new lands in what is now the state of Oklahoma. In a stunning triumph of ethnic cleansing, the U.S. government's policy of removal of Indian tribes from their ancestral homelands succeeded in uprooting and relocating whole tribal cultures to a strange and distant Indian Territory in the West. For almost 200 years now, that strange and distant territory has been home to the "Five Civilized Tribes"—while the original homelands in Georgia, Alabama, Tennessee, Mississippi, Florida and

the Carolinas have in large part become a distant memory only recalled through historic documents and oral tradition.

But has that memory, that connection to place of origin, really disappeared? How do contemporary Southeastern Native peoples see themselves in light of the historic events of removal and displacement? Do these historic events still have an affect on lives today? These are the questions this exhibition seeks to address, through responses and reactions to the themes of Removal, Return, and Resilience, presented by a premier group of 32 contemporary Southeastern Native American artists.

The City of Philadelphia Mural Arts Program's **PORCH LIGHT PROJECT** is a collaboration with the City of Philadelphia's Department of Behavioral Health and Intellectual disAbility Services, plus partnerships with many community organizations and health providers. Ongoing Porch Light workshops, community meetings, health forums, and paint days focus on themes such as "mental health, substance use, spirituality, homelessness, trauma, immigration, war, and neighborhood safety," thus far generating more than 30 community murals that aim for three objectives:

- improvements to the physical environment
- new opportunities for social connections
- positive changes within a community, such as enhanced unity and empathy among neighbors.

This is perhaps the most rigorously evaluated community-based arts project ever, with **a major study conducted by researchers from Yale University**:

The evaluation was guided by a theory of change that specifies how certain neighborhood characteristics, collective efficacy among residents and aesthetic qualities of the neighborhood, can reduce established health risks associated with neighborhood decay and disorder. Public murals were expected to enhance these neighborhood characteristics in the short-term so as to promote long-term community health. The Porch Light theory of change also specifies how creation of a public mural by individuals with mental health or substance abuse challenges (i.e., behavioral health consumers) can reduce behavioral health stigma and enhance individual recovery and resilience.

Leading to this conclusion:

We began this report with the question: Can public art promote public health? This evaluation strongly suggests that the answer is "yes." Public murals promote changes in residents' perceptions about their neighborhood to reduce health risks due to neighborhood decay and disorder. Specifically, increases in residents' perceptions of collective efficacy and neighborhood aesthetic quality in the years following installation of a public mural provide evidence of the public health impact of murals. Another community-level finding was that public murals that are focused on behavioral health themes and produced with the support of behavioral health consumers and stakeholders, can reduce behavioral health stigma among neighborhood residents.



Marcus Amerman (Choctaw)
in collaboration with
Preston Singletary (Tlingit)
He Who Drinks the Juice of the Stone
blown glass; 9.5 x 7 x 8"
from **Return From Exile**

As the program has evolved, Porch Light hubs have been opened in three Philadelphia neighborhoods. Here's **a story about the most recent**, which opened in March 2017 in Kensington, a neighborhood considered ground zero for the heroin epidemic. Mural Arts has produced a **manual** that offers guidance on replicating the Porch Light approach in other communities.

VISUALIZE HEALTH EQUITY is a project of the National Academy of Medicine (NAM), a nonprofit research organization in Washington, DC, part of its multiyear **Culture of Health initiative**. In the summer of 2017, NAM issued a call to artists to "illustrate what health equity looks, sounds, and feels like to them." NAM explains "health equity" this way:

Health equity means everyone has a fair shot at living the healthiest life possible. Personal responsibility plays a key role in health, but the choices we make depend on the choices that are available to us.

For example, you might know it's important to eat healthy foods, but what if you live in a neighborhood without a good grocery store? Or the nearest grocery store is far away and you don't have access to a car or public transportation? Or your family doesn't make enough money to buy fresh fruits and vegetables? When it comes to health, too many people start behind and stay behind simply because of where they live, lack of opportunity, or how society views them.

A selection of these works was exhibited during a November, 2017 meeting of NAM's Culture of Health partners. (Here's a **video** of a panel discussion with some of the artists.) An **online gallery of the artworks** features clickable images that describe each submission and link it to the artists and organizations involved. Much of the work is public art, appearing on walls and windows across the U.S., and the balance was created by individual artists, shared through exhibitions and publications.

The exhibition **TRAUMASCAPES & LANDSCAPES OF THE INTERIOR** is a collaboration by City Arts Nottingham (England) and the Institute of Mental Health at the University of Nottingham, curated from a call for submission of "artwork inspired by mental illness, or created by artists living with mental health issues." Here's how Dr. Gary Winship, arts and mental health coordinator for the Institute, explained the theme:

Art helps us to understand trauma and catastrophe, not just in words, but through colours, images, lines, motifs, symbols, brush strokes and blotches. Art educates us about trauma and the artist tells their tale and creates a landscape of the interior. Art can help us work through trauma and even build resilience. We might think about the work of the artist as showing us 'Traumascapes'. Where trauma is cultural, submerged narratives can surface through shared artefacts, stories, songs, and so on.

These artefacts give dynamic opportunities for each new generation to engage with prior traumas that might have been out of reach. Picasso's 1937 masterpiece Guernica is arguably the best example. Not only does



Health Equity Mural by
Artistis Working in Education,
Milwaukee, WI
from **Visualize Health Equity**

the painting bear witness, it provokes us to think and debate thereafter. A painting may be still, but its impact is alive, its history is renewed each time someone gazes upon it.

And so with Trauma and catastrophe we seek art to give context, to unfreeze the moment, to make connections that bridge dissociation and isolation. The art gallery creates the traumascapes whereby communities can come together, find a place to reflect, learn and work together for a better tomorrow.

The exhibit's website explains that "Around 1 in 3 adults in England report having experienced at least one traumatic event. Trauma can cause mental illness. It can also be a symptom of it. The artists taking part in this exhibition range from people with personal experience of mental health issues to artists inspired by the theme. Their work captures a range of different ways that trauma can be depicted, or worked through, using the visual arts."



There is Something Beautiful
by Carolyn Jane, from **Traumascapes**
and **Landscapes of the Interior**

POETRY AND NARRATIVE

The social uses of poetry and narrative have been greatly expanded by the growth of spoken word as a performative medium over the last few decades, leading to the present phenomenon of a million views or more for some wildly popular poets on YouTube (check out this talk by **Sarah Kay**, five million-plus views; or these poems by **Neil Hilborn**, 14 million views; and by **Suli Breaks**, nearly nine million views). The power of an individual writer speaking deeply personal truths lifts poetry off the page, aiming it straight at hearts and minds. Adding a bit of irony, engagement in spoken word constantly expands the audience for published poetry and narrative as well. So while some commentators decades back may have mourned what they perceived as the decline of literature, today poetry is one of the most popular art forms to convey the personal and public messages that underpin a culture of health.

THE BIGGER PICTURE is a partnership between Youth Speaks and the University of California San Francisco's Center for Vulnerable Populations at Zuckerberg San Francisco General Hospital, created to inspire "young people to change the conversation about Type 2 diabetes by exposing the environmental and social conditions that lead to its spread." The project has generated more than 25 powerful videos by youth poets including as "**Empty Plate**" by Anthony Orosco, which links poverty, farm worker organizing, and health; or "**Countdown**" by Queen Nefertiti Shabazz, portraying stress as a health threat. The project has reached more than 10,000 high school students; assemblies have been created in more than 20 high schools; and several county health departments have adopted the program. This **New York Times article** from February, 2018, offers useful background.

MENTAL FIGHT CLUB is a London, England-based organization that mounts participatory cultural events for "people of all mental experience," including those with mental health challenges such as depression. The project's backstory is provided at the site by founder Sarah Wheeler. It begins:

Late on Christmas Day 2002, MFC Founder, Sarah Wheeler was rapidly released, one more time, from the six month grip of a psychotic depression. In order to calm and focus her mind she reached for a poetry book, which she read aloud repeatedly, pacing up and down in her small kitchen, until dawn broke. The poem was Ben Okri's *Mental Fight*.

A series of events over months built a cohort for readings, performances, and other activities that continued until Sarah Wheeler's illness forced a hiatus in 2007. In 2011, Mental Fight Club revived with a new venue, the *Dragon Café*, funded by several charities and open weekly in the crypt of a church, offering food and creative activities under the heading "Create, Relate, Integrate."

Here's the third section of Ben Okri's book-length poem:

Illusions are only useful if we use them
To help us get our true reality
Initiations and rituals if they are noble
Have this power
(They magnify the secret hour)
They enable us to pass from
The illusion of our lesser selves
To the reality of our greater selves
Our soaring powers
They free us from our smallness
'Our humiliated consciousness' as Camus said
And they deliver us
Into what we really are
What we sometimes suspect we are
What we glimpse we are when in love,
Magnificent and mysterious beings
Capable of creating civilisations
Out of the wild lands of the earth
And the dark places in our consciousness
We are in ways small and great,
The figures, the myths and legends
That we ourselves have invented
Our dreams are self-portraits,
Our myths, our heroic legends,
Are the concealed autobiography of the human race
And its struggles
Through darkness to light
And through higher darkness again.
Human kind cannot live long
With the notion
Or the reality
Of timelessness
Only in the mind
Only in the spirit



Sarah Wheeler, founders, announces a program at Mental Fight Club's Dragon Café

MUSIC

The **Bristol Reggae Orchestra** is a “a collective of 40 local musicians, drawing our influences from reggae, ska, jazz and classical music, and include in our ranks professional musicians, students, hobbyists and session players, as well as those who have rarely played in public before. We play a compelling repertoire drawn from bravely crafted originals, many from talented composers in St Paul’s and the wider Bristol area, as well as reggae and ska classics from the likes of Bob Marley and Lord Tanamo.”

The Orchestra is based in a diverse section of Bristol (in southwest England) comprising the St. Paul’s and Easton communities, where many residents are of Caribbean descent. In 2014, the People’s Health Trust funded the orchestra to offer workshops to engage community members, support the creation of new work, improve performance skills; and to put on showcases in community venues. The well-being-related dimension of the work is its radical inclusivity and intention of creating a culture of belonging that overcomes division and isolation in Bristol. The musical director and sometime composer is Norma Daykin, professor of Arts as Wellbeing in the **Centre for the Arts as Wellbeing**, part of the University’s Health and Wellbeing Research Group. Here’s [a clip of Daykin conducting](#).



Bristol Reggae Orchestra

GIVING VOICE TO HEALTH is an international project spearheaded by Michael Frishkopf, a Professor of Music, Director of the Canadian Centre for Ethnomusicology, folkwaysAlive! Research Fellow, Adjunct Professor of Religious Studies, and Adjunct Professor of Medicine and Dentistry at the University of Alberta. This music video, entitled “*Sanitation*,” was supported by funding from the Rotary Club of Calgary, whose [website](#) explains it as follows:

Created entirely by Liberian musicians and producers, supported by an ongoing international partnership, this short fuses documentary and music video genres to address public health issues, raising awareness, educating, and engaging community aiming to change attitudes and behavior, both locally and globally.

For the developed world, *Sanitation* confronts viewers with an uncomfortable ethical challenge: How can the viewer enjoy both physical and moral comfort without addressing the most basic needs of fellow human beings?

Simultaneously, *Sanitation* asks Liberians to recognize and address known environmental risks, through practical, affordable strategies to reduce them.

Based in the Skid Row neighborhood of downtown Los Angeles, **THE URBAN VOICES PROJECT** “brings the healing power of music directly to individuals disenfranchised by homelessness, mental health issues and unemployment. Community singing and music education combine to provide practical opportunities for individuals

to transcend their current circumstances and participate in a creative program of positive change....this project is presented by The Colburn School and John Wesley Health Centers (JWCH Institute) to bring music, health & well-being, and community to one of the largest homeless neighborhoods in the United States.”

Initiatives include free classes and workshops in meditation and other music-based healing modalities as well as music classes, open community rehearsals, performances by the Urban Voices Project Choir, and more. This [news video](#) from the Los Angeles County Newsroom gives a flavor of the project and its music. Here’s a performance of Leonard Cohen’s *Hallelujah*.

THE NOTE-ABLES is a Reno, Nevada-based “group of professional musicians who shatter the stereotype that people with disabilities have limited talents and abilities.” The group plays 30-40 gigs each year, offering “covers and original songs, the musical style of The Note-Ables ranges from blues to country to jazz to classic rock. You’ll find clips of some of their original music [here](#) and a video of their performance of “Jane” with Craig Chaquico, former Jefferson Starship guitarist, [here](#), accompanied by this text:

Creativity knows no bounds... All of our programs are grounded in the philosophy that participating in music - expressing oneself through making sound - is both liberating and empowering for those who traditionally have had no voice in our society. We are proud to say that Note-Able Music Therapy Services enhances the lives of those who face so many barriers to community inclusion - and improves the quality of life for all of us.



The Note-Ables

DANCE

The integral nature of dance–movement, music, drama–makes it a strong ground for portraying the complex somatic and emotional states that can arise when facing health challenges. A few examples:

DANCE WELL is a project of Akademi, a southeast Asian dance project based in London. Adults in three categories–those living with dementia, isolated and/or inactive elders, and people living with long-term heart and lung health issues–are invited to take part in dance and movement sessions offered in partnership with nonprofit organizations, care homes, treatment facilities such as hospitals and clinics, and community-based organizations. Often, participants include both those coping with health issues and those who care for them. Here’s a [short video](#) about the project.

There’s a free downloadable Resource Book on “Teaching South Asian Dance with Older Adults” that features easy-to-follow exercises and detailed information on settings, props, and so on. (Just scroll down on the [Dance Well](#) page and enter your email.) Here’s an excerpt on “Playing vs. Infantilization”:

In this booklet, we suggested activities such as ball games and games involving giant parachutes and octabands. We used the “Do, Re, Mi song” as an example of storytelling through mime, together with a well-known

children's game, called 'Simon says,' where a group leader calls for an action while the group repeats it.

Is this a way to infantilise older adults?

There is undoubtedly a risk in providing simplistic or unchallenging exercises for older adults with reduced mobility, or specific syndromes. The risk is making the action of playing (that should be ageless) perilously close to infantilisation.

Where does the limit stand?

We should always ask ourselves where we are positioning the exercise in relation to the group, Are we on a different level? How and why?

What would it say about us practitioners, if we suggested an activity we ourselves find uninteresting or dull? Games can be considered child-like, but they are not always so. If there is a sincere interaction and communication the class won't start with specific structures or boundaries based on prejudices. Hence the activity will be 'with older people,' rather than 'for older people.'

However why would this be the case? Why are playing and having a playful attitude not a right of old people as it should be for children, teenagers, and adults?

And most of all: why shouldn't it be possible to combine professionalism and intellect with playfulness in the first place?



Dance Well

DANCE TO HEALTH, begun in 2016, is a “nationwide falls prevention dance programme for older people. Combining evidence based physiotherapy with the creativity, expression and energy of dance. Dance to Health was devised and is managed by the arts charity and social enterprise Aesop,” based in Oxford, England. The project makes available participatory sessions in six regions of England and Wales, each tailored to the capacities of participants and led by dance artists trained in physiotherapy methods. The sessions are grounded in two evidence-based protocols for falls prevention, FaME (Falls Management Exercise, introduced in a 1999 article by Dawn A. Skelton and Susie M. Dinan in *Physiotherapy Theory and Practice* number 15) and **Otago** (a program created at the University of Otago in New Zealand).

DANCING PARKINSON'S was created in 2013 for people with Parkinson's disease and their care partners by Anne Flynn, Professor Emerita (Dance) Faculty of Kinesiology, and Research Associate at the Hotchkiss Brain Institute at University of Alberta, Calgary. It was part of the **ASC! Project**, a multi-year art for social change research project based at six participating Canadian universities. The Dancing Parkinson's program offered weekly dance “classes focused on body awareness, musicality and rhythm, range of motion, in a classic jazz style,” according to Anne Flynn. “Rather than focusing on the disease, the program focuses on the innate ability we all have to come together as a community of learners and move in unison to the same music. For four years, dozens of adults who never thought of themselves as dancers have come every week to the studios of a professional dance company

and felt like it's their home too. And in 2015, a group of them agreed to work with me to create a theatrical performance." Here's a [description of the research project](#); and a [CBC interview](#) about the performance, "I Always Look Forward to Tuesdays."

THEATER

From the earliest performance rituals, public enactments of healing stories have been integral to human culture. In some of these sample projects, those vulnerable to or suffering from illness have contributed and/or performed the stories themselves; in others, trained performers place their gifts at the service of awareness and healing.

CLOWNING AS A HEALING MODALITY. **CLOWNDOCTORS** is a program of Hearts & Minds, a project founded in 1997 in Edinburgh, Scotland, to help children in hospital via clowning. Clowndoctors "use many techniques including improvisation, music and rhythm, song, dance, magic, puppetry, games and storytelling to engage with each child.... Using gentle, character clowning, they create clown characters who are naïve and optimistic people who find hope in every situation and excitement in the smallest things." The current roster of Clowndoctors numbers 20. In addition to working with children in hospital wards, they work with children with complex needs (such as those coping with autism or neurological disorders) in both clinical and classroom settings.

