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PROMOTING MENTAL [1] HEALTH[2] THROUGH AN INNER CITY COMMUNITY ARTS PROGRAMME:
A NARRATIVE INQUIRY

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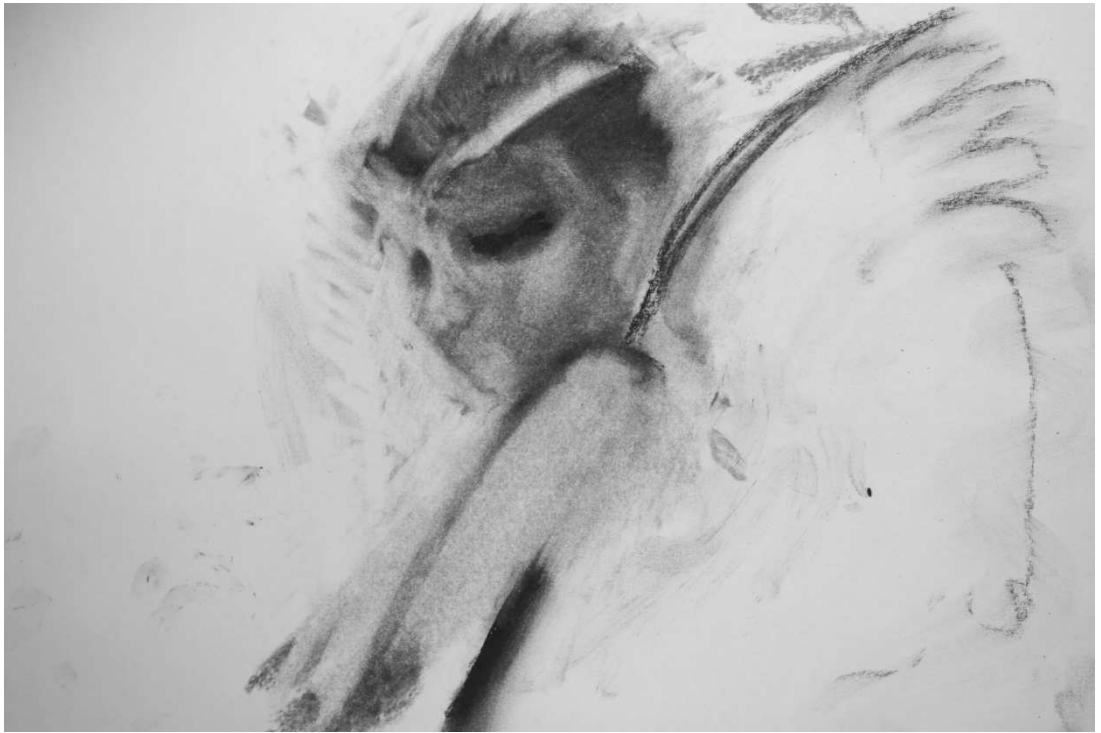
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1 *"Mental": (adjective) 1] of, done by, or occurring in the mind. 2] relating to disorders or illnesses of the mind. 3] informal mad (O.E.D.)*

2 *"Health": (noun) 1] the state of being free from illness or injury. 2] a person's mental or physical condition. (O.E.D.)*

Abstract

The focus of this study is a community arts programme, Art in Mind, which is based in an inner-city area of an East Midlands city in the UK and was funded by the government's New Deal for the Communities. The aim of the qualitative research study was to gain understanding of the human processes involved in setting up such a project and to ascertain the subsequent benefits to participants. The research was conducted in two stages: stage one involved semi-structured interviews with seven of the original Art in Mind Steering Group members and stage two comprised interviews with eleven participants who were interviewed up to three times over a one-year period. Sixteen people were interviewed in total. The findings from participants are presented as a case-series. Interviewees included those who subsequently became members of the 'Lost Artists Club', one of the community-based activities that originated within the project and those who engaged with an 'Arts on Prescription' programme. In both stages, a total of 35 qualitative interviews were conducted.

