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International perspectives on the development of research-guided practice in community-based arts in health
The UNESCO Observatory refereed e-journal is based within the Graduate School of Education at The University of Melbourne, Australia. The journal promotes multi-disciplinary research in the Arts and Education and arose out of a recognised need for knowledge sharing in the field. The publication of diverse arts and cultural experiences within a multi-disciplinary context informs the development of future initiatives in this expanding field. There are many instances where the arts work successfully in collaboration with formerly non-traditional partners such as the sciences and health care, and this peer-reviewed journal aims to publish examples of excellence.

Valuable contributions from international researchers are providing evidence of the impact of the arts on individuals, groups and organisations across all sectors of society. The UNESCO Observatory refereed e-journal is a clearing house of research which can be used to support advocacy processes; to improve practice; influence policy making, and benefit the integration of the arts in formal and non-formal educational systems across communities, regions and countries.
Health has become a recurrent topic in discussion of the role of the arts in society, fuelled by a growing body of research into links between culture and flourishing. In community arts in particular there has been a widespread development of projects addressing health issues. This is a distinct area of activity operating mainly outside of acute healthcare settings and is characterised by the use of participatory arts to promote health. There are indications that this work is developing in response to health needs of communities in differing cultures and healthcare systems around the world, but so far there is little mutual knowledge or connection of the work at an international level.

This issue aims to draw together well-researched case studies of community-based arts in health projects from different parts of the globe. Each case study should explain the motivation for the work undertaken and its sensitivity to context and cultural diversity, the partnership structures and ethos developed in its delivery, and the research methodologies used. Submissions are particularly invited that reflect multidisciplinary knowledge of the application of arts development to health and flourishing communities from the perspectives of applied arts, public health, anthropology, social geography, education and other disciplines.
Women’s Inequality: A Global Problem Explored in Participatory Arts.

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Abstract: This paper discusses research-guided practice in community-based arts in health activity in Britain. This discussion is situated within an exploration of health policy and its relationship to the arts in health. It provides a summary analysis of a large body of research relevant to wellbeing and mental-health rehabilitation; it will describe how community-based arts in health activity provides the basis for a set of evidence-based actions to improve well-being. In respect to research-guided practice, this paper will argue a strong case that community-based arts in health initiatives encompass all aspects of the 'Five Ways to Wellbeing'; furthermore, it will indicate how community arts in health activities are also significant in aiding recovery from mental ill health.

The essay moves on to explore why participatory approaches are of particular value to women. In particular, the paper looks at the position of older women, with reference to the New Dynamics of Ageing Programme in Britain. It concludes with a detailed discussion of several recent projects. A description of the research inquiry will enable the partnership structures and the ethos developed in the projects’ delivery to be elucidated and discussed in order to interrogate strategies of practice. It is hoped that this frank discussion of some of the tensions between arts-based participatory practice and arts-based participatory practice for research will be of interest. Different visual methods will be articulated. Methods have included the use of art elicitation, photo-diaries, film-booths, directed photography, and re-enactment phototherapy within an overarching participatory framework. It is recognised that women are a highly diversified group with crosscutting allegiances, some of which have been acknowledged in this project.

Keywords: women & ageing; participatory arts; visual research methods; arts & health; evidence-based arts practice; picturing ageing; feminism and ageing.
BACKGROUND

In the community arts in Britain, there has been an increasing amount of activity in employing art media in non-acute settings to promote health and happiness. This has ranged from very high-profile projects, to almost invisible philanthropy, which has insecure funding and is of short duration. The impetus for this range of activity is complex, and in the UK there has been a long history of artistic philanthropy, such as government ownership of artistic collections, and local authority initiatives to support concert halls, galleries, libraries and museums. In the 20th century, artists, and artistic ‘conscientious objectors’ (those unwilling to fight, who were often Quakers and pacifists) were allowed to offer the arts to military personnel, as their military service during the Second World War (though it was characterised as an ‘exemption’ from ‘military service’ at the time, with a panel to look at applications on a case by case basis; that this might be regarded as a valid contribution to the war effort was by no means uncontentious). These artistic endeavours took many forms, but are worth outlining in brief to give a proper sense of the British context. Concurrent with the newly-formed BBC’s wartime work, the Entertainment National Service Association (ENSA) focussed on the performing arts, and the Committee (later council) for the Encouragement of the Arts and Music (CEMA) was set up informally in 1939 (and with a Royal Charter in 1940) with this specific mandate:

1. To provide opportunities for hearing good music and for enjoyment of the arts generally among people who, on account of wartime conditions, are cut off from these things.