Here you'll find information about **NORTHERN IRELAND CLOWNDOCTORS**, a similar project created by **ArtsCare**, a multi-arts program for people in health and social care.

Founded by physician/clown/activist Patch Adams, **THE GESUNDHEIT! INSTITUTE**, based in rural West Virginia, is "a non-profit healthcare organization, is a project in holistic medical care based on the belief that one cannot separate the health of the individual from the health of the family, the community, the society, and the world. Our mission is to reframe and reclaim the concept of 'hospital.' The Institute offers training programs, dispatches Gesundheit Global Outreach Clowns (GO!CLOWNS) to distressed world regions for volunteer social and medical activism, developing and expressing "the therapeutic role of the clown in healthcare settings and distressed communities worldwide." Gesundheit's programs also include The School for Designing a Society (SDaS), its educational wing, offering courses in Urbana, Illinois and at the Gesundheit Institute in Hillsboro, West Virginia.

BLOOD SUGARS "was a three-year collaborative project between the University of the Witwatersrand and Chris Hani Baragwanath Academic Hospital (CHBAH) leading to a series of performances in summer 2017 across Johannesburg and Soweto in South Africa."

The project used theatre and applied drama to explore the unique challenges presented by diabetes in South Africa. Initiated by the Health Communication Research Unit at the University of the Witwatersrand, 'Blood Sugars' was delivered



ClownDoctors at Hearts & Minds

in collaboration with Drama for Life, the university's specialists in applied drama, and the diabetes and endocrinology clinic at CHBAH.

The play was devised based on a series of workshops at the diabetes clinic at CHBAH. Performances, each followed by audience discussion, were held at schools, clinics, and the University. In the Blood Sugars brochure, its originators explain why they mounted the project:

According to the International Diabetes Federation, there are currently 4 million diabetics in South Africa, with a further 2.65 million estimated to be pre-diabetic. The Federation predicts that the rise will steepen dramatically over the next 20 years. Yet, research conducted by the Health Communication Research Unit and others has revealed that new patients have a limited understanding diabetes and find treatment extremely challenging, with poor communication between health professionals and patients exacerbating existing problems. Given these issues, the collaborators – Drama for Life, the Health Communication Research Unit, and Bara – developed a shared agenda: to improve communication between healthcare professionals and patients, with a view ultimately to improving self-management and care...

The project revealed the immense impact of the complex cultural context of South Africa, as well as the resource pressures faced by its state-supported healthcare system, on the health of patients, as well as the working lives of healthcare professionals. But it also demonstrated the potential for the kind of peer support offered by drama workshops to vastly improve the experience of care for all those involved, and showed just how effective drama can be at starting much-needed conversations about diabetes with a range of at-risk groups.

A video of the play, performed as part of a keynote presentation at the 2017 Culture, Health and International Wellbeing Conference in Bristol, England, can be seen [here](#).



Blood Sugars performing in 2016

THEATRICAL CONSTRUCTION SITE - UNDER THE SIGN OF CANCER was a 2006-2009 project engaging Social and Community Theatre and Medical Humanities in exploring the treatment of cancer. It was jointly created by *Teatro Popolare Europeo* (European Popular Theatre) and Master in Social and Community Theatre | *Unito* under the sponsorship of *Rete Oncologica del Piemonte e Valle d'Aosta* (Piedmont and Aosta Valley Oncology Network) and *Regione Piemonte* (Piedmont Region). It began inside the *San Giovanni Antica Sede* cancer hospital in Turin (San Giovanni Old Seat), then spread to hospital units and treatment centers across the city of Turin.

The multifaceted project comprised many elements including *Doors, Thresholds and Passages*, a community theatre event as part of the *Festival Torino Spiritualità* (Spirituality Turin Festival); a cabaret concert, a New Year's Eve performance with hospital residents; a documentary and photo book; education elements such as theatrical guided tours of Turin hospitals for high school students; and many ad hoc

theatrical actions within hospitals. “Artistically speaking,” the website says, “the challenge was that of telling clearly and enchantingly the way life is both to the hospital members and to common citizens, taking the perspective of them who are sick or of the health staff.”

You can find several videos, including an English version of *Doors, Thresholds and Passages*, [here](#).

MEDIA AND PHOTOGRAPHY

The **MADE VISIBLE FOUNDATION**, started by photographer Annie Levy, is dedicated to “creating projects in the world of medicine to communicate, educate and transform the experience from isolation to connection.” Here’s how the Foundation’s website describes its work:

We work with various groups, ranging from young people with life threatening illnesses to older adults addressing chronic or acute conditions to create projects that allow them to be seen and heard. We exhibit their inner greatness, create connections and allow them to show “a love of the game” wherever that is found. We strive to integrate their voices in the world of medicine to communicate, educate and transform the experience for both patient and practitioner. We stress the importance of “person” regardless of the setting or diagnosis.

A core characteristic of many of the projects is putting cameras in the hands of people who are otherwise much more likely to be seen as objects for documentation than creators of their own stories. For example, the Foundation’s first project was “Not Defined by Diagnosis,” a partnership with at Montefiore Children’s Hospital in New York City. Teens and young adults took part in a workshop that culminated in an exhibit of their photographs. “Through my Eyes” also took place at Montefiore Children’s Hospital, giving cameras to young patients who took on weekly photo assignments allowing them “to share who they are and what they ‘see,’ using cameras as a way for them to hold on to and strengthen all aspects of their identities.”

Say Your Name is a short video and song by Keith Secola, part of the **NATIONAL NATIVE AMERICAN BOARDING SCHOOL HEALING COALITION’S HEALING VOICES MOVEMENT**. In 2017, NABS issued a call to artists to provide graphics and multimedia to help build “public awareness campaign to promote acknowledgement, advocacy, education, and healing related to the history and ongoing impacts of historical U.S. Indian boarding schools.”

The website explains why:

The truth about the US Indian boarding school policy has largely been written out of the history books. There were nearly 500 government-funded, church-run Indian Boarding schools across the US in the 19th and 20th centuries. Indian children were forcibly abducted by government agents, sent to schools hundreds of miles away, and beaten, starved, or otherwise abused when they spoke their native languages....

The social, emotional, spiritual, and cultural devastation from boarding school experiences have passed down to Native American individuals,



Under the Sign of Cancer

families, communities and Tribal Nations today. The time for healing inter-generational trauma is now.

THE UNLONELY PROJECT of the Foundation for Art and Healing starts with this statement: “LONELINESS IS AS LETHAL AS SMOKING 15 CIGARETTES PER DAY. It is one of today’s major public health crises affecting 30% of us. We’re showing how creative expression can help in a number of ways.” The site features many ways to engage the topic. A **short video** that asks “Can art be medicine?” is a good place to start, summing up the Foundation’s philosophy.

A major project is the Second Annual UnLonely Film Festival, streaming **here**. The short films vary greatly in subject matter and approach, from the mesmerizing *Throw*, the story of an East Baltimore yo-yo aficionado sometimes isolated by stuttering, to *Escapology: The Art of Addiction*, a powerful animated explanation of addiction; to *Transgender in The Military: Camouflaged Identity*, a portrait of serving transgender military members. Each video is accompanied by a series of questions and topics for further exploration, and an invitation to join the online discussion.



Coffin Nachtmahr in *Throw*

JUST ASK is a joint 2016 project of “Torbay Culture and Public Health Torbay [in southwest England] designed to change the way that people think about emotional wellbeing and to remove the stigma around depression and suicide. We want to help men in Torbay improve their mental health and wellbeing through creativity and talking to each other – not only for their own benefit but for their family, friends and wider community.

“The main motivation for the project is Torbay’s male suicide rate, which is the highest in the South West. Many local men suffering from anxiety, stress and depression have never asked for help and despite the best effort of GPs, mental health and other services, the suicide rate isn’t reducing. The majority of people, particularly men, who take their own life have never used mental health services and may not have talked to their GP – or anyone else – about their problems.”

The site features evocative black-and-white short films with men speaking in voiceover about their lives and struggles with suicide. Just Ask is part of a wider arts, health, and well-being initiative: “A key aim of Torbay’s cultural strategy is to harness the health and well-being benefits of culture.” You’ll find other projects **here**.

MULTI-ARTS

These examples use multiple art forms in their work, for instance theater and moving-image media.

MAKE ART/STOP AIDS (MASA) is a project of the Art and Global Health Centre (ArtGlo) based in Malawi in southeastern Africa. MASA uses participatory film and theatre to break the social, cultural and structural barriers to HIV testing, treatment, and care. MASA elements include a documentary film, participant-devised theater led by young people trained by ArtGlo, plus free testing and counseling and support for creating responsive community action plans to address the epidemic.

ArtGlo has an impressive program that touches on many health and well-being-related issues, such as addressing stigma attaching to homosexuality and creating participatory theater on questions relating to food security.

SOWING PLACE, in Providence, Rhode Island, is an initiative of the city's Department of Art, Culture + Tourism in collaboration with Providence's Healthy Communities office, the African Alliance of Rhode Island (AARI), Environmental Justice League of Rhode Island (EJLRI), Southside Cultural Center of Rhode Island (SCCRI), and the West Elmwood Housing Development Corporation Sankofa Market (Sankofa). The website features an encompassing statement of values to shape the initiative, underpinned by these observations:

Our project focuses on upstream systems to address the social and environmental determinants of health: inequitable food access, economic inequality, and lack of social cohesion. We understand that safe spaces for joy and cultural expression are cornerstones of community health. We understand that cultural preservation and intergenerational connections fostered in the gardens and at the markets are markers of good health. We understand that an individual's ability to grow and sell foods to support their family is a marker of good health. These public health values run parallel to programmatic health interventions addressing chronic diseases and other maladies.



Make Art/Stop AIDS

Sowing Place is funded by a grant from The Kresge Foundation's initiative Fresh, Local & Equitable (FreshLo), which supports neighborhood-scale projects leveraging healthy food and creative placemaking for equitable economic development. Project aims include developing and supporting cooperative and micro-business trainings for neighborhood food and arts vendors; increasing the Sankofa Market footprint through collaboration and market extension at the Southside Cultural Center's Southlight Pavilion; supporting the launch of new African Alliance of Rhode Island (AARI) pop-up markets at neighborhood healthcare facilities; and strengthening public/private relationships and collaborative visioning. Collaborative visioning marked the project's planning phase in which the City issued a call for two artist-facilitators to conduct "a collaborative planning process aimed to further develop and synergize urban agriculture and the arts across the West End and Upper South Providence." Laura Brown Lavoie and Vatic Kuumba were chosen; they piloted arts-integrated market events to help partners find new ways to work together, and those functioned as action research for the implementation phase now underway.

MEET ME AT THE ALBANY is a project of **Entelechy Arts**,

a participatory arts company based in the London Borough of Lewisham, south east London. We collaborate with people from marginalised and excluded communities to place arts practice at the heart of a process striving to achieve more equal, connected and engaged communities.

Entelechy Arts often works alongside people who have often been invisible and un-regarded members of their communities, either because of disability, underlying health conditions or the ageing process.

The Albany is a performing arts center in Deptford, also in the south London borough of Lewisham, with performance spaces, a café bar, and rehearsal, meeting, and office space. The underlying question that shaped *Meet Me at The Albany* is this:

“What if isolated and lonely older people had the opportunity to go to an arts centre instead of a day centre?”

It’s a wide-ranging program including a choir, writing workshops, visual artmaking—and hot lunch. And potentially a participant pool for Entelechy’s other initiatives with elders such as **Walking Through Walls**, a collaboration with care home staff, residents, volunteers, and families; and **Bed**, a remarkable ongoing street theater project of Entelechy’s Older Peoples’ Drama Group that turns on interaction with an elderly woman in her nightgown, tucked under the covers of a bed standing in the middle of a shopping street. In addition to the abundant material available at Entelechy’s website, you’ll find a detailed description and exploration of *Bed* by the writer Francois Matarasso [here](#).



Entelechy Arts’ *Bed*

STORY-GATHERING

First-person stories are powered by the ring of truth. Regardless of how specific the circumstances portrayed may be to the individual teller, there is almost always something to engage connection, empathy, and understanding.

NATIVE AMERICAN VETERANS: STORYTELLING FOR HEALING is a project created in 2012 by The Administration for Native Americans (ANA), featuring Native American veterans from World War II, Vietnam, the Gulf War, and Operation Iraqi Freedom. Native Americans are understood to have the highest rate of military service of any ethnic group. The project comprises a website with links for specific topics, such as historical perspective, providing statistics from previous wars; Post-Traumatic Stress Disorder; the role of ceremony in service and healing; and resources for Native American veterans. The accompanying DVD features interviews with individual veterans discussing issues they face today. You will find a half-hour video incorporating powerful first-person stories on [YouTube here](#).

THE QUIPU PROJECT, spearheaded by Chaka Studios, is an

interactive documentary about women and men who were sterilized in Peru in the mid-1990s. Many did not give full consent for it to happen. Twenty years later, they are still seeking justice.

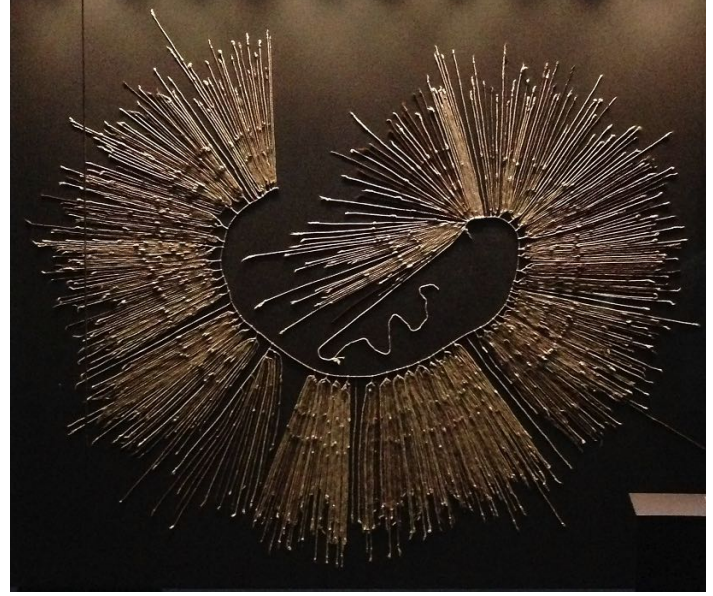
Using a specially-developed telephone line and web interface, we are working with some of the affected people, providing the framework for them to tell their story in their own words and bringing it to an international audience. The story emerges as the archive of testimonies and responses grows.

The site affords visitors the opportunity to listen to recorded testimonies in their original languages or English translations by clicking on the elements of a graphic representing a quipu, an arrangement of knotted cords used by ancient

Andean civilizations to communicate. “This interactive documentary project is a contemporary interpretation of this system,” says the site.

Through a specially established phone line connected to this website, the testimonies of around 150 sterilised people have already been collected. We expect that the number of voices will continue to grow and connect, building a community around this common issue.

The aim of the Quipu Project is to shine a light on the sterilisations, creating a collective memory archive of this case. Our intention is that these stories are never forgotten, that these abuses will never be repeated. We are working in partnership with Amnesty International to support their Against Their Will campaign, and in collaboration with local women’s organizations who hope to use this archive in their fight for recognition and reparation.



VICARIOUS RESILIENCE is an initiative of **The TMI Project**, which offers storytelling and memoir workshops and performances. *Vicarious Resilience* is a video documentary that follows three individuals through a storytelling workshop presented at The Mental Health Association in Ulster County, New York. It’s intended:

to raise awareness and amplify the voices of those who have inspiring stories to share about living with mental illness in the Hudson Valley and throughout the United States. We aim to provide audiences the opportunity to listen, expand their awareness, and eradicate stigma around mental illness so all those who are living with mental illness are free to share their truth. Our hope is the film will inspire mental health professionals to incorporate our true storytelling methodology into their group work and private practice.

You can watch a range of stories performed on video [at the site](#).

STAYING POSITIVE is a project of **StoryCenter**. Partnering with Colorado health and social service organizations, since 2016 this project has worked with “people living with HIV, to support them in finding, telling, and creating their own digital stories. The emphasis is on personal healing, as well as on galvanizing communities to challenge stigma and educate the public about often-overlooked dimensions of the larger HIV/AIDS narrative.” The project is also creating a toolkit to help people use the stories effectively and ethically. Stories about long-term survivors of HIV will also be made into a theatrical performance in collaboration with Denver Element.

You can watch a range of Staying Positive digital stories [on this page](#), greatly varied in terms of approach, subject matter, and life-experience of the teller.

MEDICAL TRAINING

A challenge for art and well-being is to convince those who train medical professionals to experiment, trusting their own positive experience in using arts practices in prevention or treatment contexts. For one thing, these approaches cannot be evaluated by the conventional means typical of, say, drug trials: there

A quipu in the Museum of Pre-Columbian Art in Santiago de Chile

are no double-blind studies for arts interventions where half the people are locked away from all arts-related stimulus so the impact of arts-based interventions can be isolated and quantified. *Creative Health: The Arts for Health and Wellbeing*, the 2017 Inquiry Report of the All-Party Parliamentary Group on Arts, puts it concisely in counseling “a realist approach by looking at what works, for whom and in which circumstances. In a realist approach, evaluation can be used to aid reflective practice and inform the development of future activities.”

