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Creativity, health and wellbeing: *challenges of research and evidence*

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Introduction: Mapping the field

Creativity, health and wellbeing (CHW) has emerged as a multidisciplinary field of research, policy and practice over the last 20 years. Its beginnings can be traced from the establishment of art therapies in the post war period and from the growth of community arts in the 1960s, which fostered connections between arts professionals, researchers, educators and policy advocates seeking to respond to local challenges (White, 2009). Subsequently the CHW field has grown through evidence building, advocacy and sector development and there is now a wider recognition of the contribution of arts and cultural engagement to a wide range of policy objectives. For example, policies such as social prescribing view arts spaces, activities and resources as community assets that can be used to improve health, to support people living with long-term conditions and to reduce pressure on health services. Nevertheless, the successful integration of arts and creativity into policy and practice is some way off, partly because of ongoing theoretical, methodological and political challenges (Daykin, 2020).

As the CHW field expands it becomes more difficult to map in its entirety. Fancourt (2017) identified at least seven overlapping domains of arts for health and wellbeing, the most familiar being that of targeted activities such as singing and music listening for people with health conditions such as cancer, stroke, Parkinson's and dementias. These activities overlap with but extend beyond the traditional role of specialist arts therapies. Another dimension is arts in public health settings, with activities such as choirs and dance projects devised to promote wellbeing and meet goals of prevention, protection and education (Clift et al. 2016). Here there is a focus on the social determinants of health, including living and workingconditions, and on health and wellbeing inequalities. Traditionally, arts activities have tended to be taken up by higher income groups, those who

have received more education and reside in asset-rich areas. Cohort studies have explored the connections between arts engagement and health inequalities at population level (Gordon-Nesbitt, 2015). A recent large survey in the US examined activities such as attending live music and arts events, taking part in performances and playing a musical instrument. While demographic and socioeconomic factors were found to be associated with arts engagement, there was less evidence of a social gradient in interest in attending arts events, suggesting that many people would like to engage but are prevented by barriers that may disproportionately affect some groups (Bone et al. 2021).

Many CHW practitioners and organisations seek to address these barriers and help to redress inequalities, extending the wellbeing benefits of arts to those in the greatest need. A plethora of community organisations deliver visual, performing and literary arts for health and wellbeing (Daykin et al. 2017; Jensen et al. 2017). These activities take place in institutions such as care homes, hospices, hospitals, justice settings, sheltered accommodation, domestic abuse refuges and schools as well as in the community (Culture, Health and Wellbeing Alliance, 2021a). Many of these activities support people who are extremely vulnerable and isolated, and recently they have been severely affected by the Covid-19 pandemic (Mughal, Thomson, Daykin and Chatterjee, 2021). The social distancing measures imposed by Governments prevented people from gathering in support groups while the pandemic also created financial difficulties and loss of income that limited the capacity of organisations to respond to need. The Covid-19 pandemic has therefore compounded health and wellbeing inequalities. It has also highlighted the importance of wellbeing and the role of arts in supporting people through difficult times, with organisations responding by adapting their services, for example, delivering activities such as art packs, doorstep performances and digital arts to people in their homes (Culture, Health and Wellbeing Alliance, 2021a). While arts can offer a vital lifeline to people who are struggling, they cannot alone solve problems caused by socioeconomic inequalities, and further research is needed to understand these impacts.

Development of the evidence base

Matarasso's report in 1997 made the early case for arts, citing case studies to demonstrate benefits of participation such as personal growth, enhanced skills and confidence, educational benefits, strengthened social cohesion

and increased local capacity (Matarasso 1997). The development of a more formal evidence base was stimulated by Staricoff's 2004 report, which was the first to bring together evidence of arts impacts from controlled studies. The focus was on clinical outcomes, such as effects of music on mood, pain management, length of stay in hospital and vital signs such as blood pressure (Staricoff, 2004, Staricoff and Clift, 2011). Subsequently our understanding of the impacts of engagement have broadened and the focus of research has shifted beyond clinical environments to encompass schools, prisons, mental healthcare environments, care homes and community settings (All Party Parliamentary Group on Arts, Health and Wellbeing, 2017; Arts Council England, 2018). Recently, the concept of wellbeing as opposed to health has become established in policy and decision making (Daykin et al. 2016). Wellbeing, made up of hedonic dimensions or feeling states such as happiness, anxiety and stress, and eudemonic dimensions of meaning and purpose, is linked with a wide range of desirable social and economic outcomes as well as being seen as an end in itself. Researchers have reviewed the impacts of music and arts on dimensions of loneliness, mental wellbeing, quality of life, social connection and identity (Daykin et al. 2018, 2021; Mansfield et al. 2019, 2019; Victor et al. 2018).