2. To encourage music-making and play-acting among the people themselves.

Pick (1986) suggests that the first innocuous-sounding statement was an implicit criticism of the more popular ENSA work; he also points out a change of emphasis, as the second objective is aimed at the civilian population (p.39). Thus, a national state-supported community-arts movement was born, whereas, hitherto activity had been ad hoc and rooted in particular community or religious contexts. These developments were related to health in broad terms. In the first statement is imbedded ideas about the value of the high arts, and in the second statement, the idea of the value of community engagement in art making. The well-known economist, John Maynard Keynes, became chairperson of CEMA in 1941, and steered CEMA (later...
to become Arts Council, England) away from a more community-arts focus (though this work was continued by local authorities, religious organisations, and various NGOs). The arts were not just used to boost morale and to entertain, they were used quite explicitly as a form of rehabilitation in health settings. For example, the British Red Cross and the National Association for the Prevention of Tuberculosis (NAPT) funded peripatetic artists to enable patients to make art work, in or out of bed, on hospital wards in this period (Hogan 2001). They also organised exhibitions, decorated hospitals with art work - both original and providing reproductions of famous works (the latter being a tradition already established in mental asylums, as great works of art were thought to have an ameliorating influence). Artistic competitions were also organised. The NAPT promoted ‘art therapy’ as an opportunity for recuperating service men. Adrian Hill, who was keenly aware of the destructive impact of the Second World War, wrote, ‘…it is natural that the soldier as much as the artist should turn to seek mental refuge in the creative arts and thence to hope. When the world is seething with death and despair…’ (Hill 1947 p.56). He notes that a number of soldiers produced horrific war scenes (and would perhaps today be diagnosed as suffering from post-traumatic-stress-disorder); however, Hill was also critical of the sterility of hospital environments and the lack of emotional support for patients in general. Though positive about occupational therapy, which was developing at the same time, he thought that ‘art therapy’ could ‘look a little deeper to ascertain and alleviate the essential causes of introspection and despondency’ (Hill 1951 p. 13). Although intimate bedside talks about art works formed part of the role of the art therapist at this time, many of his or her duties could be described as arts in health: the art shows in rehabilitation settings, competitions for recovering patients, providing art works to hospitals, giving educational talks on art, and so forth. Furthermore, not all of the artists working for the British Red Cross or NAPT used the term.

THE ARTS FOR HEALTH: THE SITUATION TODAY

In 2008, the New Economics Foundation (NEF) was commissioned by the UK Government’s Foresight Project on Mental Capital and Well-being to review the inter-disciplinary work of over 400 researchers from across the world. The aim was to identify a set of evidence-based actions to improve well-being, which individuals could be encouraged to build into their daily lives. This was distilled down to the ‘five ways of wellbeing’ which is now a major driver of health policy in the UK. These are:

- connect
- be active
- take notice
- keep learning
- give
Aked et. al. (2008) suggest that combined these elements generate ‘mental capital’ comprising resilience, self-esteem, cognitive capacity and emotional intelligence (p.13). The Foresight Report notes that by 2071, the number of people over 65 could double to nearly 21.3 million, while the number of people aged 80 and over could more than treble to 9.5 million. Unlocking the ‘mental capital’ in older people and promoting their wellbeing are identified as priority (Foresight Report p.34), and ‘social networking’ an important part of the solution.

An example of recent high-profile community arts activity, which has really caught the public’s imagination, is the work of choir master Gareth Malone. Malone’s TV programmes about choirs have done much to popularise the health benefits of community singing. His work with military wives, most of whom had never sung before, and his more recent projects with hospital staff, mail, water-board, and airport employees show the benefits of participation, illustrating stories of the enhanced confidence of individuals. Moreover, an important aspect of work-based choirs has been in bringing together people who would never normally meet, thus a hospital porter could get to speak to a consultant surgeon. In the case of the Royal Mail, tensions between the workforce and management were palpable, and participation in the choir gave enhanced opportunities for dialogue and mutual understanding. Moreover, the programmes illustrate how workplace morale was generally boosted through participation. However, in the latter work, the choirs then competed against each other, which may have annulled some of the original benefits of participation for the losers, but did make for interesting television, (though the competition was justified in terms of improving artistic standards). Nevertheless, it is clear that many community arts activities do encompass the essential aspects of the ‘Five Ways’ with intensely social aspects and group bonding over performances. The military wives ended up performing to the royal family at the Royal Albert Hall, and in other large concerts, but the primary enduring legacy was noted by the women in interview as enhanced social support and camaraderie. Thus such engagement meets the ‘connect’ part of the ‘five ways of wellbeing’.

Regarding being active, there is also interim practice; activity and in community singing this usually incudes vigorous physical ‘warm-up’ exercises, such as bending and stretching exercises, as well as revision between practice sessions; the deep breathing required for singing also has physiological benefits. Being active extends beyond the actual activity, as choirs often also have explicitly social activities associated with them. There is also an arguably positive sense of obligation, because a certain core number is necessary for a good sound, or if one is bringing the sheet music one must turn up, and so forth. Often community choirs are short of men for the Bass section, so there is extra pressure for them to attend regularly! Though I am using the example of music, one can also see how a visual art-making activity might contain similar components from bending and stretching over a large art work, to walking to the venue. Thus such engagement meets the ‘be active’ part of the ‘five ways of wellbeing’.