So what will persuade people who have been trained in conventional medical practice to step outside the often mechanistic western medical model? Here are some glimpses of possibility.

PERFORMING MEDICINE is a project of Clod Ensemble, a London-based performance company. It offers events, courses and workshops for health professionals and students,

led by inspiring artists using techniques drawn from theatre, dance and the visual arts. We create supportive environments where participants can rehearse the skills necessary to thrive at work. Our public events create dialogue across arts and health, and our research is frequently sought for use in advocacy and policy change.

Since 2001 we have worked with more than 14,000 health professionals and students and we have long-standing partnerships with NHS Trusts and Higher Education Institutions across the UK, including Guy's and St Thomas' Trust and Barts and The London School of Medicine and Dentistry.

A framework called “**Circle of Care**” guides this approach. It is described in an article in the British medical journal *The Lancet* by Clod Ensemble founders Suzie Willson and Peter Jaye:

The Circle of Care framework acknowledges the many caring relationships involved in medicine. Care flows between colleagues, as well as between staff, patients, and their carers. Importantly, health-care professionals also need to care for themselves. This relational way of thinking about care is supported by studies that show a link between the experiences and wellbeing of staff with the outcomes and experiences of patients. If staff feel supported by colleagues and their wellbeing is high, then they are likely to deliver high-quality care. Health-care professionals should regard looking after themselves as a crucial part of their professional practice, rather than as an indulgence or an optional extra. Self-care, within this framing, becomes something that happens within the workplace itself, an essential ingredient to staff doing their job well.

Circle of Care courses start from the understanding that most people working in health environments hold care as a core value. However, it is not enough to feel caring if patients or colleagues don't experience their behaviour as caring. Many things can get in the way of care being



Performing Medicine at the April 2018
AESOP Arts in Health Conference

demonstrated—stress, poor communication, inadequate physical awareness, and the culture of medicine itself. It is well recognised that empathy decreases through medical school. This is not so surprising given that many clinicians have told us that they found parts of their experience at medical school dehumanising—learning not to acknowledge complex emotional responses when confronted with the tragedies they witness and the raw realities of surgery or post mortems. As a consequence of this hidden curriculum, many doctors build a box around their emotional response, learning to detach. This can sometimes manifest as poor self-care and a counterproductive way of relating to patients—to people—who may be experiencing some of the most harrowing moments of their lives. Many health-care professionals are unsatisfied with this way of working, but often it is not until they have a personal experience of the health-care system with their loved ones that they realise how brutalising it can feel. Discovering all of this through our collaboration, we sought to explore how to improve health-care professionals’ abilities to acknowledge and attend to the emotional and physical demands of their work, and to equip them to support others in their moments of need.

There are links to a number of relevant journal articles on this [Circle of Care](#) page.

Or consider a more conventional approach, the **ARTS AND HUMANITIES INITIATIVE** at Harvard Medical School. Launched in 2015, the initiative brings together people from every affiliated medical program, hospital, and many art forms, with this mission: “The Arts and Humanities Initiative aims to foster creativity and scholarship in the arts and medical humanities at Harvard Medical School and its affiliated hospitals, to support a community of faculty and students engaged and interested in the arts and humanities, and to enhance patient care through reflection and compassion.”

Elements of the initiative include an annual artist-in-residence (classical musician Yo-Yo Ma is the resident artist for 2018); a relationship with the Longwood Symphony Orchestra, described as “the orchestra of Boston’s medical community;” sponsoring arts-related events that engage the medical community; and providing course and literature listings that bring arts and humanities subjects into medical education.

Another approach comes from the **NARRATIVE MEDICINE MASTER'S PROGRAM** at Columbia University. This is from its website:

The care of the sick unfolds in stories. The effective practice of healthcare requires the ability to recognize, absorb, interpret, and act on the stories and plights of others. Medicine practiced with narrative competence is a model for humane and effective medical practice. It addresses the need of patients and caregivers to voice their experience, to be heard and to be valued, and it acknowledges the power of narrative to change the way care is given and received.

The program can be completed in one year at full-time or stretched out over two years, combining coursework, research, and practical experience. Courses

range widely, from topics such as “Illness and Disability Narratives: Embodiment, Community, Activism” to “Narratives of Death, Living & Caring at the End of Life,” all part of “educating a leadership corps of health professionals and scholars from the humanities and social sciences who will imbue patient care and professional education with the skills and values of narrative understanding.”

REIMAGINING MEDICINE is a pilot program for juniors and seniors in premed at Duke University in North Carolina. The program offers performing arts and narrative medicine approaches among humanistic approaches to medical care, with the aim of fostering “the strength of character, practices, and philosophical foundation necessary for the practice of medicine.” Marina Tsaplina, founder of The Betes (described earlier), teaches in the program.

THE CENTER FOR THE ARTS IN MEDICINE at the University of Florida in Gainesville:

is committed to advancing research, education and practice in arts in medicine, locally and globally. The Center undertakes work in three primary areas of focus: education and training, research, and outreach.

Established in the College of the Arts in 1996, the Center provides a framework for interdisciplinary collaboration among University of Florida faculty and students, healthcare providers, clinical artists, and our local and global communities. The Center develops and effects interdisciplinary research studies and educational curricula on all levels and serves as a national model for the arts in medicine research, education and training.

The Center offers an online master’s program in arts in medicine, plus several graduate and undergraduate certificates, such as Music in Medicine and Dance in Medicine. **The “Research” tab of the Center’s website** connects to a large database of art and health-related research.



Arts in Medicine Summer Intensive
at the University of Florida



PART THREE

THREE CASE STUDIES

ABOVE: S. F. MIME TROUPE MEMBERS,
INMATES, AND PRISON STAFF AT
SALINAS VALLEY STATE PRISON, SOLEDAD CA
PHOTO BY KEITH ARCURAGI FOR
THE SAN FRANCISCO MIME TROUPE



THREE CASE STUDIES

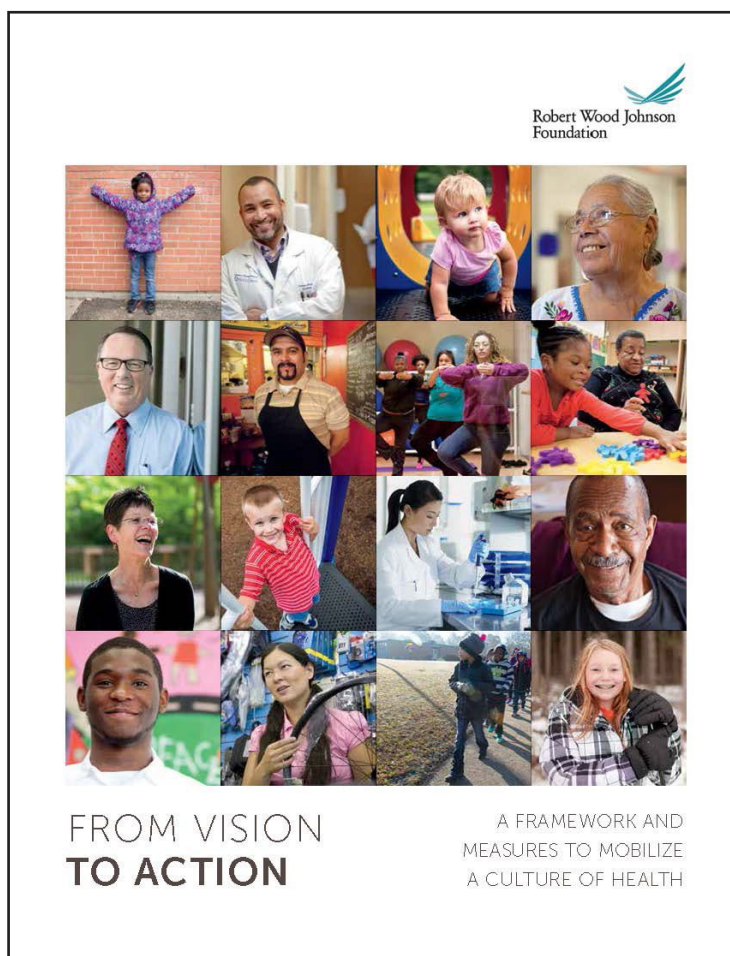
In the fall of 2015, the **Robert Wood Johnson Foundation** (RWJF, the nation's largest philanthropy dedicated solely to health) issued a targeted request for proposals for a one-time grant exploring strategies to use visual and performing arts work to engage communities facing serious challenges in envisioning and creating a culture of health. John Govea, then Senior Program Officer, had conceived the initiative. In the invitation to apply, he described it as follows:

A key area in our Culture of Health framework is making health a shared value. The drivers for that action area include mindset and expectations, a sense of community, and civic engagement. One

of the measures for civic engagement is voting turnout. Many members of communities are excluded, by law, from the voting and political process. Young people cannot vote in most jurisdictions until they reach the age of 18. Paroled felons cannot vote in some jurisdictions at least during the period of parole and sometimes permanently. Eleven million undocumented immigrants are unable to vote and are therefore not counted in a key measure of civic engagement. Yet we must engage all of these groups of people if we are to be successful in developing a shared vision of a Culture of Health.

Art is a tool to lend voice and to build a shared value and vision in communities facing the greatest challenges. This project hopes to bring the voice of the disenfranchised and politically disengaged

to the discussion around making health a shared value. It is a way of prompting discussion on health and well-being and building an expectation and demand for healthier communities. The arts can be a powerful tool to give a public voice to those who are excluded by law from the voting process. They can also be used to engage many who have disengaged themselves from the political process and civic life because of disillusionment and loss of hope that systems will meet their needs. The arts, whether they are visual art, performance art or music, have fed the hearts of most movements.



GRANTS WERE GIVEN TO THREE COMMUNITY-BASED ORGANIZATIONS:

The San Francisco Mime Troupe, the Oakland-based Youth Radio, and Mural Arts Philadelphia. The USDAC was engaged to work with these grantees, supporting as needed, facilitating their dialogues, and creating a publication that could contextualize and share what was learned. The three funded projects were:

YOUTH RADIO: Remix Your Life. Youth Radio proposed to engage at-risk and low-income youth in music composition/production, hip hop, journalism, and community outreach to paint a portrait of their vision for a healthy Oakland. Students studied the seven areas

of wellness, addressing them creatively through music composition, recording, and performance. Young artists received training in music production, creative writing and critical thinking through weekly writing workshops that served as prompts for their musical compositions. Under the guidance of teaching artists, students developed

and recorded music articulating their vision of a healthy community, exploring critical community health issues, and proposing solutions. Youth Radio developed a curriculum guide incorporating lesson plans, working with local educators to make use of the project in classroom settings. With the success of this project, Remix Your Life will be ongoing, focusing on changing themes.

MURAL ARTS PHILADELPHIA: Voices: Giving Voice to Those with Lived Experience About Successful Reentry.

Mural Arts proposed a collaborative public art project in partnership with the Philadelphia Reentry Coalition, inmates from Graterford State Correctional Institution, and local returning citizen groups to form “inclusionary think tanks.” They aimed to involve those with relevant reentry experiences in the co-creation of a large public art project that bears witness to their personal stories as they relate to larger social issues. The project engaged inmates and returning citizens in considering how to improve reentry in Philadelphia, which faces staggering rates of recidivism, greatly impacting the physical and behavioral health of those incarcerated and creating a disproportionate health impact on under-resourced communities, people of color, and geographic areas of the city where incarceration rates are highest.

SAN FRANCISCO MIME TROUPE: Toward an Inclusive Culture of Health Through Engagement, Satirical Theater and Song.

The Mime Troupe proposed using its well-established play-creation workshop process to help participants from three constituencies—incarcerated felons, low-income youth, and migrant workers in California’s Central Valley region—to identify and voice what health means in their communities and cultural contexts. They assisted each constituency in developing its own short piece to be performed and then incorporated language and themes from these three original short pieces into a larger single production to be performed for the respective constituencies as well as for a larger San Francisco audience. Through this project, SFMT proposed to amplify these constituencies’ voices and bring new perspectives into the discussion around making health a shared value.

COMMON VALUES, DIFFERENT APPROACHES

EACH OF THESE THREE PROJECTS ADOPTED AN ENCOMPASSING IDEA OF COMMUNITY HEALTH,

focusing far less on conventional messaging around things like food, exercise, and avoiding substance abuse, and much

more on reducing the impact of social pressures and cultural messages that create isolation, that push people into risky behaviors to escape unbearable conditions, and that exacerbate and perpetuate harm.

The work that emerged from each of these well-respected and long-lived community-based arts groups was grounded in the understanding that when undertaken with a high degree of awareness and care, arts-based methods have unique capacity to fully engage and activate participants:

ALL OF THE PROJECTS WERE DEEPLY COLLABORATIVE, putting skilled professional artists and cultural producers into close working partnerships with participants in classrooms, behind bars, or coping with the daily challenges of their neighborhoods and communities.

Each of the three grantee organizations is guided by a mission that places their staff members’ work in reciprocal relationship with the work of community participants, rather than positioning themselves in the more problematic frame of *doing for*. Their practice is shaped by the understanding that in such equitable creative relationships, everyone has something to teach and something to learn. This deeply democratic framework creates a powerful invitation and incentive for participants, who are elsewhere often regarded as lacking agency, as people with large needs and little to offer.

Keith Arcuragi, Project Coordinator and Interim Director of Outreach of the S.F. Mime Troupe during this project, explained that Troupe members may have learned even more than the project participants they worked with in classrooms, migrant worker camps, and correctional institutions,

...and that’s not to downplay our teaching abilities because we’ve got fantastic teachers. That’s to say that the stories that we heard from the migrants, from the prisoners, from the students all were so jaw-droppingly unexpected. For instance, the students were telling us about how for their school, sex-ed is part of a geography elective that covers “the land and the body.” Students complained that it didn’t really cover much of sex-ed. They reported that a person from Planned Parenthood comes in and basically points out anatomy. I thought, “are you kidding?” We’re hearing this sitting in the theatre space with a student and her two-year-old daughter. There’s a special room set aside at the school for student mothers to breastfeed, because teenage pregnancy is so prominent there. I was flabbergasted.

The learning from any such arts-based project—for example, enhanced awareness of the large gap between assumptions about education versus the actuality in particular settings—won't be lost when the project ends. These experiences will infuse future work with other communities, continuously deepening artists' knowledge and skill.

ALL OF THE PROJECTS BUILT A PATHWAY between the first voices of direct participants, many of whom had limited access to communication beyond their own institutional or social settings, and the larger communities that must be engaged to nourish a culture of health. Jesse Krimes, a lead artist on Mural Arts' Voices project, pointed out one of the key values of arts-based work, connecting process and impact, creator and audience:

That process of coming to see oneself as having knowledge that's of both personal and social value and having a voice that should be heard—is maybe even entitled to be heard—that feels like one of the directions of moving towards health. A healthy individual in society is someone who feels that their voice counts, that they have a say in the things that affect them.

Then, in order for legislative pushes, policy changes, direct services to be even feasible, you need people who are out there changing the culture and changing the attitudes of the constituents. Artists are the most effective at changing hearts and minds and building that kind of community of support for these other pushes to take hold.

If you don't change hearts and minds then you have a base operating off of misinformation. In their minds, they just see re-entry as letting out a bunch of criminals. So why are you letting out criminals? The most powerful argument for art is not only does it directly help integrate people back into the community, back into conversations, building healthy communities, but in the process it humanizes and it forces people who may not have that direct connection to someone in prison to think about it and work through it in a way that they would not have without this arts project.

ALL OF THE PROJECTS GAVE FULL VALUE TO THE IDEAS, IMAGES, AND EXPRESSIVE CREATIONS OF PARTICIPANTS who previously may not have seen themselves as artists or understood their lives as the worthy material of art. This was a powerful approach to achieving RWJF's aim of surfacing "the voice of the disenfranchised and politically

disengaged." For different reasons, students, migrant workers, and the currently and formerly incarcerated are often dismissed, disregarded, or erased from larger social awareness. The stigma attached to lacking documentation, the perceived powerlessness of the young, the widespread social tendency to see entering the criminal justice system as a portal to permanent pariah status—all of these are barriers. The well-being of the stigmatized suffers from such experiences of willed ignorance or outright hostility, to be sure. But the larger society also must bear the social, economic, and interpersonal consequences of the deep divisions its negligent indifference has fostered.

The Mime Troupe captured video as they performed a play created from combining the collaborative works of Golden Valley High School students, interviews with migrant workers, and the inmates themselves. On videotape, Velina Brown, a principal performer and director with the Mime Troupe, asks the men if they're familiar with the idea of a message in a bottle. "I felt like you all were sending all these messages out and we were the bottles. A lot of what you and the other two groups shared with us that we didn't necessarily know—we didn't have your experience or perspective—that's going to get woven into our show this summer." Ellen Callas, a Mime Troupe teacher, writer, and director, observed, "Velina said that about the prisoners but I think it applies to all of the groups we worked with. The project became taking the messages that these groups give and trying to amplify them as much as we can through the lens of theater. And the lens of theatre is incredibly therapeutic."