The concept of mental health promotion through the arts is examined in the context of national developments to promote social inclusion. The methodological framework for the research is a narrative inquiry and emphasis is given to the stories that are individually and collectively constructed and recounted by the participants. All the data were subject to a narrative analysis, incorporating thematic, event and relational analysis. Individual and collective narratives are presented.

Findings from stage one of the research identify the personal motivations of Steering Group members to develop the programme. Findings from stage two of the research reveal that the project facilitated new personal, social and occupational opportunities for participants. Identity claims are strong, as people have re-constructed themselves as artists. Participants enjoy a sense of belonging and social identity with like-minded people.

Dedication

Years ago, when we were young,
About the age our boys now are;
Mere children in the father's eyes,
You told me once, in words of kindness
Unmeasured but from your heart,
That you thought me, a frustrated academic!
Hah!
You knew me better then than most.
And now, I think how right you were.
You, to whom all things are now known
You, who are in the light, smiling
While I remain in this twilight zone, I call life.

I dedicate this work to Mark Raymond Stickley who lives forever in my heart.

Acknowledgements

Glossary of terms used in this thesis

ACE	Arts Council of England.
AOP	Arts On Prescription
BAAT	British Association for Arts Therapies
BERA	British Educational Research Association
BNIM	Biographic Narrative Interpretive Method
CAHHM	Centre for Arts and Humanities in Health and Medicine
CCTV	Closed Circuit Television
CNA	Collective narrative analysis
CORE	Clinical Outcomes in Routine Evaluation
DCMS	Department of Culture Media and Sport
DH	Department of Health
DLA	Disability Living Allowance
DSM	Diagnostic and Statistical Manual of Mental Disorders
EBM	Evidence-based medicine
EBP	Evidence-based practice
GP	General Practitioner
HDA	Health Development Agency
ICD	International Classification of Diseases
LAC	Lost Artists Club
NA	Narrative analysis
NDC	New Deal for Communities
NHS	National Health Service
NSF	National Service Framework for Mental Health
ODPM	Office of the Deputy Prime Minister
ONS	Office for National Statistics
OPM	Office of the Prime Minister
PhD	*Philosophiae Doctor* (doctor of philosophy)
RCT	Randomised controlled trial
SEU	Social Exclusion Unit
SOC	Sense of Coherence
TNA	Thematic narrative analysis
WHO	World Health Organisation

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***"Numberless are the world's narratives..."**

(Roland Barthes, 1977: 95)

The Prologue

I have called this study a narrative inquiry. This is largely because I have endeavoured to elicit people's stories and explore how this 'arts and mental health world' is constructed by the people involved, both providers (in this case, the original group of people who met together for nearly three years in the proposal development phase) and participants. I have considered the role of the collective story as "…collaborative productions that not only take place under particular social conditions, but are social actions" (Brockmeier, 2001:18). Mental health practice sits uncomfortably in the health science paradigm because of its focus upon the complexities of human relationships. Mental health practice therefore can be said to be more of an art than a science (Isenalumhe, 2000; Stickley and Freshwater, 2002). With this in mind, and because the focus of this study is an arts project, an approach more akin to the arts and humanities is considered the most appropriate research method, thus I have used a narrative research method.

My involvement with a community arts project called Art in Mind, including my PhD research has meant that I have come to know the people involved. My life has been intertwined with the lives of those I have studied. Some of the participants and I have worked together; we have been creative together. Furthermore, because the subject of creativity is so close to my heart, I have utilised the concept of autoethnography to accommodate the personal accounts that are interwoven throughout the text. For ontological consistency, perhaps this autoethnography should be referred to as autobiography; however, the relevant research literature suggests that autoethnography is an academic version of autobiography (Denshire and Ryan, 2001). This is discussed more fully later in this thesis. Ultimately, this research process has been about the business of listening to, recording and analysing participant's stories reflectively. Whilst I have been influenced by experiences beyond the text with my involvement in Art in Mind, the data and subsequent analysis is largely restricted to the text and the relational issues related to the interview process. I have included examples of participants' artwork throughout this thesis. Where illustrations appear in Act IV (where the findings of this research are presented), in order to preserve anonymity, they are not linked to specific artists' narratives.