Opportunities for self-reflection and emotional engagement are inherent in the process; when we sing well, we need to think about the meaning of the words and allow ourselves to feel emotion and consequently there is great satisfaction to be gained from self-expression through artistic engagement. Singing can be surprisingly cathartic and performance exhilarating. Thus such engagement meets the ‘take notice’ part of the ‘five ways of wellbeing’.
learning of new repertoire and the development of new skills are an essential element. This is an ongoing challenge and a continual source of stimulation. Often as part of the warm-up activity, or after it, percussive rhythmic clicking and clapping is practiced to improve co-ordination and timing. However, engagement in a community choir might also lead to a positive decision to learn to pay an instrument or to learn to sight-read sheet music. Thus such engagement meets the 'keep learning' part of the 'five ways of wellbeing'.

There are many opportunities for altruism, from giving a fellow choir, theatre, or art group member a lift home, to more technical engagement, such as researching venues, translating a song into English, writing a musical arrangement, or setting up. Moreover, performing for good causes, and local social and community events, is often part of what community choirs do. Thus such engagement yields opportunities which meet the 'give' part of the 'five ways of wellbeing'.

Some health authorities are making bold statements about the value of the ‘Five Ways’: ‘By adopting the five ways to wellbeing, you can increase your life expectancy by 7.5 years’ state North West NHS.

The Foresight report highlights depression and anxiety as issues for older people, and demands a ‘step change’ in the governance of older people in order to promote their wellbeing and unlock their mental capital (p.33). The need to combat negative stereotyping and the under-use of older people is highlighted, so that the mental resources of older people can become more fully available for the benefit of themselves and society. It is clear that community arts activity can offer much of what is being advocated for older people, especially with regard to the importance of social networks, social activity which combats isolation, and promotes the development of social relationships and community engagement (pp.34-35).

With regard to mental health, a recent systematic review (Leamy et. al., 2011) highlighted that recovery from mental ill health difficulties involves five interlinking processes:

• Empowerment and reclaiming control over one's life;

• Rebuilding positive personal and social identities (including dealing with the impact of stigma and discrimination);

• Connectedness (including both personal and family relationships, and wider aspects of social inclusion);

• Developing hope and optimism about the future;

• Finding meaning and purpose in life (Lewis, Tew, Crawford, Hogan, Spandler, & Devaney 2013).

With respect to the summary of Leamy's research above, we can see that the choirs (and other community arts) also touch on several important aspects of the recovery process, such as the generation of a sense of empowerment, identity, connectedness, and the instillation of hope and optimism; though, Malone (above) is rather more interested in working with organisations in distress than individuals per se, we can see that singing in a community choir is inherently remedial. In terms of research-
guided practice, there is a strong case to be made that community-based arts in health initiatives encompass all aspects of the ‘Five Ways to Wellbeing’ and that they are also significant in aiding recovery from mental ill health, potentially touching on key recovery processes.

**WHY ARE COMMUNITY PARTICIPATORY APPROACHES PARTICULARLY USEFUL FOR WOMEN?**

The section above notes that a considerable amount of research evidence and major policy drivers in the UK implicitly or explicitly support the usefulness of initiatives in the arts for health; this section will explore in further detail, why participatory approaches may be particularly useful for women. Globally, many women do not have equal access to resources, and in many cultures have little autonomy outside of male control, or are regarded as of lesser value than males, or face male resistance to independent action. Structural inequality in so-called developed countries is still rife, and women are more likely than men to suffer from late in life poverty, lack of opportunity and unequal access to public resources (Corden, Hirst, & Nice 2008), even to those services put into place to support older people; furthermore, because of the onus on women’s appearance, older women can feel particularly devalued (Hogan & Warren 2012). The World Health Organisation acknowledges that:

‘Gender determines the differential power and control men and women have over the socioeconomic determinants of their mental health and lives, their social position, status and treatment in society and their susceptibility and exposure to specific mental health risks’. Given women’s lack of equal access to structural resources, it is hardly surprising to learn that depression, anxiety and somatic complaints are particularly prevalent in women. The World Health Organisation estimates that these ‘disorders, in which women predominate, affect approximately 1 in 3 people in the community and constitute a serious public health problem’ (2012).

To say that participatory community arts are potentially empowering, is to reiterate something of a platitude; however, there is a considerable range of understanding about what constitutes participation. The work we are going to discuss draws further on analytical techniques and collaborative approaches developed within visual anthropology to enable individuals or communities to represent themselves or to challenge dominant representations. The initiative was also interested in using community-based arts as an analytic tool.