ALL THREE PROJECTS EMBODIED THE GENERATIVE POWER OF COMMUNITY-BASED ART, its potential to yield inspiring visions of possibility, to invite people to see themselves as part of the solution. Maeven McGovern, Youth Radio's Director of Arts Pathway and Youth Outcomes, beautifully expressed the power of creative expression to align people with health-giving aims in ways that frightening them with dire futures does not:

"What do you want to be when you grow up?" I've had kids say things to me like, "I mean most black men don't graduate from high school or live to be 18 so I don't really have any plans." Everybody keeps talking about negative consequences to inspire young people to stay in school but it's not having that effect. When you're made to feel like something as tangible as your own physical wellness is out of your control because you live in this neighborhood so you're probably going

to die young from heart disease, it's having an effect of fatalism. It's unhealthy and it's scary.

A lot of campaigns say something like, "We see dating violence or opioid addiction as an epidemic nationwide." Then they collect data for three years and spend two years developing some plan to be implemented across the nation, and it's reflective of what was going on five years ago. But art can respond to the moment. It can allow for the cultural and regional nuances that are so key in looking at health. It allows for individual experience to be represented and unpacked and explored. Art allows us to hold all of that—all of the external factors that are pushing against us in negative ways, all of the individual things that are specific to use that are making wellness hard, and the potential and the possibility of what it could be all in one moment. And that's what we need to make a difference.

BOTH PROJECTS WORKING IN INSTITUTIONAL SETTINGS—CORRECTIONAL INSTITUTIONS AND SCHOOLS—ENCOUNTERED THE SAME CHALLENGE OF INSTITUTIONAL RESISTANCE to association with stigmatized topics. Jesse Krimes talked about the difficulty of finding a public wall to site a mural based on current and former inmates' images and ideas:

There's this kind of cognitive dissonance between what people are saying that they support and what they actually support through their actions. Finding a wall for a mural that deals with criminal justice issues is very difficult still, even in Philadelphia. That being said we did find a wall on the outside of a halfway house, which is even more incredible to think that people working within the system are so open to ideas of reforming it. So there is a very positive aspect to that, but leading up to it, searching for sites to actually host these events has been difficult. And so there is still work to be done in that area.

These projects needed cooperation and permission from prisons, halfway houses, and school administrators. Participants reported that mostly they sensed willingness to welcome the project and cooperate. But there was delay and red tape in getting Jesse Krimes, who had formerly done time in prison, admitted to Graterford State Correctional Institution as a workshop leader; and further delays when the prison was unexpectedly put on lockdown.

In the case of the Mime Troupe, there were challenges in getting school permission for a project that touched on drug abuse and other risky behaviors. Keith Arcuragi described

the process that led to obtaining permission from Golden Valley High School.

I found a list of all school districts in California and filtered them down to the Central Valley. I'd called four or five high schools in a particular county and some never called me back or answered the phone. I re-filtered the list of schools down to the number of students on free or reduced lunch plans—typically a marker of low-income neighborhoods which are routinely marginalized—as well as total student enrollment so that we could get a good sample size. I selected another one to call, Golden Valley High School in Merced. I called the person in charge of afterschool extracurricular activities—that there was such a person was a fantastic sign because I'd just been banging my head against the wall with principals and secretaries. That person told me, "Okay, here's the personal cell phone number for our theatre teacher. She's going to go nuts over this." So I waited until school would be out and called, and she immediately recognized the name "San Francisco Mime Troupe." She had no idea why we had picked her, but she was all in for it. She is a really aware teacher, and is a powerhouse. She's fantastic.

Community-based, participatory arts groups tend to be adept at navigating the distance between their highly democratic and reciprocal intentions and institutional caution, finding and cooperating with the specific individuals who share their goals and can bridge between worlds. In each case, success followed on someone's decision to advocate for and shepherd the project, reinforcing a valuable (and fairly universal) lesson about the importance of cultivating relationship. Yet, despite strong support from the teacher and deep engagement by students, institutional obstacles emerged, as Velina Brown recounts:

I was amazed that the high school students were able to create not just one (which we were aiming for) but TWO plays in a two-week period. The plays were so frank in their discussions of things that concerned them that their conservative school district would not allow them to perform the plays for the whole school. A very sad decision. The plays were not obscene. This is an example of an unhealthy culture within the school and community. The students were fortunate though to have a wonderful drama teacher that welcomed us to work with her students. At least within their class with her and with us they could speak freely about what mattered most to them which I believe was healthy and quite inspiring for us.

PROJECT PROFILES: LEARNINGS, ACCOMPLISHMENTS, CHALLENGES

YOUTH RADIO: REMIX YOUR LIFE

You can try to wipe it away
But don't know how to prevent it
When it returns to the surface
This is what you want to win it
Curiosity's a trip if you don't know how to control it
That's a wakeup call for you
You have no choice but to answer it

"Demons," by Shy'An G,
featuring and produced by Sunday Simon

Youth Radio was founded by broadcast journalist Ellin O'Leary and allies in 1993 as a training program, producer, and distributor of material created by young people for television, video, newspapers, and the Internet. The original focus was on journalism for high school students and violence prevention, but by now the Peabody Award-winning media production company and learning institution has grown from a rented space in Berkeley to its own multi-story facility preparing young people for the workplace by offering them hands-on training and employment in digital media and technology.

According to Maeven McGovern, Director of Arts Pathway and Youth Outcomes, one significant learning from Youth Radio's experience has been that weaving art and journalism makes both more powerful:

If you bring them together you have an incredibly powerful thing. We found when we do a journalism piece if we release a lot of poetry and creative writing and music and visual art around it, it resonates a lot more for people because we haven't just created one

window into the experience. It's more like a prism. The quality of the art really matters too, because the young people were going to opt out if it's just about the message. It's about the music too. It's about making great music with a powerful message, but if it was all message it wasn't going to be valued the same.

It's about how we bring artists into that realm, practicing artists who will hold the integrity of the art and really help people connect with the message through the artistic development.

The culture of health iteration of the Remix Your Life project was grounded in this understanding, engaging a diverse group of 14- to 18-year-olds from throughout the Bay Area, primarily from low-income, under-resourced communities, in creating and disseminating a mixtape, **The Come Up**; and supporting that work by holding a community release party, offering a workshop for educators, and developing a toolkit

for educators to make use of the material and techniques in their own classrooms.

The process was carefully crafted. A professional music producer/DJ instructor and a recording engineer also supported the program along with Maeven McGovern. Two afternoons a week of recording-studio time were set aside for the project, and as the project unfolded other core staff including the music director and the web radio team also came on board. The high level of participation and investment gave the project energy and momentum.

Youth Radio's ongoing classes and internships use a quarterly frame, but this project spanned a year, so it had to allow for a more fluid participation structure rather than expect the same participants all year long. It began with an orientation, then a series of writing workshops, continuing with ongoing drop-in studio sessions. The plan aimed to engage the greatest number of young artists in a creative exploration of a culture of health, both the obstacles to wellness that exist in these



young people's lives and communities and an inspiring shared vision of well-being.

YOUTH RADIO LEADERSHIP DECIDED TO COMPENSATE YOUNG ARTISTS FOR THEIR CONTRIBUTIONS, offering a fee for each track that was included in the mixtape, conditioned on the content, originality, and commercial potential of the songs. Using guidelines focused on the intended content, a panel of youth participants and staff selected the 14 songs for the final compilation. Artists were paid at the rate of \$300 per song (split evenly between producer and lyricist). As Maeven McGovern described it:

We always try to balance creative freedom and creative expression with appropriateness and positivity. We want to challenge young people to create music and art that isn't just reflective of what's out there but also recognizing that when you first learn to do any kind of art discipline you mimic, and then once you gain all those tools you start doing your own thing. Having the

So being able to make it about whether or not they want to get paid was really successful. It created an energy in the building that was really amazing because it was the first time our youth producers felt seen in the same way that our rappers and vocalists have in the past. Usually they make beats, and either they have friends who rap and do something with it, or they just make the beats because they enjoy it. But this time they had something to be working towards.

They understood that it needs to be something that if we played this at your high school you would go up to your teacher and say, "Where could I get that song?" because you want to play it at a party with your friends. That was one thing that was really exciting about this project, because a lot of times the guidelines are so restrictive that there's very little space for creative freedom which ultimately also means there's not as much space for authenticity.



Mixtape recording at Youth Radio: Zoe Salnave and Hasinnie Bennett

theme of wellness for this project really helped because we said, "Okay, you guys, so you can do whatever you want. You can record whatever you want. But if you want to have the possibility of getting on the mixtape, it's going to have to fit within these guidelines of being something that is honest. It can be reflective of your reality, but it has to be useful in some way, shape, or form."

CONTEXT-SETTING WORKSHOPS INVOLVED
DISCUSSING THE SEVEN DIMENSIONS OF WELLNESS—

social, emotional, spiritual, environmental, occupational, intellectual, and physical—(and the obstacles to them), writing in response to prompts crafted for the project, and doing a series of exercises designed to enlarge participants' understanding of a culture of health. Maeven McGovern values the **Social Ecological Model**, a public health framework that

looks at the interaction of both environmental and personal factors affecting well-being, moving participants through a sequence that begins with the individual and continues through the interpersonal, community, organizational, and finally the policy/enabling environment for change. The exercises that proved most effective in engaging and motivating Youth Radio participants were later adapted for inclusion in the educators' toolkit developed as part of the project.

Over months, the process generated a large number of songs about many aspects of participants' lives, yielding a wealth of first-person material that because—in contrast to many health-related messages that are imposed by authorities, it was created by, about, and for the direct participants—was much more motivating than anything participants had experienced before. Maeven explained:

Kids can be upset if they feel like, "Who are you, another person standing here and telling me I can be whatever I want to be and that's just not true?" Or it doesn't feel like you understand the obstacles that they're negotiating. But when you just open it up to be "Tell me about it," they share in that and it's more authentic.

We wanted to set it up so that when other young people hear this music, or classroom educators or people in community-based organization settings, they create space for their kids to create content using the same frameworks. Then kids can analyze and respond to the stuff each other does so it becomes this thing that's very ongoing.

The project is based on this idea about empathy: If we give each other the space to speak and to truly listen, people can really understand what's going on with one another even if they haven't been through exactly what you've been through. They can connect to the shame that you feel or the rejection or isolation or pain or joy or whatever even if it came in a different vessel.

IN NOVEMBER 2016, YOUTH RADIO HOSTED A RELEASE PARTY

for the mixtape at a music venue in Uptown Oakland. Young artists performed every song on the mixtape. Local artists with an established fan base were invited to take part as headliners and helped to draw an enthusiastic audience. The venue and presentation approach strengthened the frame of professional music production, So did the headliners' visit to the main recording studio at Youth Radio to answer questions about the music industry and their creative processes, and to listen to the music the young people were working on. The event also broadened internal Youth Radio participation in the project, engaging the in-house video team and youth design team to livestream the event and create promotional materials.

In fact, this experiment with extended project pacing, flexible modes of participation, and aiming for a thematically coherent, aesthetically significant, and commercially viable



Sunday Simon and Shyra Gums

mixtape was so successful, it set a pattern Youth Radio has already repeated and will continue to use in future as an ongoing drop-in creative expression and artistic development opportunity for youth participants. At the conclusion of the project, Youth Radio created a full-time position in the Arts Department for a mixtape project manager/recording engineer and a music production internship to create beats for the mixtape while learning studio engineering, song-making and the nuances of working with recording artists. Youth Radio plans to release two thematic mixtapes per year, each kicked off by a six-month creative process and

each concluding in a showcase with an established-artist headliner and a published compilation of artistic works.

The container this project set in place—with a dynamic relationship between individual participants' experiences and ideas and their growing understanding of a culture of health, a much larger context—enabled a kind of learning that has exciting implications for engaging young people in future work toward a culture of health. Maeven tells a story:

One song was a reflection of a lot of personal growth. The original version of the song was not about music, but was about a girl, with unacceptable language. We said, "You can make this song but it's not going on the mixtape." He said, "But it's such a good song." "Yeah," we said, "but what you're saying is not positive and it's not about a culture of unhealth in a way that's useful. You're advocating this; you're not deconstructing it.

He understood what was being said and he took it as a creative exercise and came back with something much less misogynistic that said, okay, I can make a different kind of music. He was able to acknowledge why it wouldn't fit and reflect on his behavior and then still create something powerful. It challenged him as an artist in a way that was really important. Changing the topic to making music and pursuing dreams also helped him realize his versatility as an artist. Exercises like this can show people that they can make stuff that is viable and gets the crowd moving and excited and it doesn't always have to be derogatory and violent and misogynistic to get people to like it.

Based on the mixtape experience, Youth Radio's Arts Pathway staff developed a toolkit to support teachers in delivering similar programming and engaging young people in critical thinking and creative expression related to health issues. The toolkit, called "Remixing Your Classroom," follows the map laid out in workshops, offering a social ecological model of an individual's world and influences, then applying that to seven defined areas of wellness. It also includes music analysis exercises and writing prompts that have proved successful at Youth Radio. A well-attended and well-received workshop at the Alameda County Office of Education offered project staff and participants a first opportunity to experiment with this material with educators.

MURAL ARTS PHILADELPHIA:

VOICES: GIVING VOICE TO THOSE WITH LIVED EXPERIENCE ABOUT SUCCESSFUL REENTRY

The Voices project—using art as a catalyst for dialogues and positive connections back to the community—was one way of creating a culture of health. But the second part of it is that in order for that to happen, individuals within the community also need to understand that these people who are coming home are just like them, that there's nothing different about them in any way, shape, or form. They need to be able to view people who come home from prison as people—which is kind of a ridiculous thing to even say. I always find it problematic when we talk about humanizing individuals because they're already human, right? So we need to humanize the people who dehumanize people because that is more monstrous to me than the inverse.

To create a healthy community not only do we have to reconnect formerly incarcerated individuals to the community but we have to reprogram the community to connect back to the individuals. So that was one of our main focuses: using their voices and their artwork to engage with the community, get people to think in a much more complicated way rather than just viewing individuals as bad based off one decision in their life.

Jesse Krimes, Philadelphia-based artist, mural designer, and workshop leader on the Voices project

On just one city block America spends a million dollars
just to board us
On buses, lock up citizens, it cost us no justice
It cost a million dollars a year, and it's "just-us"
Doin' bids leaving kids we can never raise
Million dollar blocks up and down like an elevator
And all I really want is just some food in the refrigerator
Taxpayers lose a million dollars just to incarcerate us

From "**Million Dollar Blocks**" by Songs in the Key of Free
Performed as part of the Voices project

In 1984, Mural Arts got its start as part of the Philadelphia Anti-Graffiti Network when Jane Golden, who had worked with community muralists in Southern California, returned to Philadelphia fired with enthusiasm to work with graffiti writers to channel their creative energy into public art

projects. When Mural Arts became its own entity in 1996, Golden was appointed executive director. In the ensuing decades, Mural Arts has expanded greatly in scope of work, artistic practices, and community impact, employing 250 artists on nearly 80 projects in FY 2016. To pick a single example, Monument Lab, its timely 2017 project, invites Philadelphians to consider what might be an appropriate monument for the city, engaging more than 20 international artists in proposing and prototyping possible responses.

The RWJF-funded Voices project was anchored in Mural Arts' respected Restorative Justice program, created to give current inmates, probationers, and parolees opportunities to learn new skills and make positive contributions to their communities, using neighborhood projects to repair harm to communities impacted by crime. Participants receive art instruction, work on new murals, and engage in other types of community service. The underlying principle is in marked contrast to conventional ideas of punishment and rehabilitation, bringing offenders, victims, and community members together, valuing dialogue and understanding as

Within Restorative Justice, a paid internship initiative called The Guild supports formerly incarcerated individuals and young adults on probation in developing job skills, learning mural making, carpentry, mosaics, and related crafts. Guild members, working with skilled artists and other professionals, transform both their neighborhoods and themselves. The Guild seeks to prevent re-incarceration, furthering each participant's employment or educational objectives. The results are impressive. For instance, during their time in the program and for the following 18 months, the recidivism rate for Guild members is 16%, less than half the 35% Pennsylvania average.

VOICES WAS A COMPLEX, LAYERED PROJECT, involving many interlocking elements, all informed by the key understanding that in a culture of health, individual and collective well-being are conditioned on what we would call true *cultural citizenship*, where everyone's heritage, experiences, ideas, and contributions are welcomed; where everyone feels at home in their own communities; where everyone is part of the dialogue that shapes social policy and relationships.



Installation at Voices culminating exhibit

pathways to both personal and community healing. The Restorative Justice Program has collaborated with a range of criminal justice and community agencies, institutions, and organizations, many of which took part in the Voices project.

As then-Restorative Justice Program Director Robyn Buseman explained,

The whole restorative justice approach is a view of wellness. Being able to use art to express what it

feels like when you're in these situations to people that haven't been in these situations. It's healthy for yourself, and it's also good for other people to know what that feels like. A healthy environment is when everyone's accepted even if you've made errors. Health is acceptance and belonging.

