Introduction. Art cares for us: contributions from Health Humanities

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A few years ago during the restoration of the Chiaramonte Palace in Sicily (currently used by the University of Palermo), drawings and epigrams were discovered on the basement walls of some prison cells in. These drawings were studied systematically and it was discovered that these artistic expressions were made by the prisoners of the Spanish Inquisition during the 17th and 18th centuries. The prisoners, isolated and tortured, expressed their prayers, rage, fears and memories through poetry, paintings and pieces of text on surrounding walls. The evidence found also suggests that some artistic materials and tools for painting were supplied by the prison officers. There are numerous examples of the application of creative practices as a medium for self-expression in particularly vulnerable situations. One other example includes the numerous artwork produced by residents of psychiatric hospitals and asylums. In this same context, it is relevant to mention the contribution of Prinzhorm, a German psychiatrist and art historian, who collected pieces of art from patients receiving psychiatric care at Heidelberg Hospital.

We do not have to go to such extreme and dramatic circumstances in order to appreciate the healing qualities of such artistic practices as well as the positive effects on wellbeing, social inclusion, and building new meanings.
For most of us, the appreciation or active engagement with creative practices are an essential part of everyday life and without them it would be very difficult to even understand ourselves. It is in this standard and social context, beyond the romantic perspective of art as a subliminal or psychoanalytic expression as a means of in-depth self-understanding, that we would like to frame this work.

Any creative practice is social practice and as such, is guided (constrained) by norms, values, meanings and techniques from the different communities that practice them. That is, the iconic images of the 'crazy artist' or ‘genius’ and who many scholars have followed through history are totally wrong. Many people with severe mental illness living in psychiatric hospitals and asylums who became art creators and were praised as exemplars of original art, often received formal artistic training. In fact, we can observe one of the therapeutic characteristics of the creative practices, as it is not possible to make an artistic contribution without participating from a specific tradition or culture. Art cannot be executed in isolation. Art allows us to develop new meaning and innovate. Simultaneously, art emerges from a specific community of practice, at least symbolic. This basic characteristic inherited by all creative practices needs to be acknowledged if we want to grasp and comprehend the beneficial effects that art-based practices can have in vulnerable and stigmatised groups and victims of social and psychological isolation such as people with a severe mental health diagnosis.

We would like to rescue the etymological meaning of the word ‘therapy’ and bring back its original meaning to health professionals such as psychologists, psychiatrists and other clinicians. Homer (1991/2004) uses the concept ‘therapon’ when describing Patroklos, Achilles’ own personal attendant and companion who supports the warrior all his life, especially
during battle, taking care of and assisting him when needed (Gonzalez, 2010). In this way, art-based practices can become a ‘therapon’, a companion that looks after us for the rest of our lives. If we rescue the original meaning of the concept of ‘therapy’, we are conscious that the meaning is reduced, which now relates more to the concept of ‘cure’ within biological and medical contexts. We support the view, however, that the etymological meaning of the word ‘therapy’ should be closer to holistic and more integral health models.

It is clear that the exhausted semantic of the word ‘therapy’ is a product of the divide between Humanities and Health Sciences. We want to tackle this division through the “Health Humanities International Network”. According to Health Humanities’ definition, health is understood with epistemological, constructive and pragmatic principles against the biomedical paradigm (Crawford, Brown, Baker, Tischler, y Abrams, 2015). Therefore, creative practice and humanities disciplines play a vital role in discussion, reflection and analysis as well as an important health tool.

Many contributions from varied disciplines have shown us that it is impossible to separate health and illness from socio-cultural, symbolic and contextual factors. As Sapozky (2007) points out: “the belief that stress and health can be understood in purely biological terms is unsustainable”. Other authors like Napier et al. (2014,p. 1630) have also concluded that “The systematic neglect of culture in health is the single biggest barrier to advancement of the highest attainable standard of health worldwide (availability, accessibility, acceptability, and quality)”. In this context, it becomes clearer that multidisciplinary work that includes creative practices and humanities, can become a powerful instrument and framework to promote health and well-being. Creative practices support the emergence of
new meaning and therefore, have the potential to rebuild damaged identities, as well as becoming interventions for cognitive recovery due to the fact that they can reactivate several cognitive processes. Moreover, creative practices entail a training in social and communication skills. When the creative practices are organised a part of a group activity they promote social inclusion, improve networking and reduce stigma.