It is asserted that narrative has been fundamental to the development of human history and culture and individual identity (Brockmeier, 2001; Benwell and

Stokoe, 2006). Thus storytelling provides meaning to events (Mishler, 1986; 1999) and enables people to make sense of their world (Ricoeur, 1981a; Riessman, 1993; Denzin, 2000).

> People dream in narrative, daydream in narrative,
> remember, anticipate, hope, despair, believe,
> doubt, plan, revise, criticize, construct, learn, hate
> and love in narrative.
>
> (Shkedi, 2005:12).

For Grimmett and Mackinnon (1992), the study of narrative is the study of the ways in which human beings experience the world; that is, through the recounting and re-telling of that experience. Narrative is seen as universal and intrinsic to life:

> Narrative is present in every age, in every place,
> in every society; it begins with the very history of
> mankind and there nowhere is, nor has been a
> people without narrative. All classes, all human
> groups, have their narratives… …narrative is
> international, transhistorical, transcultural: it is
> simply there, like life itself.
>
> (Barthes, 1977:79)

Furthermore, narrative is not only primitive in the atavistic sense, but also developmentally as one linguist asserts:

> One of the primary ways – probably the primary
> way - human beings make sense of their
> experience is by casting it in a narrative form…
> this is an ability that develops early and rapidly in
> children, without explicit training or instruction.
>
> (Gee, 1985:11)

Aristotle perhaps first observes the relationship between the story and the plot. In his 'Poetics', the plot is the arrangements of incidents. A typical story that contains a plot is said to have various components: a problem or goal, a complication, a climax, suspense, resolution and conclusion (this is often simply stated as a beginning, a middle and an end). For Ricoeur (1981a), a story is made out of events and the plot makes these events the story through its twists (Ginsburg, 1989). Narrative has been described as a "mode of knowledge which can accommodate ambiguity and dilemma that are very typical of plot and action" (Shkedi, 2005:10). In narrative theory, the concept of time is divided

between the "clock-time" concept (i.e. structural: Labov and Waletsky, 1967) and the "experiential" (Mishler, 2006).

Toolan (2001) offers various criteria that constitutes narrative: a degree of artificial fabrication or constructedness not usually apparent in spontaneous conversation; a sequence, emphasis and pace are usually planned; a degree of prefabrication, and narratives often seem to have a familiar ring; narratives have to have a narrator (a teller), and that teller is always important. Usually, a narrative is understood as spoken (or sometimes) written text giving an account of an event or series of events, chronologically connected (Czarniawska, 2004). The significance of storytelling however was temporarily challenged in the light of technical science and the domination of positivism in the twentieth century. Gabriel (2004) refers to this era as the high noon of modernity when the ideology of science eclipsed the ideology of experience. In recent times, the theory and practice of narrative inquiry has gained momentum in qualitative research and is illustrated with numerous journals, books and conferences focusing upon the method (Chase, 2005).

In the psychological arena, psychoanalysis championed the centrality of the person's story in an era of rationalism. The expertise however, remained firmly with the analyst and their students and the patient remained a case to study. It was much later with the development of narrative research that the storyteller would become the narrator in terms of research processes. What is fundamental to narrative approaches in research is the notion that it is through the act of storytelling that people make sense of their lives (Ricoeur, 1981; Sacks, 1986; Wiltshire, 1995; Denzin, 2000). Thus, in this research, people's stories are central to the inquiry. I have endeavoured to pay attention to the meaning people ascribe to their own experiences, especially their experiences of creativity and their experiences of engaging with Art in Mind.