Three lead artists were chosen to work with the project:

- **Jesse Krimes** is a visual artist whose art—including works completed while he was in prison for nearly six years—investigates the human condition in an attempt to disentangle complex value systems and hierarchies. He led Voices workshops with incarcerated and formerly incarcerated men and Mural Arts Guild members. He designed and installed the culminating mural, incorporating the concepts and visions of participants.
- **Hank Willis Thomas** is a photo conceptual artist working primarily with themes of identity, history, and popular culture. He has exhibited widely in the U.S. and abroad. He co-curated the exhibit “Writing on the Wall” and presented at the “Voices from Inside” livestream event at Graterford State Correctional Institution.
- Writer **Baz Dreisinger** is founder and Academic Director of John Jay’s Prison-to-College Pipeline program, which offers college courses and reentry planning to incarcerated men at Otisville Correctional Facility, and also works to increase access to higher education for incarcerated and formerly incarcerated individuals. She co-curated the exhibit “Writing on the Wall” and moderated the discussion panel at the “Breaking Down Walls” symposium.

Seeded by a project prompt inviting social imagination, multiple project elements unfolded. Three groups of participants (38 individuals in all) differed in their relationship to incarceration and health: Adult men currently in Graterford State Correctional Institution, a mix of lifers and those eligible for release, ages 25–70; men recently released from prison and living in the DOC Community Corrections Center (CCC); and participants in Mural Arts’ Guild, mostly men aged 17 to 24.

WORKSHOPS. Jesse Krimes facilitated a ten-week workshop with each group. All of them fed into an exterior mural and a gallery exhibit. Workshops began with writing exercises. The ideas they generated were distilled into visual language, becoming more subtle and open to interpretation. Elements of every participant’s work were incorporated into the final

mural; and art works for each person were included in the exhibit at the Painted Bride Art Center.

Poet Ursula Rucker led writing workshops inside Graterford State Correctional Institution and with the Guild participants, and the resulting work was part of the Voices launch event in October.

PUBLIC EVENTS anchored the project in community awareness. The project launched on 14 October 2016 at the Painted Bride Art Center, a nonprofit, artist-centered performance and exhibition space. More than 100 guests attended to experience poetry readings by Ursula Rucker and Guild workshop members, all accompanied by live music.

Just a month later, on 16 November 2016, “Voices From Inside,” an event livestreamed from within Graterford, focused on redemption and restorative justice. This first-ever event streamed live via Facebook from a prison featured artists Jesse Krimes and Russell Craig, rappers Freeway and Prodigy, Chef Jeff Henderson, actor Malik Yoba, and Guild coordinator Dawan Williams. The video can be viewed on **Facebook**.

On 7 March 2017, the Voices project hosted a screening of the documentary film *Solitary* at the Wilma Theater, followed by a discussion with panelists who themselves experienced solitary confinement. The screening was attended by about 150 people.

On 20 April 2017 Eastern State Penitentiary, now operating as a public cultural and educational site, hosted a panel discussion with artist and educator Maria Gaspar about public art and prison reform.

“Breaking Down Walls: From Prison to Power,” an afternoon symposium, was held on 6 May 2017 at International House Philadelphia, co-hosted by the University of Pennsylvania School of Social Policy & Practice’s Goldring Reentry Initiative. More than 250 people experienced the Philadelphia premiere of Bill Moyers’ PBS documentary *Rikers: An American Jail*, followed by a panel on reform of the county jail system moderated by Baz Dreisinger. A keynote address was authored by Shaka Senghor, author of *Writing My Wrongs: Life, Death and Redemption in an American Prison* and a leading voice in criminal justice reform.

The Voices culminating exhibition was on view at the Painted Bride Art Center from 2 - 30 June 2017. Alongside artworks created by workshop participants, the exhibit included “Writing on the Wall,” co-curated Hank Willis Thomas and Baz Dreisinger, featuring writings by incarcerated persons

around the world; and a minimalist cube created from transparencies by Jesse Krimes. People could walk through the cube to experience transitions between interior and exterior. In conjunction with the exhibit, Songs in the Key of Free, a musical ensemble dedicated to challenging mass incarceration, gave a concert on 16 June 2017.

MURALS: The Voices mural on an exterior wall of the State Department of Corrections Community Corrections Center on Eighth Street near Callowhill incorporates images and ideas from participants in Jesse Krimes' workshops. It depicts a brick wall partly covered by paint peeling to reveal images and words of human redemption. In the foreground stands a luminous and beautiful crooked tree and behind it, the shadow of a tree chained and straightened, symbolizing the ability to flourish despite obstacles. The mural was dedicated on 2 June 2017. There's an irony in its location, implicit in Krimes' explanation of the challenges of finding a community wall for the mural, quoted earlier.

The public mural was originally intended to be the final product of the Voices project, but responding to the desires of State DOC Community Corrections Center residents and

staff, Jesse Krimes created an interior mural in the building atrium, intended for the residents, workers, and visitors. The mural conveys a sense of openness, peace, home, and transformation; elements include a forest landscape, a cityscape, and metamorphosis of caterpillar to butterfly.

In his workshops, the prompt Jesse Krimes used to elicit ideas, observations, feelings, and images was this simple question:

If you could reach policymakers and others with the power to change the criminal justice system, what would you say?

"That was pretty much the only directive that I gave going into the project," said Krimes:

So often when we start talking about incarceration and you state some cold hard facts and talk to people directly it does one of two things. It either will shut some people down, and even if you connect, it's still a very kind of cold way of connecting with people. Making an artistic project and individual artistic pieces is a way to connect people on a much deeper emotional level. So that's what we did over the course of a year.



Voices from Inside livestream event at SCI Graterford

The answers participants gave offer a glimpse of the extreme challenges of achieving and sustaining health under a criminal justice system that can foreclose the possibility of hope. Krimes explained:

By far and large the main concern for the majority of people in Graterford was that in Pennsylvania life equals life. And so there's no possibility of parole no matter how good you are. You can have clean conduct for 45 years and you have no chance of coming home. But for the people who were recently released, their top concerns were obviously jobs, jobs and reconnecting to their family and the community which is very difficult. People who are in prison and come home have issues finding employment, they have issues finding housing, reconnecting to their families. It's very hard to establish a healthy community when you have individuals who are kept separate from it. It creates a caste system.

Krimes felt he was able to help participants bridge to hope partly because of his own experience of incarceration, highlighting a point with relevance to many culture of health projects: whose voices are heard?

Having these projects being led by formerly incarcerated individuals—they know that I'm not going to be speaking for them but that I'm speaking in conversation with them. So their work and their heart and soul that they

pour into this work and their vulnerability are going to be treated with respect and used in the most accurate way it can be.

Because it was core to the project to address both sides of incarceration—not just the well-being of the currently and formerly imprisoned, but also the need to “humanize the people who dehumanize people,” as noted at the beginning of this profile—Voices’ public events sought to engage community members who had little direct connection to the issue. Krimes thought the project had been successful at reaching “a pretty healthy mixture of both. Even if it wasn’t individuals who had a direct connection to the prison system, it’s only like two degrees of separation. It’s so prevalent now that everyone has a horse in the race whether they recognize it or not.”

He noted that such events are often held in areas where people are already critical of the dominant approach to incarceration. Now the challenge is extending the learning from the Voices project over the next year. With support from the Rauschenberg Foundation, he will be working on “taking what began with the Voices project out to rural, conservative communities across the country. It’s going to be designed to win over the hearts and minds of people who are not necessarily on board already.”



Voices (c) 2017 City of Philadelphia Mural Arts Program/Jesse Krimes. Photo by Steve Weinik.

**SAN FRANCISCO MIME TROUPE:
TOWARD AN INCLUSIVE CULTURE OF HEALTH
THROUGH ENGAGEMENT,
SATIRICAL THEATER AND SONG**

Mary Harrison [mother]

Mel I've been working all day and I am not in the mood for your crap today.

Mel Harrison [father]

Then you won't have a problem working more!! So get up, and make me a damn sandwich before I beat you and the retarded kid again.

Mary Harrison

Screw you Mel. Don't talk about our son like that. I've had enough of your shit. I'm leaving. Finn lets go we are leaving now!!!

(Goes into room and packs bag for self and Finn.
Mel still in the living room now furious)

Mel Harrison

DAMMIT YOU LITTLE MULEHEAD YOU'RE LUCKY I DON'T BEAT YOU RIGHT NOW, I'M LENIENT WITH YOU, AND LET YOU DO STUFF, AND THIS IS HOW YOU REPAY ME!!!!!!!!!!

(Walks fast towards Mary and tries to strike her.
Misses and Mary stumbles into the kitchen)

WHY ARE YOU ALWAYS TRYING TO TELL ME WHAT DO?
AND EVERY TIME IT DOESN'T WORK FOR YOU. SO HOW ABOUT YOU JUST QUIT, AND MAYBE I MIGHT STOP HITTING YOU!!!!!!!!!!!!!!

Mary Harrison

(Looks and sees Finn [son] at the door of the kitchen crying)
Finn, go in your room and lock the door and DO NOT come out.

Mel Harrison

No Finn stay here, don't ever listen to your mom.

Mary Harrison

Mel, shut up!

(Mel slaps Mary in the face. Mary stumbles to the counter and grabs a knife and hides it behind her back)

Mel Harrison

Don't you ever tell me to shut up. I'm going to kil-

(Runs toward Mary. Interrupted by Mary who is yelling at Finn)

Mary Harrison

Finn, go to your room right now. Go!

(Finn pretends to go but doesn't.
He watches from the end of the stairs)

Mel Harrison

You bit-

(Tries to strike Mary but as he tries to do this Mary pulls the knife from behind her and stabs Mel in the chest.
Finn sees the entire thing.)

Mary Harrison

You're done hurting us.

(Mary then runs into the master bedroom and grabs Mel's gun)

(At this time neighbors have already called the police and they have surrounded the house.
Mary walks toward the door.)

Officer

Ma'am come out with your hands in the air.

(The door opens and Mary walks outside with the gun to her head. Finn still watching everything)

Ma'am put the gun down!

Mary Harrison

Finn, I love you.

(Mary pulls the trigger as tears run down her face. Finn sees from inside the window and barely hears his mother's last words)

Finn

I love you too mom.

(Officers run into retrieve Finn.
Finn is clutching a photo of his mom crying.)

Excerpt from a play written with
Golden Valley High School Students in Merced, California

THE SAN FRANCISCO MIME TROUPE WAS STARTED BY R.G. DAVIS AN IMPRESSIVE 58 YEARS AGO, making it by far the longest-lived of the three projects. SFMT's mission statement concisely sums up its values:

The San Francisco Mime Troupe creates and produces socially relevant theater of the highest professional quality and performs it before the broadest possible audience.

We do plays that make sense out of the headlines by identifying the forces that shape our lives and dramatizing the operation of these giant forces in small, close-up stories that make our audiences feel the impact of political events on personal life.

To make this work accessible the Mime Troupe performs its shows in local parks at a price everyone can afford: FREE.

Mime Troupe actors engage students from Golden Valley High School in a talkback after performing a piece written by the Troupe in collaboration with migrants, prisoners, and students.



The Mime Troupe's flagship project is a summer show in the parks. Each year, a new production reflecting the issues of the day is created and mounted by Troupe members—performers, writers, directors, tech people, and administrators—who operate as a collective. Having developed an effective mode of collaborative play creation over the years, the Mime Troupe also shares its approach through a series of short- and longer-term workshops teaching grassroots groups and students to use its methods. Typically, instructors from the collective use theater and improvisation games and team-building exercises to break down barriers, encourage collaboration, and facilitate

trust and comfort. Participants become familiar with the archetypal characters that have given shape to many memorable Mime Troupe productions. In longer workshops, having learned the basics, participants go on to create, rehearse, and perform their own short plays about issues important to them.

THE MIME TROUPE'S CULTURE OF HEALTH PROJECT focused on three distinct groups of participants who share a general geographic location, towns in the coastal and central valleys of California with a high percentage of immigrants: incarcerated felons in Salinas Valley State Prison (formerly Soledad), low-income youth in Golden Valley High School in Merced; and migrant workers. The aim was to engage each group in five phases.

Phase One was to establish connections; Phase Two's goal was to engage a Mime Troupe teaching team with each group,

exploring participants' personal experiences of a culture of health and its obstacles, maintaining confidentiality so as not to violate trust or create unwanted exposure. These stories were documented to provide the material from which each group's original play would evolve. The Phase Two aim was to perform each play for an audience of peers. In Phase Three, the Mime Troupe wove the information from each experience into a larger play incorporating the ideas of all three.

Phase Four of the project was to return to all three groups for a reading and discussion of the hybrid play in a framework of openness to improvement, especially ensuring that

the hybrid work accurately captured the original thoughts and ideas of each group. Phase Five of the project was to revise and perform the play at the Mime Troupe studio, and if resources permitted, return to the participating groups to perform the completed works.

It proved possible for performers associated with the Troupe to be hired to return to the prison and high school to perform staged readings of the hybrid script for their authenticating audience in each institution and later, for participants in the Troupe's Youth Theatre Project. The material generated through the Culture of Health project was also integrated effectively into *Walls*, the Mime Troupe's summer production, which toured urban and rural Northern California in the summer of 2017, reaching an aggregate audience of 25,000. (The name—*Walls*—originated with the Mime Troupe's culture of health project and was carried over to its summer production.)

Ellen Callas described the process of weaving a kind of fabric of stories connecting prisoners and students:

The students came up with two plays. One was set in a hospital where a 12-year-old was receiving poor care for her leukemia and eventually died. She was continually left alone, no one responded when she called, and she wasn't listened to. And the second piece was about a teenage boy whose family was destroyed by his father having PTSD from Iraq and no one to talk to, so he self-medicated and terrorized his family. The mother became distressed and suicidal and the lead character, a teen boy, is drinking himself after going through a bunch of peer pressure. He goes into shock from alcohol poisoning. His best friend, who is at the party without her mother's permission, calls 911. She's an undocumented immigrant, and so at the end she's taken away. It's very complex stuff: a chain of events, a domino effect kind of issues. And a lot of these elements came from peoples' real stories!

Mime Troupe
alumnus Bob Ernst
teaches movement
to inmates at Salinas
Valley State Prison



Beginning in May 2016 teaching teams visited the high school and the prison to lead two-week intensive workshops.

Long-time Mime Troupe Collective member, performer/teacher Velina Brown, and Mario Gonzales, a veteran teacher with SFMT's Youth Theatre Project were assigned to Golden Valley High School. Seventeen high school students split into two groups, each writing a play derived from their own experiences. Veteran Mime Troupe Collective member Ed Holmes was dispatched to the prison along with fellow SFMT performer/teacher, Bob Ernst, a founding member of the Blake Street Hawkeyes. Six regular participants used the frame of a late-night talk show with characters derived from prison employees and fellow inmates.

When the combined play and the student stories were shared with the inmates they were moved and spoke passionately about what a difference it would have made to be able to talk to someone they trusted about what was bothering them when they were children. They felt it would've helped them avoid this life in prison.

The inmates became very passionate about the idea of making that contact with the students themselves, telling them the things you need to know. They felt protective. And that's what theater can do.

Clearly, in both places, people were eager to share their stories, to let the message out of the bottle, as Velina Brown was quoted as saying earlier. She went on:

It was a surprise how deeply the high school students and the inmates invested very quickly in the work we were doing with them. I didn't expect the prisoners to share quite so personally. Their stories were so impactful on me personally I am now dedicating even more of my time to working with young people who are the age these inmates were when they wound up in prison. The inmates asked that I share what I learned from them with young people so that the inmates' very hard-earned lessons don't die with them in prison.

Ellen Callas described how themes of distance and isolation emerged from all the workshops and conversations:

Remember when the former Surgeon General Vivek Murthy talked about the primary health hazard being isolation? A lot of that was in reference to the opiate epidemic, of course, but the concept of isolation in this country and how people are literally walled off from each other by the powers that be—sometimes intentionally to divide and conquer and sometimes unintentionally. We live in fear. Fear itself is a stressor and will make you sick. All these things, isolation, fear and ignorance go hand-in-hand.

This theme resonated through the discussions within all of the groups and became a focal point to the Troupe's work on Walls. In the migrant community, we heard stories of women who had been raped by superiors but were afraid to seek medical attention for fear of losing their jobs or being deported. One woman told a story of hiding in cactus bushes and trees whenever a plane would cross overhead, so that the plane wouldn't see her crossing, and that it took days to remove the cactus pricks from her skin. These real-life horror-stories gave us another perspective on the difficulties of living with serious PTSD and not being able to seek out therapeutic help for fear of being discovered and deported.

While all phases were completed in the prison and high school elements of the project, significant obstacles arose in engaging with migrant workers. The Mime Troupe made contact with migrant centers, but quickly understood that unlike inmates and students—captive audiences in two different senses of the word—migrant workers would have to

choose to invest time in the playmaking project when they could otherwise have been earning income. Their working conditions were constrained by policies limiting work in a particular location to 180 days per year, after which they were required to move at least 50 miles away to retain migrant status. Their workdays in the fields and canneries could approach 16 hours in length, with the 180-day limit adding pressure to make up for lost time. A greater sense of risk also permeated the project for undocumented workers who feared it might expose them to deportation.