In the last few years, we can find numerous examples of empirical evidence demonstrating these positive effects. For example, the framework ‘Creative Practices for Mutual Recovery’ promotes the idea that shared creativity, collective experience and mutual benefit can promote resilience in mental health and wellbeing among service users, as well as their healthcare professionals, family and friends. Mutual recovery challenges the traditional recovery model as an individualised and unidirectional process, providing a more inclusive space for recovery through creative practices (Crawford, Brown, Baker, Tischler & Abrams, 2015). Recently, Professor Williamon’s research team at the Royal College of Music (London) have shown significant benefits on anxiety, depression, social resilience and inflammatory immune response on a group of mental health service users and their carers when engaging in a 10-week rhythmic/percussion workshop. These benefits were still present after a 3-months follow-up when compared with matched controls (Fancourt, Perknis, Ascenso et al., 2016). PérezVallejos, Ball, Brown, et al. (2016) from The University of Nottingham also found that after a 20-week Kudalini yoga workshop, children in care and their carers reported individual (e.g., feeling more relaxed) and social benefits (e.g., feeling more open and positive), as well as highlighting the importance of enacting togetherness to promote wellbeing. Similarly, Saavedra, Pérez, Arias and Crawford (2017) from the Universidad de Sevilla,
reported the positive effects on social inclusion and wellbeing on people with severe mental health illness and their carers after participating on a 6-weeks art-based workshop that took place in a museum of contemporary art.

Though it is important to keep conducting research in this area, there is already a vast amount of evidence that indicates the beneficial effects of creative practices. Not only because its effectiveness in the context of health promotion and social inclusion, but because of its cost effectiveness as well as the lack of side effects and iatrogenic effects.

With this edition we intend to promote a selection of the contributions presented at the 5th “Health Humanities International Conference” held in Seville in September 2016. This edition is an opportunity to share ideas, projects and results across the world from a variety of disciplines. The contributions presented at this conference, which are mainly applied, describe in some cases the development of workshops and art-based techniques.

We have organised this volume in five parts. In the first part, ‘Representations of the body, health and illness: theoretical discussions’, we discuss the experiential representation of illness applying literary creations or a philosophical approach. Hannah Williams reflects on the utilisation of creative writing among women suffering dyspareunia and anorgasmia. Cristina Rodríguez Pastor analyses how the female body was represented in the texts from the Victorian health professionals. Anjara Gómez Aragón y Jacinto García Fernández explore the cultural differences when representing illness due to two tragic events in Japanese history; the nuclear bombs of Hiroshima and Nagasaki and the most recent nuclear accident in Fukushima.
To do that, these researchers analyse text and documents both from Japanese and non-Japanese authors. Finally, taking into consideration the work of the French philosopher Maurice Merleau-Ponty, Aimie Pulser offers a new perspective of understanding dance as a therapeutic tool far from the influential bio-medical disciplines.

The second part, ‘Creative practices, social inclusion and well-being’, is dedicated to the use of creative practices, usually among residential communities, with the objective to promote well-being and social inclusion. Fiona Macbeth, Carina Ripley and Megan Alrutz take advantage of the shared joy that personal story telling produces as basis for a participatory art installation described as ‘aural patchwork of personal stories and experiences’. The main objective of this intervention is to construct connections among community members. In the second contribution, Janis Timm-Bottos describes an experiential workshop based on the methodological tradition and principles, and community background ‘La Ruche d’Art’ (The Art Hive), an open space, specially designed for the most vulnerable, located in St. Henri, Montreal, and conceived for creative practices and a platform to enable communication. Liz Brewster and Andrew Cox, explore the therapeutic use of digital photography when it is shared online, an everyday action that nowadays is easy to take for granted. Their work involves interviewing 16 participants for ‘photo-a-day’ project. Paulina Avellaneda Ramírez y María Teresa Buitrago Echeverri bring from Colombia an intervention programme that includes dance and music improvisation. Irene Pujol Torres proposes in her contribution the application of vocal group improvisation as music therapy and examines its potential to explore emotions, relationships and creativity. In the last contribution of this second part, Susan Hogan presents ‘The Birth Project’, in
which women explore with creative practices their experiences when giving birth and their identity as mothers. This project also includes the translation of these experiences into a documentary production.