The Representing Self - Representing Ageing initiative employed visual elicitation methods, in which visual data, which have been found or made by respondents, are used in conjunction with interviewing techniques to elicit responses, were employed (Newbury, 2005). From a research perspective, we might view the four separate projects as complementary, and as generating different perspectives, as well as bringing different issues for interrogation to the fore to create a dialogue between these (Masson, 2006). This more discursive approach made delivering simple, and simple to condense research findings, somewhat problematic. Indeed, the project team is keenly aware that women are a highly diversified group with crosscutting allegiances; consequently, the ‘findings’ from the four projects form an interchange
between different constituencies. Furthermore, it may be argued that it is the case that there are few multi-layered and sophisticated representations of the complexity of being an older women in Britain today available (Hogan & Warren 2012).

Cornwall and Jewkes (2000, p.1) assert that the ‘key difference between participatory and conventional methodologies lies in the location of power in the research process’. Participatory approaches are those which broadly recognise the ‘particular expertise’ of people within particular circumstances (Bennett & Roberts, 2004); this could be because of local or particular knowledge (Breitbart, 2003). Some theorists conceptualise this as ‘active co-research’ between researchers and participants (Wadsworth, 1998) who are active in defining research problems (Anyanwu, 1988); furthermore, participatory research must be sharply distinguished from conventional elitist research which treats people as objects of the research process’ (Tilakaratna, 1990, p. 1).

To prevent this being little more than a ‘sematic shift’ (Birch & Miller, 2002) it is strongly recommended that arts in health teams and researchers spend some time actually exploring how the term ‘participation’ will translate into practice, as it is possible that practitioners will carry very different assumptions about what this means. Birch and Miller assert that those participating must be clear about the project’s research aims (2002, p. 103) and open about the research process (p. 99). Banks & Armstrong (2012) advocate that there be clarity about power and responsibility:

‘It is important to be clear about where power and responsibility lie in relation to different aspects of a research project. If there are parts that require specific academic skills or certain outputs for funders then this should be acknowledged. Equally, thought should be given as to whether some academic processes can be demystified or adapted for use by community participants (e.g. a participatory literature review)’ (p.12).

Furthermore, though the funding proposal provides the catalyst and frame for work, the ‘frame’ is also a limiting frame, so assumptions about the nature of participation must even be considered at the bidding point ideally (though it is understood that sometimes until teams are actually in place a clear modus operandi is not sufficiently evident).

THE REPRESENTING SELF – REPRESENTING AGEING INITIATIVE

The Second World Assembly on Ageing (2003) recognised a need to challenge stereotyped images of ageing and later life, particularly those related to older women. The Representing Self - Representing Ageing initiative has been funded by the UK Economic Social Research Council (ESRC), as part of the New Dynamics of Ageing Cross-council Research Programme. This venture has consisted of four projects in the North of England with older women using participatory arts with different communities of women.

The Representing Self - Representing Ageing initiative brought together a team of researchers from different disciplines, with a shared interest in ageing and gender, and
a cultural development agency (Eventus) that aims to use the transformative power of the arts ‘to make a difference to people and places’. Eventus targets the c. 27% of people identified by Arts Council England as not currently engaged in the arts (Arts Audiences: Insight, 2011 p.6). Eventus is one of a number of organisations which offers bespoke training opportunities for non-arts organisations on integrating the arts into their services, as well as providing training for artists on understanding the needs of other sectors. These hybrid organisations have developed to fill an obvious gap that exists between well-trained artists and art therapists and the sectors in which they might work. Involving a cultural development agency was also pragmatic as this was time-limited funding, so we had to ‘hit the ground running’.

The basic format of the project included using a variety of participatory methods and different art forms working with four separate groups of women. The artists employed included two photographers, an art therapist, and a photo-therapist: the latter both artist practitioner researchers.

Different constituencies of older/ageing women were recruited:

1. A group of retiree volunteers (Green Estate).
2. A group of older women in supported accommodation (Guildford Grange).
3. A very mixed group with women who were self-selecting (Art Elicitation).
4. A ‘middle-aged’ group concerned about the ageing process all of whom were under sixty or in their early sixties with most being in their fifties (Phototherapy).

Some of the recruitment look place via a women-only screening of Deirdre Fishel’s documentary film, *Still Doing It: The Intimate Lives of Women Over 65*, which is a frank exploration of women’s later-in-life sexuality; at this screening the project was explained and expressions of interest sought; a ‘talking heads’ film booth opportunity was also offered, so that women could comment on camera about the film after the post-film debate. Newspaper advertisements and leaflets were also employed to solicit expressions of interest.

Eventus targeted existing groups of older women: and a group of volunteers aged between 60 and 74 at *Green Estate* (Manor Lodge) and a group in Guildford Grange (an ‘extra-care’ housing scheme comprising graded levels of support to women who lived in their own flat, but who also had easy access to a range of communal facilities). These women were aged between 77 and 96 (groups 1 & 2 listed above).