This element of the project was revised. Wilma Bonet, a longtime Troupe member fluent in Spanish—herself an immigrant from Puerto Rico—conducted individual interviews with migrant workers in Sacramento. These provided critical information used to create the script for *Walls*, which focused on immigration and related issues. The play was performed in Sacramento, closing the circle by returning stories to their tellers in the form of powerful theater.

A key learning for the Mime Troupe was about engaging people where they are, according to Keith Arcuragi:

To nurture a culture of health, I learned that sometimes it's best to go to your audience as opposed to asking your audience to come to you. Prisoners, migrants, and school children, in addition to being unable to vote, have a hard time traveling and transporting themselves. Prisoners obviously can't leave. Children are not really able to drive, and the ones that can don't necessarily have the money to be able to. And migrants have to travel undercover constantly. So by extending past a theatre space and into the community, we're able to get much more insight. It gives the direct voices of the marginalized as opposed to being filtered through literature or other narratives.

When I started this program I had no idea what to expect in terms of nurturing a culture of health. When you think of health, you think of medicine. "Are you physically okay?" I've long known about the psychological benefits of theatre and how it offers displacement from one's current mindset and gives people temporary respite from their troubles. But, really, I had no idea what to expect from this project. So it definitely changed me in that regard.



**PART FOUR
RIGHT RELATIONSHIP:
PARTNERSHIPS, ETHICS,
VALUES, CARING, AND
SELF-CARE**

ABOVE: AN IMAGE FROM ART & GLOBAL HEALTH CENTER AFRICA'S
STUDENTS WITH DREAMS PROGRAM



RIGHT RELATIONSHIP: PARTNERSHIPS, ETHICS, VALUES, CARING, AND SELF-CARE

ALL ART AND WELL-BEING PROJECTS ARE EXPRESSIONS OF RELATIONSHIP.

In many of the project examples highlighted in Part Two, the centrality of authentic relationship is stressed in opposition to what many find problematic about conventional healthcare, that it is widely perceived to give human considerations short shrift in favor of impersonal ones such as speed and efficiency.

Many healthcare approaches coexist in the United States. At one end of the spectrum are factory-like hospitals and clinics where demoralized people who cannot afford personalized healthcare are made to take a number and wait, often for many hours, for overworked doctors and nurses who lack the inclination, permission, or capacity to take in their stories, feelings, and hopes. At the other end of the spectrum, care is shaped by principles resembling those of **the Gesundheit! Institute** described in Part Two. In between are countless community-based and special-purpose clinics, conventional medical practitioners, complementary medicine practitioners (such as herbalists, acupuncturists, and massage therapists), and health educators trying—often against the grain—to sustain right relationship as a path to well-being.

As you read Gesundheit's principles below, a voice in your head may be saying, "Nice, but impossible." Perhaps that is so under current circumstances. But what roles can artists—those who strive to perceive others whole in body, emotions, mind, and spirit—play in inspiring progress toward such principles? What impact can arts-based work have in cultivating a culture of health infused with right relationship? Consider those questions as you review the six founding principles of Gesundheit, "at the heart of everything we do":

Care is free; no third party reimbursement (private or public insurance) is accepted.

There is no charge for care. As a way to recreate community, we want to eliminate the idea of debt in the medical interaction. We cannot conceive of a community which does not care for its people. We don't want people to think they owe something, rather, we want them to think they belong to something. We do not accept third-party

reimbursement, both in order to refute the notion that people owe something, and also to sever the stranglehold that insurance companies now have on the way medicine is practiced.

No malpractice insurance is carried.

Trust is central to the care interaction. Our maxim is to treat others as we would be treated ourselves, and we believe that trust grows as health care becomes increasingly collaborative.

Initial interviews with patients are 3-4 hours long.

Ample time is given to the care interaction. The seven minute office visit, in which only one "problem" is addressed, is a staple of the modern health care delivery system. As a result, patients, nurses and physicians feel increasingly de-humanized. At Gesundheit, a typical intake interaction lasts 3 hours.

The health of the care-giver is as important as the health of the care-receiver.

The misery index among physicians and health care providers is at an all time high. The healthcare delivery system is making its frontline workers sick. Bi-directional care arises in a true caring relationship, where all become givers and receivers of care.

Patients are treated as friends.

We are social beings and we need each other to survive and thrive. For this reason, we place a great emphasis on the therapeutic value of friendship and of a vibrant and cohesive community.

All complementary medicines are accepted.

To more fully address the physical, emotional, spiritual and social dimensions of health and illness, our model integrates up-to-date bio-scientific medical care with a variety of therapeutic systems and modalities.

If your work involves trying to engage conventional systems—the people who might laugh off Gesundheit's aspirations—it helps to think in terms of bridging two very different cultures. Consider the poles of engagement in the chart on the next page.

ARTISTS:

- Opportunity and action research focused: find a need and fill it, experimenting as you go
- Experiential, valuing feeling as much as other data as approaches evolve
- Focused on welcoming and honoring space for difficult feelings and conversations
- A range of partnership models, stressing reciprocity
- Accountable to community, partners, self, and (if applicable) funder or sponsor
- Assessing impact based on observation and experience, on participants' subjective response

COMMERCIAL HEALTHCARE:

- Necessity and liability focused: response based on established “best practice”; avoid trying new things that may increase liability
- Protocol-based, following established processes
- Focused on efficiency, reduction of difficult feelings or friction
- Generally a lead partner with other partners adapting to its requirements
- Accountable to public or private institutional and agency leadership, funders, and elected officials
- Assessing impact through formal evaluation based on quantification and aggregate response

PARTNERSHIPS

Possibilities for partnership are likely to differ in each of the art and well-being frameworks discussed in this guide:

Where **PREVENTION** is the aim—where work includes social interventions that can prevent suffering by addressing the conditions that cause it and education about risks and remedies, there may be an infinite number of potential partners, from schools to community centers to human rights organizations to all sorts of voluntary associations. As an artist or arts organization, you are more likely to experience relative equality with partners; reciprocity and mutual respect are very possible.

Where **ADVOCACY** is the aim, there can be equality or imbalance. Many groups advocating for the rights of those vulnerable to or coping with health challenges are likely to share values and may work at a scale comparable to community-based artists and arts organizations. A partnership with an elders' alliance or an organization campaigning to remove the stigma of HIV has a reasonable chance of allowing the give-and-take needed to negotiate and collaborate as peers. But artists working toward a culture of health may also find themselves challenged to engage large and well-funded organizations or projects formed to influence public views of health or illness. If you were around during 1980s' “Just Say No” anti-drug campaigns, you may recall tremendous funding and exposure going into advertising campaigns with little impact but a great deal of

“mainstream” support. Turning them toward an art and well-being framework would be a hard nut to crack.

Where **TREATMENT** is the aim, obstacles are often built into institutional healthcare environments. In such environments, arts-based interventions designed to serve and support those living with disease or other health impairments may be perceived as disruptive, time-consuming, or risky. Institutional imperatives to maintain a particular idea of order and decorum may overwhelm willingness to experiment. Finding your way in often depends on engaging the right individuals, those with an inclination and willingness to shake things up.

Three basic questions key to developing an art and well-being partnership are readiness; receptivity and proof; and accountability and ethical alignment. These are treated in the balance of Part Four.

READINESS

All arts work engaging social as well as personal issues demands several types of knowledge and skill. As Part One of this guide makes clear, a culture of health is not only the aggregate of individual choices, it is shaped by larger social forces. Whether you are part of the community you're working with—if you reside in a food desert or suffer from Parkinson's disease, for instance—or just visiting, your work will have the most meaning and impact if you are as fully aware as possible of important aspects of the people and places.

MULTIPLE AWARENESS

To be truly ready, it's important to know something about:

HISTORY. Communities are shaped by generations of heritage. For instance, most cultures under stress have evolved relationships to food that work under conditions of serious scarcity but can endanger health when food is more available. Intoxication associated with special days can become addiction under stress. Whether you are working with people long-rooted in a particular locale or immigrants sharing a particular ethnic culture, for instance, it is wise to educate yourself about the history leading to existing well-being-related identities, customs, sensitivities, and risks.

CULTURE. Culture can be seen as the sum-total of the customs, rituals, values, attitudes, and symbols that has evolved over time as each community comes to terms with universal human experiences. How do we understand and mark birth and death, gain and loss, days and places of special meaning, our relationship to the planet, each other, and the forces that sustain them? Every culture has its teachings about health. How people hold their experience of well-being or its opposite is shaped both by cultural heritage and present-day practice. Effective art and well-being projects need to be flexible and responsive to resonate with participants, and that will mean different things for participants from different cultural backgrounds.

PUBLIC POLICIES. As noted in Part One, the social determinants of health include public policy. Understanding that is part of the context for effective art and healing work. Drawing again from Vicenç Navarro López's 2009 address to the Eighth European Conference of the International Union of Health Promotion and Education, "**What we mean by social determinants of health,**" consider his description of the "new policy environment" relating to health, including these characteristics:

1. the need to reduce public responsibility for the health of populations;
2. the need to increase choice and markets;
3. the need to transform national health services into insurance-based health care systems;
4. the need to privatize medical care;
5. a discourse in which patients are referred to as clients and planning is replaced by markets;
6. individuals' personal responsibility for health improvements;
7. an understanding of health promotion as behavioral change; and
8. the need for individuals to increase

their personal responsibility by adding social capital to their endowment.

Navarro points out that these policy shifts are often explained as a shrinking of the public sector and growth of the scale, impact, and role of corporations, but that in reality, the public sector has not shrunk. It has been redeployed away from the public good.

What we are seeing is not a reduction of state interventions, but rather a change in the nature of these interventions. This is evident if we look at the evolution of public federal expenditures. In 1980, the beginning of the neoliberal revolution, 38% of these expenditures went to programs targeted to persons, 41% to the military, and 21% to private enterprises. By 2007, these percentages had changed quite dramatically: expenditures on persons declined to 32%, military expenditures increased to 45% and expenditures in support of private enterprises increased to 23%.

MULTIPLE SKILLS

Effective arts-in-community work requires multiple skills as well as multiple awarenesses. Almost no one is equally good at all of them, but having access to them is key to assembling an effective team.

COLLABORATIVE ART-MAKING SKILLS are essential. Are team members skilled at making music, telling stories, devising theater, co-creating public art, writing poetry—or whatever art forms you wish to deploy? The spectrum of participatory art-making runs from artists who see themselves as purely facilitating others' creativity and self-expression to those who understand their own ideas and feelings as the lead element, with participants there more to carry them out. Most find an in-between path: artists are fully present, contributing members of the group, with specific skills and information to impart, equal to but different from others' skill-sets. But not every talented artist is good at collaborating. That skill must be cultivated too.

FACILITATING GROUP PROCESSES in a sensitive, responsive fashion requires awareness and practice. It's not easy to balance holding safe and open process with the need to accomplish something. The balance may be quite different for each project depending on intentions, but some basic principles are pretty universal. See the **Art &**

Well-Being Public Folder for a handout on “Holding Space” in groups.

COMMUNITY ORGANIZING. Addressing both personal and social challenges to well-being calls on artists to be community organizers: listening deeply to experiences and perceptions and people’s own ideas about how to address them; interceding with agencies and authorities to support the people you’re working with; securing space, materials, and time; stretching resources, but not to the breaking-point.

SELF-KNOWLEDGE. What specific gifts and challenges are you bringing to your art and well-being work, and how do they affect it? How well do you function under conditions of stress or disorder? Do you have the cultural competency to work with people from very different backgrounds and contexts than your own? Have you interrogated your own assumptions enough to spot biases when they arise and to head them off? Have you taken time to understand your own values and ethics, and to explore differences from others’ values? See the **Art & Well-Being Public Folder** for a handout on ethics that offers some ways to engage with these questions.

RECEPTIVITY AND PROOF

What if you want to partner with a community organization, clinic, care home, senior center, educational institution, or hospital? How can you assess receptivity and determine the factors that will support a good working partnership?

A huge question for potential partners in institutional settings—universities, hospitals, and public health departments, for instance—can be whether there is sufficient proof of the value of art and well-being interventions to convince officials, funders, policymakers, and others who may have the power to approve or fund a partnership.

This is a common challenge to the value of virtually all collaborative and community-based arts work. In many settings, the gulf between the conventions of quantitative research and the lived reality of creative experience is virtually impossible to bridge. Can art’s value be fully portrayed with numbers? Can an effort to deliver creative purpose and connection to isolated elders or young people with diabetes be evaluated side-by-side with, say, an initiative to underwrite medical testing or the cost of prescription drugs? Most artists say no, advocating for an approach that integrates quantitative and qualitative assessment. It seems

intrinsic to artmaking that portraying people’s experience in their own voices reveals more than any assessment of that experience by those not directly involved. On the ground in arts and well-being projects, direct observation and participant testimony clearly ratify the value proposition.

But how to convince officials whose work is embedded in a structure of values and assumptions that supports old-style research where expert observers at a distance review and draw conclusions from others’ experience? For them, how can what seem like “softer” ways of assessing value hold real power and meaning?

Two answers have emerged. For some advocates, very real obstacles to innovation are formidable enough that artists have no choice but to use conventional approaches to evaluation to have any hope of convincing the powers-that-be of the validity of their work. Others have invested in creating and demonstrating new frameworks they hope will win converts. Despite the fact that hands-on experience is demonstrably the best way to win adherents to any type of participatory arts work, it’s hard to see how to get the policymakers and resource-providers to take part. There is a strong pressure to find more familiar ways to show them proof.

RESEARCH AND EVALUATION RESOURCES

All the research and evaluation links below will guide you to sites that feature yet more links, a growing body of research. There’s been a great deal of research in the U.K., much of it supported by public sector agencies, such as this report from the Arts Council on **Cultural activities, artforms, and wellbeing**. The very impressive **All-Party Parliamentary Group on Arts, Health and Wellbeing Inquiry Report**, cited several times in this guide, is well worth reading for a thorough and exciting overview of the subject; it also lists many other sources. The *Inquiry Report* makes an essential point about the need for all of this research and evaluation to translate into resources:

[T]he vast majority of health-orientated arts initiatives are funded by one-off grants. They depend on dedicated and indefatigable individuals, and their services are vulnerable to the unpredictability of funding. The team evaluating the ACE-funded Be Creative Be Well [Note: ACE=Arts Council England/ Be Creative Be Well was a series of large-scale participatory arts projects in London aimed at enhancing wellbeing] project noted that ‘For many

years, participatory arts projects have been observed to make a significant contribution to the health and well-being of local communities – only for beneficial outcomes to disappear without trace when short-term project funding runs out. The detrimental effect of this lack of continuity, on those who benefit from and contribute to activities, cannot be overstated. We make the case for integration of the arts into existing and developing health and care strategies and delivery mechanisms while also calling for arts and culture providers to consider health and wellbeing as core to their work.

The National Alliance for Arts, Health and Wellbeing offers a large compendium of research and project examples.

What Works Wellbeing is a London-based “network of researchers, think tanks, businesses, government departments and non-profits to provide evidence, guidance and discussion papers” on many aspects of well-being, including explicitly cultural ones. The site will take you to a number of reports on culture, such as “**Visual Arts and Mental Health**.”

Norma Daykin, a leading figure in evaluation of art and health projects (and a leader in the Bristol Reggae Orchestra project mentioned in Part Two) has authored a widely admired **evaluation framework** for Public Health England, much influenced by standard public evaluation practices in the U.K.

The **Repository for Arts and Health Resources** features a searchable database of “over one hundred documents that chart the development of the Arts and Health movement in the UK from 1996 onwards. Most are directly available as free downloads and are accompanied by the relevant citations.”

London Arts in Health Forum also provides a database of reports and publications.

The Royal Society for Public Health has a 2013 report entitled **Arts, Health and Wellbeing Beyond the Millennium: How far have we come and where do we want to go?** This overview report provides quite a bit of useful information on the art and well-being field in the U.K., plus interesting discussions of many of the underlying concepts.