I am indebted to Kip Jones, whose article (Jones, 2006) exploring the synthesis of Bourriaud's (2002) 'Relational Aesthetics' into mainstream social science, tipped me into the realisation that I could present my thesis as a performance (this type of work will always attract criticism, e.g. Snow and Morrill, 1995). This is not merely a play, or putting on a show, but rather a performance of human effort representing several years of my working life. Although the word performance is most commonly associated with the arts (Jones prefers the word performative to differentiate from entertainment), it is not exclusively so and

there are those who have perceptively noted the place of performance in fulfilling social roles:

> I have been using the term 'performance' to refer to
> all the activity of an individual which occurs during
> a period marked by his continuous presence before
> a particular set of observers and which has some
> influence on the observers.
>
> (Goffman, 1959:32).

What I present in this thesis is my narrative of a research journey. It starts in February 2002 and concludes in December 2007 (the date of submission). However, I acknowledge that this thesis may become an opening chapter in a larger research narrative. What is now completed may become a beginning. In the fullness of time, I may come to regard my thesis as a snapshot in a relatively short period of my life.

The focus of this research is a community arts project called Art in Mind. To bring a sense of art and performance to this narrative I present this thesis as a play, with a Prologue, Acts and various scenes, furthermore, they are presented as narrative with an Abstract, Orientation, Complicating Actions, Resolution, Evaluation and a Coda (Labov and Waletsky, 1967). This is a story performed for an academic audience. This is all my own work and I take full responsibility and apologise in advance for any mistakes and unintended offences. Although this work is 'true'[3], the presented truth is my constructed version of that truth which I believe to be true. I am not responsible for any other truth and I cannot therefore be sure that the truth you read will be same as the truth that I have written.

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[3] *true,* (adjective) *being what exists, rather than what was thought, intended or claimed* (Cambridge English Dictionary)

Act I – Orientation

1.1] Introduction

In this first Act, the study is introduced and the origins of Art in Mind are described and examined. The creation of the project was built on the premise that engagement with art activities would be good for people. This concept is enshrined in the arts and health research literature as well as contemporary UK policy. The notion of the benefits of engagement with the arts is interrogated. Because of the statutory funding acquired to sustain this project, a verbatim transcript of the Prime Minister's announcement that heralds the commencement of the New Deal for the Communities programme is included in Appendix 1. Selected relevant social statistics for the area served by the local New Deal for the Community (NDC) programme are provided in order to give a sociological and geographical context for the study. An overview is given of the development of the research questions. A short discussion is offered relating to the sample and recruitment of research participants and finally, the role of the researcher is discussed.

1.2] The origins of Art in Mind and the origins of this study

> Another thing we should do… is to switch the aim of research in the arts to finding out not what critics think about this or that artwork… but how art has affected and changed other people's lives.
>
> (Carey, 2005:167)

Prior to my nurse training, in the early 1990's, I had a period of some six months working voluntarily in the old Mapperley Hospital, before its closure as a mental asylum. The environment was bleak and treatments appeared to me to be very limited. Wishing to bring an element of creativity into the area where I was volunteering, I was given permission to run a drama group on a Friday evening. This group ran for some months and was very popular amongst the patients. My perception at the time was that the group provided an opportunity for people to be expressive about their confinement in hospital and experiences of mental distress.

Once qualified as a nurse, I endeavoured to incorporate creative approaches in my nurse practice. I had degrees of success, however I felt frustrated at the lack of opportunity for people to express themselves creatively. A small group of

nurses commenced a monthly meeting within the Trust to discuss ways in which creative approaches could be encouraged. It was in the late 1990's that I began to imagine an arts programme for people with mental health problems. Over time, I became acquainted with people working in community arts and realised that there existed projects that engaged with people using mental health services. A chance meeting with a friend who worked for the NDC gave me the idea to develop a mental health and the arts initiative in the NDC area. In February 2002, I arranged a meeting of potentially interested people. This meeting included two statutory workers, six professional community artists and four service users/local residents. This group continued to meet monthly for nearly three years working on firstly the expression of interest and subsequently the proposal to NDC. The proposal was successful and funding (£260,000 over two and a half years) commenced in September 2004. The development of the project coincided with an opportunity for me to commence PhD studies. Whilst this seemed to be a perfect opportunity for the focus of my research, it also threw up ethical complexities concerning my multiple roles within the project. From the outset, we developed a Research and Evaluation Group, which met monthly throughout the duration of the project. This group that developed the research and evaluation of Art in Mind comprised workers; academics and people who use mental health services. The group also monitored the ethics of the research including my PhD studies. This subject is developed more fully later in this thesis.