The assumption that a robust evidence base is the key to convincing power holders to invest in arts for health and wellbeing has provided the impetus for a growing number of studies as well as the application of increasingly robust research approaches such as randomised control trials and quasi-experimental designs. Most of these studies focus on clinical and non-clinical outcomes, while a small number of these studies include economic evaluation. There is also an expanding body of qualitative research that explores the impacts of arts, while the use of mixed methods is increasingly common. Although qualitative research cannot identify outcomes or prove value, it can explore participants' nuanced experiences of arts processes, providing useful insights for policy and practice. For example, our research on music making in youth justice settings drew on De Nora's theory to music in everyday life to understand musical affordances and the way these were mediated by rules, roles and relationships that frame these contexts (Daykin et al. 2017b; De Nora, 2000, 2003).

The visibility of arts, health and wellbeing research has been strengthened by the launch of specialist journals, such as *Arts and Health*, *The Journal of Applied Arts* and *Health, the Nordic Journal of Arts and Health*, and special issues such as this. An overview of current research themes can be found in the 49 peer review research papers presented at the 2021 Culture, Health and Wellbeing International Conference. They encompass a diverse collec-

tion of studies from many countries, many of which are multidisciplinary research projects and programmes developed through collaboration between academics, artists and project participants in different parts of the globe. The papers reveal the wide range of study populations across the life course engaged in arts and culture for wellbeing, including children and adults with and without health conditions, with many projects for older people including people with dementia. They report on multiple art forms including singing, instrumental music making, museum-based activities, visual arts, creative writing, digital arts, theatre, performance-based projects and creative learning. They also report a wide range of methodologies, including literature reviews, large scale surveys, quantitative and qualitative research, while theoretical and methodological contributions highlight research issues and challenges. The broader context is addressed in large scale surveys and studies that have examined the connections between cultural participation and health and wellbeing (Bone et al. 2021; Elsden, Mak & Fancourt, 2021; Mak, Fluharty & Fancourt, 2021; McCrary and Altenmüller CHW 21).

As well as studying associations between arts and wellbeing and trying to assess the impact of arts, the mechanisms and processes through which arts and creativity can affect health and wellbeing are important to understand. These include physiological processes such as changes in breathing, heart rate and stress hormone responses when singing, playing an instrument or listening to music; they also include heightened emotional, cognitive and sensory processing, increased social interaction, and changes in behaviour such as increased and physical activity (Fancourt & Finn, 2019). Attention has also been paid to the social processes through which arts impacts are achieved, with many programmes citing social capital benefits from participation. Increasing social capital is widely accepted as leading to reduced mental and physical ill-health, while health outcomes are better in areas where there are more community assets (Kelsey & Kenny, 2021). Yet social capital is a complex concept, comprising bonding, bridging and linking elements that can have differential impacts. While bonding can foster feelings of belonging and inclusion, bonding without sufficient bridging or linking can reinforce the separation of some communities from wider society and institutions of power (Daykin et al. 2021). Further, as well as being an asset that can support wellbeing, cultural capital is implicated in the enactment of social distinctions and divisions (Bourdieu 1984, 1986). The mechanisms and processes through which arts affect health and wellbeing are therefore complex and dynamic. Fancourt et al. (2021) propose a Multi-level Leisure Mechanisms Framework, drawing on complexity theory

to map the psychological, biological, social and behavioural processes that link leisure with health.

Research challenges

There are continued calls for a stronger evidence base to justify the inclusion of arts and creative approaches in health services and commissioning and to ensure that activities are scalable so that they can reach those in need. Yet gathering evidence is frequently reported as difficult for arts organisations (Mughal et al. 2021). Systematic reviews often report on flaws in study design including small sample sizes, recruitment bias, lack of adequate control measures and selective reporting of positive outcomes. Most studies tend to report benefits of participation, although it is also important to report negative experiences and unintended outcomes, such as creative tensions, stress and power dynamics.