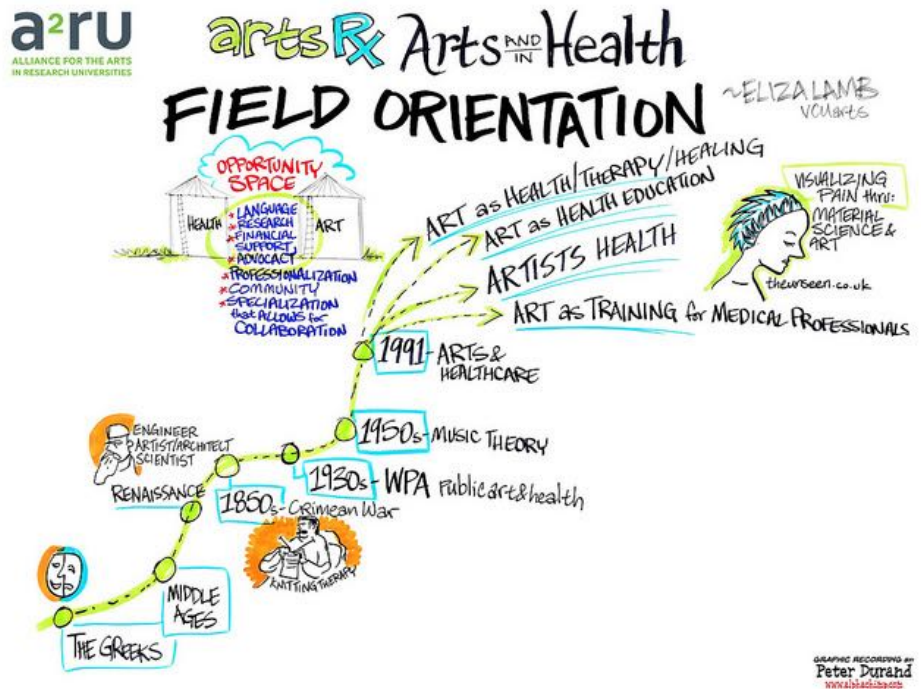
The Culture, Health and Wellbeing International Conference took place in June 2017. The free, downloadable report features many projects and presentations. It is available [here](#).

Public Art Online includes links to a number of health and well-being-related resources.

The Health and Culture website, developed from the Manchester [England] Museums and Galleries Partnership, features relevant publications and project descriptions.

The Australian Institute for Creative Health has an online repository of related research.

PlaceStories, a project of **Feral Arts** in Brisbane, Australia, includes a searchable archive of thousands of projects and stories tagged “health.”



This 2012 report from the Aboriginal Healing Foundation in Canada summarizes research into arts-based Indigenous healing work.

Arts and Health, subtitled “healthy aging through the arts,” includes a compilation of relevant research.

The Vancouver-based **International Center of Art for Social Change** has compiled a **directory** of arts projects based on a five-year pan-Canadian research project on art for social change. It is searchable by keyword; inputting “health” brings up dozens of projects.

From the U.S. medical professional camp, we see a growing body of research and evaluation conducted or overseen by

institutions. Part Two of this guide mentions **the major study conducted by researchers from Yale University** concerning the City of Philadelphia Mural Arts' Porch Light Project.

Also as noted in Part Two, the University of Florida Center for Arts in Medicine has a **large database of research reports**.

Americans for the Arts' website has a section on "**Arts and Healing**," mostly focusing on work in healthcare settings. They also have an archived version of the now-defunct **Arts & Health Alliance publications**.

The Healing Power of Art and Artists website has a section listing more than a hundred organizations and programs in the U.S. and beyond that focus on arts and health.

The **National Organization for Arts in Health** website features links to other research repositories and resources.

There are also artform-specific sites, such as **National Association for Poetry Therapy**, which offers online resources and a training program.

Art therapy research is also often cited to support other arts in health work. **This 2010 compendium of art therapy outcome research** published in *Art Therapy: Journal of the American Art Therapy Association* mentions a large range of research projects, summarizing their approaches and results.

NEGOTIATING RIGHT RELATIONSHIP

Once you surmount the challenge of substantiating the value of arts and well-being work, negotiating a partnership becomes an exercise in right relationship. Here are some elements to explore:

CONSIDER THE CONTEXT. When you negotiate a partnership agreement, it's easy to slip into thinking only in terms of direct working relationships: what will each party give and receive, what agreements will shape and protect their specific working relationship? But the larger context also has a say. Make sure you think ahead: what could go wrong outside your control (e.g., budget cuts) and how might that affect your work? Make sure your agreement builds in flexibility to shift course and to improvise when needed.

TALK FRANKLY ABOUT RISKS. In arriving at an agreement, all hopes, concerns, and other considerations should be out and on the table, so partners can together explore best- and worst-case scenarios. If one partner harbors a secret doubt about another—perhaps fearing the other partner won't stick to budget, will hog the credit, or won't be as accountable to the community—that has to be discussed or the agreement

will be flawed going in. Not all risks can be eliminated, but most can be anticipated and reduced if you plan ahead.

BUILD TRUST. Is a partnership agreement a statement of intentions or an ironclad accountability pledge? The first view understands a written agreement as a way to build trust, together anticipating risks and opportunities, setting out as you mean to go on. The second view depends on being willing to take enforcement measures. What happens if you talk through the terms of partnership and everyone agrees—and then one partner simply refuses to keep the agreement? You may have the desire and means to bring in an arbitrator or go to adjudication, but many artists and groups lack both the resources and time to invest in such a process. Or they may be concerned about fallout from the ill will it could generate. Know going in what you are prepared to invest in holding partners to an agreement. If building mutual understanding and trust are to be emphasized more than enforcement, take the time and energy to do that.

ACCOUNTABILITY AND ETHICAL ALIGNMENT

The late Mike White was a much-respected figure in arts and health in the U.K. He started out as a member of the remarkable and inspiring **Welfare State International**, one of the first and longest-lived British community arts groups, focusing on public performance and spectacle. His health-related work was part of a second life as Research and Development Fellow in Arts in Health, Centre for Medical Humanities, Durham University and Senior Research Fellow, St Chad's College, Durham, in northeast England.

Waterford Healing Arts Trust in Ireland commissioned White to create a document called **Participatory Arts Practice in Healthcare Contexts: Guidelines for Good Practice**, which is well worth reading in its entirety. Here are the key points:

Guideline 1: Participants Come First

Practitioners of participatory arts and health recognise that the wellbeing of participants in the creative activities they facilitate is paramount. They remain primarily attentive to this in respect of the arts activity's context, delivery, development and evaluation.

Guideline 2: A Responsive Approach

The practitioner always attempts to draw out the creative potential of participants, challenging and motivating them whilst exercising professional

judgement on the reasonable expectations from the activity.

Guideline 3: Upholding Values

A collective creative process is generated through the building of mutual trust between participant and practitioner, which develops a commitment from everyone involved to learning and experiencing together.

Guideline 4: Feedback and Evaluation

Practitioners recognise the importance of quality evaluation and their duty to contribute to it by encouraging honest feedback from themselves, participants and other staff.

Guideline 5: Good Management and Governance

Practitioners commit to an ethos of good practice and adhere to the policies, protocols and ethical procedures of the organisations supporting the work, and of the institution or setting where the activity takes place.

Below are a few ethical considerations we would add.

1. COLLABORATE: YOU'RE A SUPPORTER, NOT A SAVIOR.

Artists working in community (especially in communities not their own) face a challenge people sometimes characterize as the “hero artist syndrome” or the “savior artist complex.” Generally, someone who succumbs to this ethical pitfall has been moved by the plight of those affected by health challenges and has decided to go and help, more or less parachuting into a complex and usually chaotic situation.

The hero artist notion doesn't carry much currency in thoughtful community arts work. In fact, people frequently quote a statement attributed to Lilla Watson, an Indigenous Australian visual artist, activist and academic:

If you have come here to help me, you are wasting your time.

But if you have come because your liberation is bound up with mine, then let us work together.

How are you holding the story of what you are doing? If the story doesn't serve you, you can change it. People who are ill or vulnerable to health challenges are often treated as objects of assistance, with very little agency of their own. But consider how you would like to be treated, even at your weakest: all of us want to be seen as valuable, as having insight, experience, and wisdom to contribute. How can

your art and well-being work be a true collaboration among equals?

2. STEP UP AND STEP BACK: HONOR PEOPLE SETTING THEIR OWN PACE OF ENGAGEMENT AND TELLING THEIR OWN STORIES.

It's a skill that comes through practice to invite people to come forward, embracing their own creativity and well-being. They may not be ready at first. You may need to build trust by demonstrating your own desire to listen and learn. Part of your work will be co-creating an environment that invites people to come forward in their own ways, in their own time.

Sharing first-person stories is one of the core practices contributing to a culture of health and one of the most intimate. It plays out in many ways. Consider the three case studies in Part Three. Youth Radio's project invited young people to share their stories in the form of lyrics and beats; the Mime Troupe's project worked with inmates and students to turn real-life experiences into dramatic portrayals; Mural Arts' project invited current and former prisoners to share their stories as visual art. There are examples throughout Part Two as well. Artists have many possible roles in relation to people's stories, but two ethical principle carries through in all these frameworks: that people must speak for themselves; and that they must determine who makes use of their stories and how.

3. YOU ARE ACCOUNTABLE: TO WHOM? Like other community-based work, art and well-being projects have multiple accountabilities, and it is sometimes necessary to prioritize.

Let's take a hypothetical: a foundation-funded project, a partnership between you and a public agency, centering on a collaboration with community members. A common ethical challenge arises when community members share stories or create images or performances that challenge a funder's or agency's public narrative. Perhaps the work includes critical messages or images that aren't deemed “family-friendly,” or are seen to be too forthright.

Regardless of specifics, the same question arises: if a partner with more social or economic power demands changes in a project that directly expresses people's own experiences or views, how do you resolve the conflict? The funder or agency may have the power to withhold resources or cancel a contract; community members may feel censored at a particularly vulnerable time, being made to feel that their authentic expressions of lived reality are unacceptable and

should be erased or suppressed. There are many ways to try and reconcile conflicting viewpoints (see the **Art & Well-Being Public Folder** for a handout on values and ethics that offers some), but if in the end they cannot be resolved in a way that satisfies everyone, you will face an ethical challenge that can be summed up as “moral contract versus legal contract.”

In arts work for a culture of health, the primary accountability is to participants, as Mike White’s first guideline states. It’s imperative to know going into an art and well-being process where your accountability lies. That self-knowledge will help to safeguard you against entering into relationships you won’t be able to sustain honorably, and also give you enhanced awareness of threats to accountability so you can plan in a way that prevents their arising. That knowledge will give you the security of knowing where you will stand if push comes to shove.

4. CLARIFY ROLES AND RESPONSIBILITIES.

One of the most common challenges in any community cultural development project is tripping over conflicting assumptions about roles, authority, and responsibility. You will be much more likely to avoid such conflicts if these things are negotiated before a project begins. Here are some examples:

DECISION-MAKING: What process and values will shape project decision-making? Some projects are understood as co-created by everyone involved, using a voting or consensus process to ensure that the form, subject, and approach reflect group will. Others may have a lead team—elected or appointed—that steers the project, making key decisions after consulting the group. Sometimes a lead artist has established key project parameters at the outset—say, let’s work together to create a story-based play about your experience—and extra sensitivity is required to negotiate an approach that gives participants a say in how their stories or images are used while the artist maintains a lead role.

Not all art and well-being projects entail a lot of decision-making: if you’re visiting a hospital to entertain and engage people through music, that short-term relationship is unlikely to bring up much formal decision-making; people

will simply decide whether or not to take part in what’s being offered. But if you have the idea of creating a recording or a musical performance based on these visits, you will have decisions to make, and decisions mean stakeholders who generally want their voices to be heard and their choices to count.

AUTHORSHIP: If a work of art is to be produced as part of a project, who will receive credit? Will each person who contributed significantly be named? Many projects take that approach, but others may specify a lead artist and offer a general credit to “the members of X organization” or “the children of X neighborhood.” If you don’t clarify this going in, you risk offending participants who don’t feel their contributions have been properly recognized.

PRESENTATION: If a public performance, art exhibit or installation, or print or media publication is to emerge from a project, who has a say in how and where it is done? Illness and other vulnerabilities can heighten fear of exposure or exploitation: participants may worry that their stories will be used for ends they dislike, such as being portrayed as victims before a privileged audience; or being used in a performance that portrays an agency that was less than responsive to their needs as having been benevolent and effective.

FUNDING: who gets paid and how? Who gets access to space, supplies, and other resources, and how? It may well



Tweet accompanying this March 2018 photo of Gerry’s Attic dancers in Bristol, U.K.: “Despite the huge benefits to health, funding cuts threaten the world of dance for older people in Bristol!”

be that the artists working on a project have secured funding and are offering their skills as part of their professional practice, and therefore their art and well-being work contributes to their livelihood. In some projects, resources stretch to offer honoraria or stipends to multiple participants: what is being offered, and what is expected in return? Will the project generate income, as by charging for tickets or selling artworks? If so, how will the proceeds be used?

On the other side of the equation, how should a contract with a funder or sponsor be structured? What conditions will be placed on funding? Does the funding agreement allow sufficient scope for the types of decision-making and participation the project requires? What forms of access and reporting are required? What policies, rules, or guidelines are being applied to the project? In practice, there's often some latitude in grant contracts: you may be able to ask for more time if a project requires it or may be fortunate to work with an understanding funder who will support collaborative relationships, feeling secure enough that you don't need the contract to explicitly permit any element of your project that may diverge from the boilerplate language. But be sure you're making an informed decision rather than a fingers-crossed leap of faith.

AGENCY PARTNERSHIPS: An agency may be providing access to facilities or connecting you with people under its purview. All these same questions arise whether your partner is a funder, a healthcare agency, or a community-based organization.

5. ENSURE A RESPECTFUL, RECIPROCAL, CARING ENVIRONMENT.

Ethics require doing all that's possible to ensure participants a supportive environment. For example, you may be working with members of different cultural communities who hold ideas about each other that don't make for congenial and respectful working relationships; that will call on you to help negotiate language and promote reciprocal understanding in the place of stereotyping. Or you may experience moments when the boys working on a project are less than respectful to the girls, with teasing edging into harassment, playfulness into unwanted touching or offensive language. And when participants are sharing traumatic or otherwise intimate experiences, you will have to set boundaries that hold confidentiality.

Many artists set groundrules for community-based projects, offering basic working agreements they've learned from

experience, then inviting participants to add parameters needed for their own comfort and well-being in that specific situation. See the **Art & Well-Being Public Folder** for sample working agreements you can adapt.

6. BE MINDFUL OF YOUR OWN IMPACT.

You don't want to put a burden on the people who are already burdened by disease or social conditions that threaten well-being. Plan carefully to bring or secure everything your project needs, which may include snacks or transport as well as space and art supplies. Be mindful not to inadvertently create a situation where people have to take care of your needs.

CARING AND SELF-CARE

EVERY EFFECTIVE ART AND WELL-BEING PROJECT EXTENDS CARING TO PEOPLE WHO ARE SUFFERING OR VULNERABLE.

Some of the most supportive projects advancing a culture of health are not focused on creating art per se, but address multiple dimensions of personal well-being, providing opportunities for respite and reconnection to self and others, combining arts offerings with other types of comfort and engagement to create an environment that nurtures resilience and possibility. Mental Fight Club, Meet Me at The Albany, and similar projects listed in Part Two provide a safe space to experience connection and creativity for their own sake and as support for an general sense of well-being that is elsewhere threatened.

Self-care for those working to nurture a culture of health is critical if the work they do is to be sustainable. A key factor is emotional awareness: what are you feeling? What emotional information are others conveying, even if indirectly? Many artists are good at introjection, picking up a feeling in the room and bringing it inside one's own mind and body. But without awareness and practice, it can be hard to know if a particular feeling belongs to you or someone else. That unsettled feeling in the pit of your stomach can be an indication that it's time to pause, check in with people, take stock of how the work is going. But it can also be a feeling you've introjected—internalized—from someone else who is coping with anxiety or stress that hasn't yet been verbalized. If you're not sure, check in with yourself.

This Part of *Art & Well-Being* started with the statement that **"ALL ART AND WELL-BEING PROJECTS ARE EXPRESSIONS OF RELATIONSHIP."** Right relationship is an aim between artists and other participants, and also within each person. For example, if you have a strong idea of

how a project should go, and you are picking up indications that all is not well, you have a choice between needing to be right and forcing things to conform to your expectations, and letting go of certainty about what *should* happen so that something more meaningful and authentic to the participants can emerge.

It can be hard to stay present with people who are suffering, who are expressing sadness, fear, and pain. But it's important to resist the temptation or suppress or minimize those feelings, to make nice and thereby end the anxiety of sitting with people and situations that are undeniably not okay. Realness is a powerful asset to a community artist.

Through mindful experience, you will develop a sense of balance: when to join with sufferers, allowing empathy to

flow as pain is expressed; and when to turn attention to joy, pleasure, and success. No one is one thing, merely a sufferer or merely a victor. Every life is threaded through with joy and pain. Being sensitive to your own position on that spectrum in any given moment will help you care for yourself and others, taking a break, turning the focus to fun and pleasure, starting an activity that helps people recognize their own power and agency despite vulnerability.

An article from [Performing Arts Hub](#) Australia suggests 50 ways to practice self-care, from the basics of ensuring adequate rest and nourishment to useful questions that may help you assess the need to care for yourself.



“Caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare.”

Audre Lorde

From the [Self-Care Fund](#) in Louisville, KY, a community fund created to acknowledge the contributions of activists and artists working for social justice.

IN CONCLUSION

GAZING FROM A DISTANCE AT THE LANDSCAPE OF ART AND WELL-BEING, WE SEE TWO RELATED BUT SEPARATE FIELDS: ARTS IN HEALTHCARE AND ART FOR WELL-BEING. Both are growing in activity and resources, but their current conditions and prospects differ.