The act of bringing the project into being has inevitably involved working in the complicated arena of competing discourses. As a method for researching the project, a narrative inquiry informed by narrative and discourse analysis methods was appropriate in that it could be used to examine the place of social construction in collaboration (Phillips and Hardy, 2002), and over time (Malloy et al., 2002). At the outset, I originally set out to ask questions of participants about their experiences of being involved, however, because of the personal nature of the answers I was getting, the focus of the research shifted to eliciting people's stories. I therefore realised that the focus of the inquiry needed to be one that centred upon narrative. More than this though, I wanted to get a sense of what collective narrative was being constructed, therefore discourse analysis theory also informed the development of the work. Thus, I decided upon contextualising the entire work in a narrative framework within a constructionist ontology accepting that personal narratives are "meaning-making units of discourse" (Riessman, 2001:705).

The social science research world is replete with narrative-based literature and methods. This narrative turn, as it has been called may be first attributed to the work of Roland Barthes (1977) who first proposed that the social sciences should employ narrative methods. Although originating in the arts, narrative inquiry has more recently emerged in medicine and nursing under the umbrella term of 'illness narrative'. Furthermore, there are those who have combined discourse approaches with narrative inquiry in various disciplines. Naturally, there are those who are 'discourse analysts' and others who are 'narrative analysts', ultimately however, there is no conflict in bringing the two together as narrative constructs discourse and (some would argue) a discourse is a narrative. This multiple lens, multiple voice approach (Chase, 2005), has been said to begin to generate "…a new form of consciousness" in research approaches (Gergen and Gergen, 2003:603).

I am not, neither have I been, a passive observer. This study is based upon the part that I have I played in the project. Reflexivity therefore has been central to this thesis. I have maintained a reflective research diary throughout the research process. In this, I include my own story. Where appropriate I have drawn from this work to create this narrative that is formally a thesis. This thesis is my narrative of events through the time and space I have given to this project. It is Riessman (1993:1) who reminds us that, "Narrative analysis takes as its object of investigation the story itself". It is not just the transcripts that are central to this study, but the researcher's journey through this research and my narrative is interwoven throughout the text. I am co-constructing a narrative (Gubrium and Holstein, 2003; Gergen and Gergen, 2003; Hardy et al., 2007) with others I have worked with and interviewed. Conducting this research over several years has enabled me to see not only change over time, but change in co-constructed concepts over time too (Malloy et al., 2002). My thinking about method has been influenced by the members of the Art in Mind Research and Evaluation group already described. As discussion progressed over time within the group, it was considered important to take notice of how people journeyed through the project. This influenced the design of this research to create a case-series design that we called 'journey-mapping'.

The following extract from my research diary illustrates the development of my ideological motivation to work outside of the psychiatric system and illustrates the use of my own narrative within the text:

> I went to work in psychiatric nursing not knowing what I would find or where that career path would take me... When I became a nurse, I found out that the system did not provide what was needed for people with mental health problems. It was obvious to me that people needed compassionate care that involved listening and creativity. In psychiatric wards, I discovered nothing much more than basic physical provision, controlling people's behaviour and much medication. I sat in on ward reviews that humiliated the person and observed paternalism that disabled people and stripped them of their independence and dignity. What began to grow was a determination that I could do better. People needed relationships, friendship, someone to listen. Furthermore, people needed the opportunity to be their creative selves.