Eventus recruited, via advertisement, and an interview panel which included participant representatives, two photographers to work with these two different groups of women. The first was Laura Pannack, a multiple award-winning photographer, who specialises in social documentary and portraiture, and who is particularly interested in the ‘complex relationship’ between subject and photographer, often working long-term with her subjects. She says on her website that she is interested in a genuine connection between photographer and sitter and wishes, ‘to understand the lives of those captured, and to present them creatively’, believing that ‘time, trust and understanding is the key to portraying subjects truthfully’. However, this was a short-term strategic project, so there is perhaps a slight disjunction in her desire to achieve intimacy and the final work, though the viewer can be the final judge.
Some of the finished works have a haunting quality and are certainly fine portraits, but they say little about late-in-life volunteering. There were also a small number of works made which were not portraits.

Monica Fernández, a fine-art photographer, was recruited to work with the residential group of women. Of her general approach, she wrote,

‘Without looking for an explanation or judgment, I frequently wonder and feel intrigued by people's behaviour, habits, dysfunctions, excesses, obsessions, orders and disorders. Through my photography I observe and artistically re-interpret these mundane scenes, when the ordinary becomes extraordinary and the grotesque and the beautiful might hug each other’.

She was an interesting choice to work with the Guildford Grange residents. Elements of her work capture a youthful flamboyance and playfulness in her subjects, which many exhibition attendees could identify with and said they had enjoyed. The project played with the idea of ‘makeovers’ in a light-hearted manner, though in sections of the film generated about the project, Monica appears to be rather instrumental in the generation of work, and this segment of film has been challenged at various viewings as to how ‘participatory’ it appears to be… A common and positive response to this project was that it challenged the serotype of the grumpy old woman. On the other hand, the juxtapositions created in some of the works are potentially disquieting and the results of her work with women from Guildford Grange make for slightly uncomfortable viewing and divided opinion among exhibition attendees, and the project team. This work also garnered some extreme reactions: that the women were degrading themselves, for example. Such responses may point to societal ideals about age-appropriate behavior (Hogan & Warren 2012).
A further set of art works emerged from an experiential art elicitation group facilitated by Susan Hogan. The group met for 16 hours over an eight-week period and was facilitated by a Health and Care Professions Council (HCPC) registered art therapist who is also trained in social science research methods. The group employed techniques from group-interactive art psychotherapy, insofar as the art works provided a catalyst for an intimate conversation about ageing. The women used a wide variety of art media to explore ageing and were active in interrogating their own very particular feelings about the process of ageing. This included articulating their feelings about media and cultural representations of ageing women. In terms
of the dynamics of the group, it was a very diverse group with a large age range; indeed, with some of the younger members young enough to be the daughters some of the older members. Achieving a cohesive and bonded group was difficult because of the heterogeneous nature of the membership. On the other hand, the constant disagreement between group members, on almost every issue imaginable, is representative of the variety of opinion amongst older women themselves. This group also included lesbian women, and one woman who defined herself as celibate, and as such often felt marginalised from conversations about late in life sexuality. The group, as an art therapy group would be, was orientated more towards exploration of the subject matter than focusing on work for exhibition, though it did both.

The facilitator had a background in running support groups for pregnant women and new mothers, to enable them to explore their changed sense of self-identity and sexuality as a result of motherhood (Hogan 2003; 2012). Although the groups started from an exploration of personal experience, they also critiqued and challenged iatrogenic aspects of the hospital regimes (that is, those medical and institutional practices and norms which are counter-productive and oppressive, though often well-established). As such, this is art as social action and critique, which moves beyond a narrow focus on individual psychopathology, though arts therapists are trained to ‘hold’ intense and difficult material and personal distress which may arise, and are skilled in managing inter-personal conflict. If art elicitation groups intend to delve deep into difficult subject-matter, there is a strong case to be made that a highly-skilled art therapy practitioner is employed for this work, as artists may quickly find themselves out of their depth (Hogan & Pink 2012). Trained art therapists also have a good understanding of ethical issues, which can be useful in working in multifaceted situations.
The fourth body of work was produced from the photo-therapy group, which was also the most intensive of the projects involving six days of concentrated phototherapy workshops (constituting about 42 hours of group work) with additional photo-diary ‘homework’, with a group of self-selected women.

*Fig 4. Jude in collaboration with Sue. Image from Representing Self Representing Ageing.*
Rosy Martin, a photo-therapist/researcher had already interrogated representations of ageing in her Outrageous Agers series, for example (Martin 2003; 2012). Martin's work developed out of an amalgam of co-counselling, art (and photo) therapy, cultural studies, and co-educational practice (from feminist ‘consciousness-raising’) and uses performance to analyse and contest cultural constructions of the ageing body. This is what she says about her collaborative work with Kay Goodridge:

‘Our approach is at times parodic, playful, confrontational, intellectual, vulnerable, transgressive, carnivalesque, tender: always engaging.... Our art works confront stereotypes of the ageing woman, which currently leave little space for negotiation and suggest decline, loss of sexuality and redundancy. The rhetoric of popular cultural representations, e.g. cosmetic advertising, reinforces these disavowals. Consequently, ageing is seen as a problem to be overcome, hidden or denied. What does it mean for a woman to inhabit an ageing, unstable body? We ask this question as artists who use our own bodies as a medium for exploring social and psychic realities, inviting the audience to reconsider their preconceptions’.