The third part of this book is titled: ‘Professional competences: integrating creative practices and health’ and is comprised of three contributions; two of them are the works of Ramón Blanco-Barrera, Yolanda Spínola-Elías and Rocío Garrido Muñoz de Arenillas on one side and the work of Audrey Shafer on the other hand. These works focus on the personal development of health professionals working on humanities disciplines and creative practices. The work of Raquel Lázaro Gutiérrez y Francisco Vigier Moreno analyses the consequences of not being able to find professional interpreters in the medical context to support the communication between health professionals and patients within a multicultural context.

The way the space in which we operate is organised conditions and influences our psychological processes and well-being. In the fourth part of our book, ‘Creative spaces for well-being’, we group four contributions that focus on the concept of ‘space’ as the object for studies from different disciplines. In the first contribution, Susannah Hall and colleagues present an arts-based research project lead by the artist Sofie Layton that culminated on a series of art installations exhibited at the Great Ormond Street Hospital for Children NHS Foundation Trust. This project explored how children and family members interpreted their condition and understood the medical information provided by the health professionals. In the next work, Saara Jäntti explores with ethnography how a group of people, diagnosed with mental health conditions living in residential settings, understand the concept of home as well as their experiences through theatre/drama. Santiago Quesada-García and Pablo Valero-Flores share some of the results
from the research project ‘Designing tailored spaces for the absence of memory’ which has the objective to determine the best physical environment for Alzheimer patients -as much as possible- with the view to retain and promote their autonomy and agency. Finally, Nicole Porter, Johanna Bramham and Martin Thomas explore the relationship between mindfulness therapy and the physical stage through the description of a workshop that took place during the conference.

In the last part, ‘Art and Ageing’, different proposals designed for older adults are presented. Most of the contributions focus on the benefits that creative practices have for dementia patients. In the first three contributions, research groups lead by Noemí Ávila and Sara Torres Vega from the School of Fine Arts of the The Complutense University of Madrid describe their research projects designed for people with Alzheimer. An interesting aspect of these projects is the collaboration between academic and non-academic partners such as universities and healthcare centres or museums, for instance, the Prado Museum (Madrid) and the Queen Sofia National Art Centre (Madrid). In the fourth contribution, Michael Koon Boon Tan from Singapore shows preliminary results from a creative intervention developed to increase well-being among older adults living in nursing homes. Emma Hollamby and Michael Baum show us preliminary results of a creative intervention aiming to improve the wellbeing of older people in nursing homes. This research has been framed as a collaborative work between The Ben Uri Gallery and Museum and Hammerson House Care Home. María del Carmen Moreno Sáez and María Teresa Gutiérrez Párraga from the The Complutense University of Madrid describe a workshop about ‘Cyanotype’, a photography technique from the 19th century that has been applied by Mari Carmen Moreno and her team to work with early dementia patients. In
the last contribution of this part, Rosemary C. Reilly, Virginia Lee and their research team from Montreal analyse how art-based interventions can create new meaning in a very sensitive context such as cancer. Specially, this work focuses on the journey taken by ten women with breast cancer to rebuild their lives.

We would like to take this opportunity to thank all the delegates for their participation and valuable contributions and commitment to the conference. We are very grateful to all the colleagues who have supported the organisation of this event, especially to the local committee and the students who kindly volunteered their time to ensure the success of the conference. This book is the final product of many months of hard and dedicated work that started two years ago and we would like it to become more than the typical book forgotten on an office shelf. We hope this book is useful and inspiring. Most of all, we hope that while browsing the pages of this book, inspirational thoughts emerge. Thoughts that can make our work more meaningful.

References