(Extract from my research diary, 29th January, 2004)

Narrative defined

While the theoretical underpinning of both narrative inquiry and discourse analysis is presented, throughout this work I use the words 'narrative' and 'discourse' interchangeably. Although the two expressions may have developed an independent canon of academic literature, the two are also merged at times, notably in the field of 'discursive psychology' (Edwards and Potter, 1992; Harré and Gillet, 1994; Edwards, 1997; Brockmeier, 2001). Both narrative and discourse have a sense of the way people construct their worlds and tell their stories. The Cambridge English Dictionary, (2007) Defines narrate as: "verb; to tell a story, often by reading aloud from a text, or to describe events as they happen", and discourse as: "noun; communication in speech or writing".

Therefore, the word 'narrate' may be considered the doing (verb transitive) of the noun, narrative. People may construct their narrative (in the same way that people may construct a discourse). Similarly, the terms throughout the research literature are used for both personal and collective constructs and descriptions. Riessman (1993:3) defines narrative as: "…talk organized around consequential events". This thesis is text organised around consequential events.

I have introduced this thesis with the concept of it being some kind of performance. In reality, the audience is limited, and the script (my performance narrative) is my account of my research journey. Furthermore, in reality, the notion of performance does not imply falsehood on my part, rather an acknowledgement that in conducting this research and writing up this thesis I am doing so in a social role. I am a social performer in the role of mental health

and the arts researcher. I have attempted to present the qualitative interviews that make up my data set not as products of a potentially cold and sterile activity of a 'scientific' researcher but as living human interactions. For research interviews should be:

> ..not as a method of gathering information, but as a vehicle for producing performance texts and performance ethnographies about self and society.

(Denzin, 2001:24)

Defining art

It is not possible or indeed necessary to fully explore the concept of art in this thesis; however, in order to proceed it is necessary to offer a short discussion of what is meant by the word in the context of this thesis. "Art" implies creativity:

> Art, Noun: the making of objects, images, music, etc. that are beautiful or that express feelings.. an activity through which people express particular ideas.

(Cambridge English Dictionary, 2007)

Whilst beauty is often associated with art, expression of ideas or feelings may not always produce beautiful results. In the context of this study, a strong focus is upon community arts, a form of participatory art-making that is usually facilitated and involves members of a local community. This is in contrast to 'high art' or 'high culture' that would include literature, painting, and decorative arts. Typically, community art activities include poetry, storytelling, painting, dance, collage work, music making and so on. It is only in recent years that community arts have become associated with social cohesion and the healthcare agenda. White (2006) helpfully observes the difference between art therapy and arts in health work, with the former being primarily individual and the latter collective, thus connecting it with social issues and separating it from art therapy conducted by highly trained professionals.

Matarasso (1997) has observed that whilst the arts has crept into political consciousness regarding urban renewal, those holding the purse strings find difficulty in accepting that the purpose of the arts is not to make money but rather "to contribute to a stable, confident and creative society" (page v). The concept of mental health promotion through community arts implies an

assumption that participation in the arts is intrinsically good for people. The following section addresses this assumption.

1.3]   From art therapy to the therapeutic use of the arts

Historically, art therapy has been most usually associated with creative approaches in mental health care. In this section the history of art therapy is introduced that lays the ground for the next section, which tracks the development of the therapeutic use of the arts in healthcare. Although there is no one universal explanation for the healing effects of art (Ball 2002), case studies abound of the efficacy of art therapy over decades (Backos and Pagon 1999).

Whilst the term 'art therapy' is widely attributed to Adrian Hill during the Second World War, its roots lie firmly in the moral treatment of the insane in the eighteenth and nineteenth centuries (Hogan, 2001). Whilst treatment in the eighteenth century asylums was appalling, (Scull, 1993; Porter, 2004), the subsequent 'moral treatment' of the insane brought with it humane approaches that included (to some extent) engagement with the arts. It is Hogan, (2001) who points out that this fact is often omitted from historical accounts of the arts and healthcare and challenges the popular idea that art therapy originated in psychoanalysis. The reformer Pinel, (1745-1826) who has been attributed as the father of modern psychiatry, also gave attention to the patient's story, thus the arts and narrative approaches in mental health care have a long history. The York Retreat, founded in 1796 under the leadership of William Tuke, has become the best known example of providing moral treatment although as Digby (1985) observes, it was not so much the activities that were provided that were considered curative, but the provision of such by people who genuinely cared and provided good therapeutic relationships.