Fig 5. Leopard-skin Dress from Trying it On. Outrageous Agers. Rosy Martin and Kay Goodridge.
RESEARCH METHODS: FURTHER DETAILS & DISCUSSION.

Eventus, the cultural development partner, had an emphasis on providing an artist’s brief with parameters, but then allowing a lot of freedom for artists to bring their own creative vision to projects: “That’s what artists do; they think differently to the rest of us!”, Clare McManus, director of Eventus, reminded us. She went on to explain that the artists enable communities of people to think about themselves in new ways, and are important in bringing people together, with enhanced social-networking being a major outcome, alongside the production of art works which are often ephemeral. There is a tightrope to walk between not constraining the creativity of the artists, but ensuring that they do not exploit a particular community or context; the community is not merely the subject matter for the artist.

There were unforeseen issues, which it is perhaps instructive to elaborate as the respective structures, processes and cultures of universities and arts organisations may have different modes of working and assumptions about how things should be done.

Regarding timescales, University processes introduced a longer lead-in period than Eventus was used to while core team staff were recruited and ethical approval was obtained (the latter requiring fully-drafted participant information sheets and consent forms). Also, the project required direct invitations to participate to be issued, as two clearly-defined community organisations were needed.

Eventus found the process different from its usual way of working, insofar as it would normally sound-out different communities informally and spend a lot of time on ground-work and preparation prior to formalities; secondly, rather than turning up with an idea, it would evolve out of this informal liaison: “we don’t parachute into communities”. Because ethics clearance was required upfront for this research, Eventus felt constrained in its normal way of working.

As noted, permission forms were required before individuals were formally accepted onto the programme and this was very at odds with how Eventus would normally work, and feared as being a big ‘turn off’ to potential participants. Although, Eventus was able to go and ‘pitch’ to a number of small community organisations who had expressed interest, they missed being able to develop the project over time, which resulted in it feeling rather “nebulous” at the point of recruitment. (Changes can be and are often made to research plans as studies progress, allowing for flexible or organic participatory approaches. However, ethical clearance still has to be obtained in advance and any changes with significant ethical implications would need to be taken back to the University ethics committee for further review and approval).

Clare McManus put it thus:

‘Eventus’ practice would have been for recruitment to be done initially through personal contact, establishing trust and relationships, with group leaders and then the groups, before any paperwork was produced. The University however required a leaflet outlining the project to be sent out to potential partners. Although Eventus had input into this, it had a negative effect, putting off some groups completely; others got the wrong end of the stick and decided that the project was designed for people with dementia. Subsequently, there was further confusion after Eventus had
directly contacted and ‘wooed’ two community groups to take part, in that Eventus were told that the ethics approval did not apply to anyone with any degree of mental illness. It is inherent in the nature of the communities that Eventus works with that many groups contain people suffering from isolation and depression, and one of these groups who had been enthused and committed to join in had therefore to be told they were no longer able to participate. This created problems for Eventus in terms of long-term relationships with the community and with the timescales of the project.’

The fact that the researcher came in with all the consent and ethical approvals at an early point when participants were only just starting to feel comfortable with the project was highlighted as a key point of discomfort for Eventus. The University ethics clearance gained for the project did not encompass women suffering from mental-health problems. In fact, at the time, University procedures were under revision following the 2005 Mental Capacity Act. There was a possibility that, where capacity was in question and potential participants were users of NHS, or social care services, the project would need to be scrutinised additionally by the Social Care Research Ethics Committee, causing further delays and further cutting across Eventus’ usual working practices. It is perhaps the case that extra community liaison prior to research formalities could have strengthened these projects; however, by this point, Eventus was under pressure to complete the commissioning of the photographers before the end of its financial year. Eventually two organisations were identified to participate, and then the communities themselves discussed the idea, and in one organisation the volunteer co-ordinator actually recruited the participants prior to an in-depth briefing. Then an artists brief was developed in consultation with staff from both organisations and advertised. This is the brief as sent out.

‘Artist’s Brief

We want the photographer to encourage the creative and artistic element and to encourage the participants to try out creative techniques themselves as well as being the subjects. Participating women will all have been identified and interviewed and all permissions will have been obtained by the researcher prior to the photographer starting work. The photographer is asked to create a project around the themes of:

• Ageing
• Challenging stereotypes
• Celebrating older women
• Uncovering what matters to this group of women about ageing
• Capturing images of what is important to these women about ageing
• Supporting the women to take their own images
• Creating a final community-focused exhibition
• Contributing to the overall project exhibition in 2011
• The photographers will produce high quality high resolution images capable of inclusion in the final Look at Me! Exhibition in 2011
Within the broader outcomes of working with the participating group, culminating in a final showing, the photographer is free to propose the approach, methods and outputs which best fit their skills and imagination. However, the project must also seek to work closely with issues identified by the women themselves (e.g. “Too old to take life seriously” is a quote from one of the Guildford Grange residents in a discussion on ageing. The Green Estate women may wish to focus on their volunteering work or on other aspects of their lives.)