Influenced by an ever-expanding body of research that portrays arts in healthcare in ways familiar to medical professionals, that field is gathering advocates. Expansion often happens when someone with institutional authority is open to collaborating with someone with participatory arts experience and knowledge. When it comes to collaborations between medical professionals and artists/arts organizations, perhaps the most rapid growth is in areas that don't figure prominently in this guide. For instance, the placement or integration of visual art in hospitals, making healthcare environments more aesthetically pleasing and welcoming, such as the work of the Canadian **Art for Healing Foundation**, the UK-based **Vital Arts**, or consulting groups such as **Health Environment Art Services** and other businesses that assist hospitals in art and design initiatives. Or programs such as the Museum of Modern Art's now-defunct **Alzheimer's Project**, bringing people suffering from specific health challenges into relationship with an arts institution's offerings. Many museums in the U.S. and abroad have experimented with this model; for example, **this report from Germany**.

What appears to be making inroads much more slowly is a broader view of a culture of health. The bulk of projects in this guide understand human connection, meaning-making, creativity, and purpose as key contributions to individual and collective well-being and therefore as powerful modes of prevention. Much of this work gives proper weight to social determinants of health, helping to shift focus from the individual to the society via powerful artistic expressions, many by people whose well-being is strongly impacted by social factors such as economic status and discrimination based on race, gender, orientation, and immigration status.

To truly affect this shift—to give art for well-being its true value in building a culture of health—significant changes are needed. In Part Two, Anne Basting of TimeSlips is quoted:

If we actually spent just one percent of money we spend on pharmaceutical research to find a cure for dementia—which we haven't done very well at for

decades now, and it's doubtful, I believe, that we will—one percent of that research money, if that went towards programs that fostered a sense of meaning in purpose in people's lives, then we'd be a lot further down the road in preventing dementia, and easing the symptoms of dementia.



a screen grab from Clive Parkinson's talk and film, *Weapons of Mass Happiness*

Clive Parkinson, the Director of Arts for Health, Manchester School of Art cited earlier, shared this assessment of the field in the U.K. in an interview with the Australian journal *Artlink*:

The arts might well be a potent social determinant of long-term public health and wellbeing. But we'll never address the health and wellbeing of communities until we get to grips with the injustices and inequalities that poison our communities....

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

imaginations; it has the potential to galvanise us if we can think outside our own little worlds....

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

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

Such necessary shifts in understanding tend to be catalyzed by visionaries, champions, and intermediaries who break new ground, demonstrate what's possible, and thus help to dissolve doubt, opening a pathway for adequate support. To create the conditions to advance art for well-being's power to awaken awareness and action toward a culture of health, what's needed is simple, as described in Part One:

CLOSING THE GAP IN UNDERSTANDING between a "prevailing world view" that privileges what can be quantified and discounts or dismisses evidence conveyed in other ways.

ENLARGING UNDERSTANDING FROM ART AS AN EXTRA FLOURISH FOR INDIVIDUAL TREATMENT—an accompaniment to allopathic medicine—for those suffering from health challenges, instead encompassing art as a means of illuminating and engaging collective risks and opportunities, touching the larger community.

BROADENING THE DEFINITION OF HEALTH

CHALLENGES to include not only individual susceptibilities to infectious and autoimmune diseases, but also environmental hazards and the differential ways they affect people depending on economic status, race and ethnicity, gender and orientation, geographic location and other such factors.

Simple, but not necessarily easy.

We hope and trust this guide offers inspiration for work that holds the big picture of our collective well-being in dynamic relationship to countless individual stories of pain and possibility such as those offered by many of the artists mentioned here. Please see this guide as part of an ongoing conversation. Please share stories of your work. And please get in touch with ideas and questions, helping us all to see the way forward and act together to bring it about: hello@usdac.us.

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Mike White, Robert Wood Johnson Foundation

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- Dance to Health: <http://www.dancetohealth.org/>
- Otago: <https://www.acc.co.nz/assets/injury-prevention/acc1162-otago-exercise-manual.pdf>
- Dancing Parkinson's: <https://medium.com/creative-calgary-congress/dancing-parkinsons-yyc-e72c46ee0f08>
- ASC! Project: <https://www.icaso.ca/asc-project-team>
- Description of Dancing Parkinson's research project: <https://www.ucalgary.ca/utoday/issue/2014-02-04/using-dance-parkinsons-therapy>
- CBC interview: <http://www.cbc.ca/homestretch/episode/2015/01/20/-listen-el-charrito-review-4/>

THEATER

- ClownDoctors: <http://www.heartsminds.org.uk/clowndoctors/meet-the-clowndoctors/>
- Northern Ireland ClownDoctors: <http://www.artscare.co.uk/clowndoctors/>
- Arts Care: <http://www.artscare.co.uk/>
- The Gesundheit! Institute: <http://www.patchadams.org/>
- Blood Sugars: <https://bloodsugarsblog.wordpress.com/about/>
- Under the Sign of Cancer: <http://www.socialcommunitytheatre.com/en/projects/theatrical-construction-site-under-the-sign-of-cancer/>
- *Doors, Thresholds and Passages*: http://www.socialcommunitytheatre.com/en/category/videos/?tag_relations=136

MEDIA AND PHOTOGRAPHY

- Made Visible Foundation: <http://www.madevisiblefoundation.org/#about>
- *Say Your Name*: <https://www.youtube.com/watch?v=1UftaoCvMxc&feature=youtu.be>
- National Native American Boarding School Healing Coalition's Healing Voices Movement: <https://boardingschoolhealing.org/healing/healing-voices-movement/>
- The UnLonely Project: <https://artandhealing.org/>
- Can Art Be Medicine?: <https://artandhealing.org/can-art-be-medicine/>
- UnLonely Film Festival: <https://artandhealing.org/festival-2/>
- *Throw*: <https://artandhealing.org/throw/>
- *Escapology: The Art of Addiction*: <https://artandhealing.org/escapology/>
- *Transgender in the Military: Camouflaged Identity*: <https://artandhealing.org/camouflaged-identity/>
- Just Ask: <https://www.torbayculture.org/just-ask>
- Torbay Culture: <https://www.torbayculture.org/creative-commissioning-testing-and-learning>

MULTI-ARTS

- Make Art/Stop AIDS (MASA): <http://www.aghcafrica.org/masa>
- ArtGlo: <http://www.aghcafrica.org/>
- Sowing Place: <http://artculturetourism.com/sowing-place-2/>
- Meet Me at the Albany: <http://entelechyarts.org/projects/meet-me-at-the-albany/>
- Entelechy Arts: <http://entelechyarts.org/about/>
- *Walking Through Walls*: <http://entelechyarts.org/projects/walking-through-walls/>
- *Bed*: <http://entelechyarts.org/projects/bed/>
- Francois Matarasso: <https://arestlessart.com/2018/05/15/we-want-to-be-remembered/>

STORY-GATHERING

- Native American Veterans: Storytelling for Healing: <https://www.acf.hhs.gov/ana/resource/native-american-veterans-storytelling-for-healing-0?page=all>
- Storytelling for Healing YouTube: <https://www.youtube.com/watch?v=vs7kf4JniDU&feature=youtu.be>
- The Quipu Project: <https://interactive.quipu-project.com/#/en/quipu/listen/134?view=thread>
- Vicarious Resilience: <http://www.tmiproject.org/vicariousresilience-2/>
- The TMI Project: <http://www.tmiproject.org/>
- Staying Positive: <https://www.stayingpositiveproject.org/stories/>
- StoryCenter: <https://www.storycenter.org/>

MEDICAL TRAINING

- *Creative Health: The Arts for Health and Wellbeing*: http://www.artshealthandwellbeing.org.uk/appg-inquiry/Publications/Creative_Health_Inquiry_Report_2017_-_Second_Edition.pdf
- Performing Medicine: <https://performingmedicine.com/>
- “Circle of Care”: <http://performingmedicine.com/evidence-impact/#circle-of-care>
- *The Lancet*: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(06\)69909-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(06)69909-1/fulltext)
- Arts and Humanities Initiative: <https://artsandhumanities.hms.harvard.edu/>
- Narrative Medicine Master’s Program: <http://sps.columbia.edu/narrative-medicine>
- Reimagining Medicine: <https://scienceandsociety.duke.edu/learn/undergraduate-programs/reimagining-medicine/>
- The Center for the Arts in Medicine: <https://arts.ufl.edu/academics/center-for-arts-in-medicine/>
- Arts in Medicine Research: <https://arts.ufl.edu/academics/center-for-arts-in-medicine/researchandpublications/>

PART THREE. THREE CASE STUDIES

- Robert Wood Johnson Foundation: <https://www.rwjf.org/>
- Youth Radio: <https://youthradio.org/>
- Mural Arts Philadelphia: <https://www.muralarts.org/>
- San Francisco Mime Troupe: <http://www.sfmt.org/index.php>

PROJECT PROFILES: LEARNINGS, ACCOMPLISHMENTS, CHALLENGES

YOUTH RADIO: REMIX YOUR LIFE

- “*Demons*”: <https://remixyourlife.bandcamp.com/track/demons-feat-sunday-simon-prod-by-sunday-simon>
- “*The Come Up*”: <https://remixyourlife.bandcamp.com/album/the-come-up>
- Social Ecological Model: https://www.unicef.org/cbsc/files/Module_1_SEM-C4D.docx

MURAL ARTS PHILADELPHIA:

VOICES: GIVING VOICE TO THOSE WITH LIVED EXPERIENCE ABOUT SUCCESSFUL REENTRY

- “*Million Dollar Blocks*”: <https://songsinthekeyoffree.bandcamp.com/track/million-dollar-blocks>

- “Voices from Inside”: https://www.facebook.com/pg/OfficialShakaSenghor/videos/?ref=page_internal
- *Solitary*: <http://www.candescentfilms.com/solitary/>
- *Rikers: An American Jail*: <http://www.pbs.org/wnet/rikers/>

SAN FRANCISCO MIME TROUPE:

TOWARD AN INCLUSIVE CULTURE OF HEALTH THROUGH ENGAGEMENT, SATIRICAL THEATER AND SONG

- *Walls*: <http://www.sfmt.org/company/archives/walls/2017.php>

PART FOUR. RIGHT RELATIONSHIP: PARTNERSHIPS, ETHICS, VALUES, CARING, AND SELF-CARE

- The Gesundheit! Institute: <http://www.patchadams.org/>

MULTIPLE AWARENESS

- “What we mean by social determinants of health”: <http://journals.sagepub.com/doi/pdf/10.1177/1757975908100746>

MULTIPLE SKILLS

- Art & Well-Being Public Folder: <https://drive.google.com/drive/folders/1LxRya1YPDORgYH4euybCKGTimruutCkZ>

RESEARCH AND EVALUATION RESOURCES

- *Cultural activities, artforms, and wellbeing*: http://www.artscouncil.org.uk/sites/default/files/download-file/Cultural_activities_artforms_and_wellbeing.pdf
- All-Party Parliamentary Group on Arts, Health, and Wellbeing Inquiry Report: http://www.artshealthandwellbeing.org.uk/appg-inquiry/Publications/Creative_Health_Inquiry_Report_2017_-_Second_Edition.pdf
- The National Alliance for Arts, Health, and Wellbeing: <http://www.artshealthandwellbeing.org.uk/resources>
- What Works Wellbeing: <https://whatworkswellbeing.org/>
- “Visual Arts and Mental Health”: <https://whatworkswellbeing.org/our-work/sport-culture/>
- Evaluation Framework: <https://www.gov.uk/government/publications/arts-for-health-and-wellbeing-an-evaluation-framework>
- The Repository for Arts and Health Resources: <http://www.artshealthresources.org.uk/>
- London Arts in Health Forum: <http://www.lahf.org.uk/resources>
- *Arts, Health, and Wellbeing Beyond the Millennium: How far have we come and where do we want to go?*: <https://www.rsph.org.uk/uploads/assets/uploaded/dd4a7c73-e0a2-4a16-9d54ce5bae70b7f8.pdf>
- The Culture, Health and Wellbeing International Conference: https://www.culturehealthwellbeing.org.uk/userfiles/documents/2017%20Docs/SME771_AHSW_Conference_Report_2017.pdf
- Public Art Online: <http://publicartonline.org.uk/resources/>
- The Health and Culture website: <http://www.healthandculture.org.uk/>
- The Australian Institute for Creative Health: <https://www.instituteforcreativehealth.org.au/resources/research>
- PlaceStories: <http://placestories.com/about>
- Feral Arts: <http://feralarts.com.au/>
- Aboriginal Healing Foundation: <http://www.ahf.ca/downloads/healing-through-creative-arts.pdf>
- Arts and Health: <http://artsandhealth.ca/research/>
- International Center of Art for Social Change: <https://www.icasac.ca/>
- Art for Social Change Directory: <https://www.icasac.ca/directory>
- Study conducted by researchers from Yale University: https://medicine.yale.edu/psychiatry/consultationcenter/Porch_Light_Program_Final_Evaluation_Report_Yale_June_2015_Optimized_218966_1095_5_v3.pdf
- Large Database of research reports: <https://arts.ufl.edu/academics/center-for-arts-in-medicine/research-database/>
- “Arts and Healing”: <https://www.americansforthearts.org/by-topic/arts-and-healing>

- Arts & Health Alliance publications: <https://www.americansforthearts.org/by-program/reports-and-data/research-studies-publications/americans-for-the-arts-publications/arts-and-health-alliance-publications>
- Healing Power of Arts and Artists: <https://www.healing-power-of-art.org/art-and-healing-organizations/>
- National Organization for Arts in Health (NOAH): <https://thenoah.net/open-resources/>
- National Association for Poetry Therapy: <http://poetrytherapy.org/>
- Compendium of art therapy outcome research: <https://arttherapy.org/upload/outcomes.pdf>

ACCOUNTABILITY AND ETHICAL ALIGNMENT

- Welfare State International: <http://www.welfare-state.org/>
- Participatory Arts Practice in Healthcare Contexts: Guidelines for Good Practice: <http://waterfordhealingarts.com/wp-content/uploads/Participatory-Arts-in-Health-Guidelines-09.pdf>
- Art & Well-Being Public Folder: <https://drive.google.com/drive/folders/1LxRya1YPDORgYH4euybCKGTimruutCkZ>

CARING AND SELF-CARE

- Performing Arts Hub Australia: <http://performing.artshub.com.au/news-article/features/performing-arts/madeleine-dore/50-ways-to-take-care-of-yourself-in-the-arts-249726>

IN CONCLUSION

- Art for Healing Foundation: <http://www.artforhealingfoundation.org/>
- Vital Arts: <http://www.vitalarts.org.uk/>
- Health Environment Art Services: <http://www.healthart.com>
- MoMA Alzheimer's Project: <https://www.moma.org/meetme/index>
- Report from Germany: <https://www.nytimes.com/2018/03/21/world/europe/germany-dementia-art.html>



ABOUT THE USDAC

THE U.S. DEPARTMENT OF ARTS AND CULTURE (USDAC) is a network of artists, activists, and allies inciting creativity and social imagination to shape a culture of equity, empathy, and belonging.

To create a just and welcoming world, all of us need social imagination, the capacity to envision and enact change. Yet as a society, we've failed to prioritize the programs and policies that cultivate creativity, empathy, and collaboration. Social institutions seldom allow us to show up as whole, creative humans. Too often, the stories we're asked to accept limit possibility, depicting us only as consumers and workers rather than creators and communicators.

Together, we can rewrite these stories. We affirm the right to culture and pursue cultural democracy that:

- welcomes each individual as a whole person
- values each community's heritage, contributions, and aspirations
- promotes caring, reciprocity, and open communication across all lines of difference
- dismantles all barriers to love and justice

To advance this vision, the nation's only people-powered department*:

- Engages everyone in weaving social fabric and strengthening communities through arts and culture
- Builds capacity and connective tissue among socially-engaged artists and cultural organizers
- Generates momentum and public will for creative policies and programs rooted in USDAC values
- Infuses social justice organizing with creativity and social imagination

Art and culture are powerful means of building empathy, creating a sense of belonging, and activating the social imagination and civic agency necessary to

make real change. When we feel seen, when we know that our stories and imaginations matter, we are more likely to bring our full creative selves to the work of social change. That not only makes our work more effective, we have more fun.

Our national actions invite everyone to perform a future infused with the transformative power of arts and culture. Our local organizing helps communities dream aloud and turn their dreams into reality. We connect people across regions in an ever-expanding creative learning community by sharing vital information, generating inspiring actions, and devising cultural policies and programs to catalyze a profound culture shift in the service of social and environmental justice. Together, we're creating new narratives of our power and possibility and scaling up strategies for equity and belonging.

The USDAC is not an outside agency coming in; it's our inside agency coming out! Radically inclusive and vibrantly playful, the USDAC offers pathways of engagement for any individual or organization eager to deepen a commitment to creativity and social change.

Culture shift is an all-hands-on-deck effort: whether you're already performing this work or new to creative organizing, join the people-powered department today!

THIS IS AN ACT OF COLLECTIVE IMAGINATION. ADD YOURS.

*The USDAC is not a government agency.