Art therapy, as it has become known however, is strongly related to psychoanalysis (Furth, 2002; McNiff, 2004; Rubin, 2005). Three dominant approaches have been identified: analytic art therapy, art psychotherapy and art therapy, although there is little difference between them in practice (Hogan, 2001). More recently however, the focus has become more upon the interactive rather than the analytical (Rubin, 2005), thus completing a circle back to Digby's (1985) observation of the efficacy of 'treatments' at the York Retreat.

The significant common feature of the art therapies, is the role of the therapist. Arts therapists are normally highly trained people practising in statutory healthcare settings. They are usually relatively few in number and in the UK must be registered with the Health Professions Council (BAAT, 2007). The role of art therapists is similar to the role of the psychotherapist, the main difference being the objectifying of internal processes (Bender and Ewashen, 2000). Whilst many art therapists may seek to empower their clients, by granting to them an opportunity to express themselves, the responsibility of facilitating art therapy brings with it an inevitable power relationship (similar to that of the psychotherapist, doctor or nurse). The potential for this power relationship, illustrates the main difference between art therapy and the therapeutic use of the arts in healthcare. The arts and healthcare agenda, whilst acknowledging the usefulness and role of the art therapies, has grown to embrace more a model of community, or participatory arts than art therapy approaches. As Parr (2006) observes, community arts shifts the power relationship for those with mental health problems. In the context of the patient/therapist relationship, the person retains an outsider status; a community arts context situates the person as artist in society.

The constructs of art therapy and the therapeutic use of the arts imply some form of illness or deficit. The work of Art in Mind is, as the title of this thesis makes clear, dealing with the complex subject of mental health promotion. Throughout this study, it is acknowledged that mental health and mental illness are contested concepts; therefore promoting mental health is too, a contested concept. For the sake of clarity, where words such as 'mad', 'madness' or 'sane' or 'insanity' are used, these are generally referring to what has been contemporarily branded 'major mental health problems' i.e. schizophrenia and bi-polar affective disorder. The use of language to describe such conditions is complicated by the fact that some may find the word 'mad' offensive, and others have re-claimed it (e.g. Mad Pride, Curtis et al., 2003).

The development of participatory arts shifted the notion of the therapeutic value of engagement with art activities away from the significance of the 'arts therapist' to the intrinsic therapeutic value of engagement with arts activities. The next section explores the historical development of this point.

1.4]   The goodness of art?

> What strikes me is the fact that in our society, art has
> become something, which is only related to objects,
> and not to individuals, or to life. That art is something
> which is specialized or which is done by experts. But
> couldn't everyone's life become a work of art? Why
> should the lamp or the house be an art object, but
> not your life?
>
> (Foucault, 1984:350)

In this section, the literature relating to the socio-cultural benefits of art is examined through a historical lens. The relationship between creativity and madness is introduced, although this is expanded upon in the following Act.

The great archaeological discoveries of the twentieth century revealed how art was integral to the ordinary life of those in ancient cultures. Evidenced largely through the design and production of domestic objects and accounts of life such as cave painting (Hartt, 1976). However these were more than likely purely functional (Storr, 1988). It has been argued that the arts are biologically evolved propensities of human nature and that their fundamental features helped early humans adapt to their environment and reproduce successfully over generations (Dissanayake, 2000). The notions of 'a work of art' and 'an artist' would have been incomprehensible to those living for example in the Greek or Roman civilisations (Storr, 1988; Benediktson, 2000). In post-renaissance times, art became the property of those who could commission and afford to buy works, created by artists. Matarasso (1997) speculates that art is apparently useless, yet all human societies produce it.