While there is a trend towards the use of more robust methodologies, several challenges continue to limit research development. These relate to the ecology of the CHW field as well as some underlying philosophical tensions. Experience of arts and creativity and their impacts on health and wellbeing are shaped by micro, meso and macro level influences. Micro level factors include local conditions, resources and needs, the skills and attributes of project facilitators and participants and the particularities of activities and art forms. Meso level factors include the local infrastructure such as community assets and transport, as well as institutional power relationships (Fortier and Coulter 2021). Macro level factors include policy frameworks that guide research and funding. Many arts and cultural organisations are small scale, offering innovative services in response to local needs. As such they may face a host of problems, including lack of access to existing evidence, limited in house evaluation knowledge and skills, difficulty in developing clear outcomes frameworks on which to base evaluation, and lack of funds to engage external evaluators (Daykin et al. 2017a). Evaluation guides published in English may not be accessible to non-English speaking practitioners and may reflect a particular cultural context (Jensen, 2020). For many organisations, evaluation is perceived to be dominated by the different reporting requirements of multiple funders, creating a lack of coherence as they try to provide different types and levels of evidence (Bungay & Clift, 2010; Daykin, Attwood & Willis, 2013).

Beyond this, there is a lack of consensus about the methodologies used to evaluate arts and culture (Mowlah et al. 2014). Some organisations with-

in the arts and cultural sector view evaluation frameworks drawn from evidence-based health care with suspicion. They may see these as overly medicalised, disempowering for artists and participants, and contrary to their creative ethos (Skingley, Bungay & Clift, 2012; Swan & Atkinson, 2012). They sometimes report that perspectives from the arts carry relatively little weight in research, with a pressure to focus more on outcomes that are important to health and care sector stakeholders rather than the artistic motivations and achievements that may be important to participants and service providers (ACE 2018). For instance, research on Arts on Prescription programmes has documented participants' positive mental health outcomes but have paid less attention to the participating cultural institutions' perspectives (Jensen & Bonde 2020). Hence some fear that the adoption of standard evaluation frameworks that require identification of measurable outcomes in advance may distort their aims and obscure their successes. These differences should not be overstated and the issues for the CHW are similar to those affecting other complex interventions in health and wellbeing. Further, there are notable examples of successful coproduction of evaluation and the development of evaluation approaches and tools that are both robust, sensitive to context and creative, for example in areas such as dementia care where traditional self-report health and wellbeing measures are not suitable (Camic et al 2021).

Evaluation and research have been made even more challenging by the Covid-19 pandemic, which has necessitated rapid adaptations to research design, data collection methods and dissemination strategies. The longer-term impact of these changes is unknown, however, there are indications that traditional methods will continue to be supplemented by online tools, with potential for the further development of arts-based approaches that may offer a good fit with the creative ethos of projects.

Future directions

This brief introduction has provided an overview of research on arts, health and wellbeing as well as an indication of some of the challenges of evaluation research. A strengthened evidence base may be key to supporting the assimilation of arts into policy areas such as social prescribing, and it is evident that increasingly robust research designs are being adopted despite the acknowledged difficulties. However, evaluation research is not the only form of inquiry that is of importance, and an exclusive focus on evaluation might lead to a neglect of theory and a rather naïve understanding of the

relationship between evidence and policy. A deeper understanding of the development of the field needs to recognise the way its trajectory is shaped by wider social relations, not just by evidence production. In my recent book (Daykin, 2020) I explore social movement theory in this regard. Arts and health bears some of the characteristics of a social movement, being a network of interactions between individuals and groups who loosely share identities and purpose, the likes of which have played an important historical role in framing research, influencing policy and health improvement (Brown & Zavestoski, 2004). I argue that recent policy initiatives such as social prescribing assume that community assets can be harnessed to solve collective problems, but for this to succeed then grass roots capacity building is needed to support sustainable practice and challenge traditional boundaries and hierarchies. The amplification of marginalised voices to foster creative problem solving may be the key to future growth, equity and sustainability in arts, health and wellbeing.

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