The project should if possible be completed by end March 2010 with an exhibition in April. Photographers are asked to propose a realistic project within the fee available.

NB. As part of the overall research project, at least one photography session will be filmed by Claire Allam of the University of Sheffield and a final DVD of all the separate projects will be made and widely circulated as part of the dissemination. It is important that the photographers feel happy to be in front of the camera as well as behind it to take part in this commission.’

With hindsight, it is interesting to note the potential tension between ‘the photographer is free to propose the approach, methods and outputs which best fit their skills and imagination’ and participatory ideals. Another point raised was around cross-disciplinary exchange, and how mechanisms might have been put into place to enhance learning across the four projects, since they were all rather different.

The art elicitation group, as already noted, was based on group-interactive art therapy, which is a model of working which acknowledges group members feelings in the here and now. The group started off with a structured activity based on a simple instruction, which was that each participant should bring in one image of an older women they liked and felt comfortable with and another which they disliked or felt disconcerted by. The women took turns presenting the images they’d selected. This was a devise to start the group thinking about images of ageing. The intention was that the group would move to a ‘non-directive’ model of working, rather than the facilitator supplying the group with themes, though some members continued to ask for direction, so I did end up offering an optional theme over the following weeks.

The basic format of the group was very simple. It involved group members saying how they were feeling at the beginning of the session and sharing their thoughts about the previous session, as well as commenting on age issues they’d encountered during the week, if they chose to do so, then making art work for about an hour, then sitting in a circle and discussing the work as a group. From a literature review I’d formulated a few research questions, which I interjected at appropriate moments. As a whole, the group never managed to agree a primary issue to interrogate, though the ageing body was an ongoing theme. Once the group was established, the women were asked to think about whether or not they’d like to discuss their work on film. The group members decided that they were willing to have the camera crew visit during a final session, and several group members talked to camera about their art work (see resources below).

The most complex of the projects was perhaps Rosy Martin’s with a group of self-selected women. Martin works in an intense way and also required her participants to keep a photo diary to reflect on age and ageing in between the first two sessions. This is how she describes the photo diary technique:
‘The workshop participants were encouraged to experiment and use the digital SLR cameras to tell the story of their lives now, in complex and challenging ways that go beyond the traditional family album style. They were encouraged to find their own ways of using images as a means of expressing their experiences, feelings, thoughts and insights about themselves as ageing women. The ideas of using objects, places, the everyday or the extraordinary were suggested to open up a sense of possibilities and to inspire the use of metaphoric representations. Having each created their own extensive photographic diary, they were asked to edit, to choose twelve images and have these printed out to work with in the following session. They worked in pairs to articulate these stories of their lives through exploring their chosen images, in an open-ended way, whilst their partner listened, asked key questions and offered support. These personal narratives were then shared in the group. When these feelings, thought and insights were voiced in the group work, there was a sense of recognition and acknowledgement, so that each could feel ‘heard’ and understood. This approach concentrates upon the individual, and from that moves out into the social, to make more ‘general’ observations (Martin 2012 p.1). Martin’s approach is always to see the individual within her social and cultural contexts.

Phototherapeutic techniques were used to enable the women to examine and then reframe their own narratives of age and ageing. Martin used a range of techniques drawn from her own pioneering practice. (Martin 1997, 2009, 2012, 2013). The women worked with found images, and a selection made from their own family albums; these were used to enable participants to explore and reconsider how each felt about her own narratives of ageing. As Martin put it, ‘Through a series of carefully structured sessions, each woman found the aspects about herself and her relationship to ageing that she wanted to make visible’ (Martin 2011 p.1).

The re-enactment phototherapy technique involves women working in pairs and deciding on specific scenarios to explore, enact, and reinterpret. The women take turns being the client/performer and the photographer. Using props to help the performance of her story, each woman had the opportunity to explore a narrative, which was photographed at various junctures. The control rests primarily with the person telling the story, with the photographer acting very much under her instruction. Martin explains the process:

Working in pairs, each woman performed her stories, using her chosen clothes and props and determined how she wanted to be represented. The woman being photographed asked for what she wanted, and photographer was supportive, encouraging and was “there for” her partner as witness, advocate, and nurturer, whilst photographing the process as it unfolded. . . . It is a collaborative process both sitter/protagonist and photographer work together to make the images (Martin, 2011, p. 2).

Martin stresses the psychotherapeutic dimension of her work, and emphasises that the woman in the role of photographer offers a “gaze of nurturance and permission” to the sitter. Each narrative ended with images of transformation: the process as a whole enabling each woman to find ways to transform aspects of her lived experience. Reflecting on her work, Martin (2011) added,

The re-enactment phototherapy sessions produce an atmosphere of playful creativity. The roles are exchanged, so both have the opportunity to be in the picture, and to be the photographer. The resulting images challenge stereotypes of ageing. The whole
process enabled each participant to find ways to transform her views of herself. It is therefore important not just to look at the phototherapy image in isolation, but as part of a developing narrative.

Figs 6–9. Shirley in Collaboration with Rosy Martin
Martin made it clear in the team meetings that it was not possible to film the actual therapeutic process, since it would disrupt the safety and trust that had been created, and which is so key to the work. She suggested that re-staging could be requested with volunteers from the group work. The photographic diary exploration was re-staged and filmed with two participants who agreed to take part. A re-enactment phototherapy session with one of these volunteers was re-staged for the film. The sharing of the images produced within the group and the discussions on how these women felt about their ageing process and what they had learnt about themselves through taking part in the workshop was filmed with those who volunteered, and provided a further opportunity to explore these issues within a supportive group.

The bonds created during these therapeutic workshops were so strong that the women continued to meet informally after the project for creative and social exchange.

The four projects were eventually exhibited in one big space, accompanied by textual statements from participants; it was clear to viewers of the exhibition that these projects represented different constituencies of older women. How art works are presented and the juxtapositions created are of significance in creating different ‘readings’ of art works; this poses an extra dimension for consideration for those interested in participatory approaches (Hogan & Warren 2012). The works are still touring.
CONCLUSION

This paper has made reference to a large body of research relevant to wellbeing and mental-health rehabilitation and it has outlined how community-based arts in health activity coherently provides the basis for a set of evidence-based actions to improve well-being. In respect of research-guided practice, this paper has outlined the strong case that community-based arts in health initiatives encompass all aspects of the influential ‘Five Ways to Wellbeing’ and has sought to illustrate this in brief; furthermore, it has indicated that community arts in health activities are also significant in aiding recovery from mental ill health, potentially touching on key recovery processes. The essay has elucidated how a considerable amount of research evidence and major policy drivers in the UK implicitly or explicitly support the usefulness of initiatives in the arts for health.

This article moved on to argue a case for why participatory approaches can be of particular value to women. A description of the research inquiry enabled the partnership structures and the ethos developed in the projects’ delivery to be elucidated and discussed in a critical manner. It outlined some potential tensions between arts and health participatory approaches and research endeavor, which will hopefully be of benefit to interdisciplinary research projects to think about.

A range of visual research methods has been used to produce knowledge and gain an understanding of older women’s everyday experiences have been outlined above. Although visual methods are being developed, they are generally under-represented as a research method in the social sciences and, in particular, within social gerontology. However, social science researchers are increasingly concerned with developing collaborative approaches to produce knowledge and understanding about lived experience. Because of the dearth of variety of images of older women, participatory arts are particularly useful here. Visual techniques offer considerable innovative potential within this context and exciting opportunities for arts in health practitioners.
BIOGRAPHICAL NOTES

Susan Hogan PhD is Professor of Cultural Studies and Art Therapy at the University of Derby and a co-researcher on this project. Hogan has published on women’s issues in the areas of visual anthropology, cultural history, and art therapeutic practice.

Professor Hogan is interested in interdisciplinary research around women’s issues and the arts in health (she is qualified in arts administration, fine art, art therapy, cultural history and visual sociology). Her books include Feminist Approaches to Art Therapy (1997); Healing Arts: The History of Art Therapy (2001); Gender Issues in Art Therapy (2003); Conception Diary: Thinking About Pregnancy and Childbirth (2006); Revisiting Feminist Approaches to Art Therapy (2012); The Introductory Guide to Art Therapy with Coulter (2014) and Art Therapy Theories (in press for 2014). Susan has also published over forty journal articles and book chapters on depictions of women and madness, the position of women within psychiatry, the transition to motherhood, and also on visual research methods. Her most recent funded research, with the University of Nottingham, is on the idea of ‘mutual recovery’ using the arts and humanities in medical and other settings.

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Lorna Warren PhD is Senior lecturer in Social Policy at the University of Sheffield and principal investigator on the above project. She specialises in critical social gerontology and has led a number of Research Council funded projects.

Her interests include the social and cultural dimensions of ageing, intergenerational relations and informal or family care relationships, which she has explored predominantly through qualitative methods, including life stories and more recently visual approaches. Increasingly, she finds herself engaged by ‘user involvement’ and committed to the development of participatory research, raising questions about how we come to know what we know about the lives of people who use services and the connection of this knowledge with social care policy and practice.

Lorna is a cross-faculty member of the Sheffield Institute for Studies in Ageing (SISA) and currently sits on the Management Committee of the Sheffield Carer’s Centre.

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RESOURCES

The Representing Self, Representing Ageing Project offers a number of open-access resources:

http://www.representing-ageing.com/

English

Please note that this article is written in English not American English. I defend my right to use my own language!
RESOURCES