Whether through painting, drama, music, dance, story-telling, narrative, humour or play, artistic expression has been considered inseparable from the psyche and often manifested through religious or superstitious beliefs. Artistic creativity is associated with both madness and the sublime (Storr, 1988; Nettle, 2001; Guimón, 2006). Incidences of mental illness are hugely prevalent in the families of artists, poets and writers. The genetic temperaments and imaginative capacities that lie behind both insanity and creative ability are entwined and the traits that lie behind insanity have evolved, it is argued, because they have psychological benefits as well as costs (Nettle, 2001).

Schmid (2005) uses an evolutionary argument for the centrality of creativity in human existence. For it was during the Upper Palaeolithic period (circa 45,000 BC) that human behaviour significantly changed to what has commonly been referred to as 'modern human behaviour' (Mellars and Stringer, 1989; Lewin, 1998). This is evidenced by archaeological findings such as fine tools and cave paintings i.e. the first evidence of creative expression although not for artistic pleasure and recreation, but more likely as magical incantations to bring good fortune (Storr, 1988). Both Horrobin, (2001) and Lewin, (1998) attribute this period of creative evolution to a change in brain chemistry enabling the development of language, imagination and creativity. Thus, 'Homo Sapiens' (literally 'wise/knowing ones') emerged as the strongest and most intelligent of the species. They demonstrated ingenuity, innovation and enterprise. But most significantly, they did this together (Wilcock, 1998). Survival therefore depended upon the strength of the group and physical health increased with creative enterprises that supported trade and travel. This healthy and creative species flourished with increased opportunity for problem-solving and creative thinking. Health and creativity therefore simultaneously increased in the species. Neural pathways developed in the species during this period and became known as the limbic and reticular formation circuitry (Hoppe and Kyle, 1990). Dissanayake (1995) refers to 'making special' for activities we now call art that relates to the common means all organisms have in separating the mundane from the unexpected, what Dissanayake refers to as the 'extra-ordinary' that promote emotions of delight. Emotions and feelings became associated with creativity (Creek, 2002) and the potential for fulfilment with creative acts would later become linked with theories of self-esteem (Wilcock, 2001) and essential for attaining self-actualisation (Maslow, 1954).

The link between creative expression and psychological well-being was formally recognised early in the 19th century when artistic expressions were used to interpret the unconscious mind. From those early beginnings, there are now many different forms of art being used for therapeutic purposes. In recent times however the role of art therapy has been challenged and there is an emerging literature that advocates a move away from using art as therapy, towards a more democratic process that places the healing significance of creativity away from the therapist and locates the therapeutic efficacy of creative expression within the individual (Boal, 1992). For those who advocate art as a therapeutic activity in the context of contemporary health care provision, there is a need for

strategies that facilitate creative expression to improve the well-being of the population (HDA, 2000).

Given the historical and integral nature of creativity to the well-being of the species, it is odd that creativity has not played a stronger role in the healthcare agenda in the past. This may be largely due to the contemporary nature of a healthcare system that has been socially constructed in a post-enlightenment, post-industrial revolution, positivist arena where science rules. Arguably, progress in terms of technology and materialism has alienated modern humans from the creative drive that helped in the survival of the species. An alienation of a species from the creativity that it needs, on the grounds of progress, might well be described as madness. Thus, the madness evident in modernism, illustrated by Sass (1992) may be a generational response to the insanity of modern society (Laing, 1960). Furthermore, Becker (2000) argues that the connection between madness and creativity is a modern, post-Romantic, construct.

Historically prior to the Romantic era glorifying the drama of those with troubled souls, creativity was more linked with inspiration rather than disturbance. Mishler (1999) however, observes that amongst creative people, creativity may be more greatly expressed during times of adversity. Moreover, it is argued that engaging with creative occupations ensures the survival of the species (Denshire, 2005).

Ideas of the arts being good for us have existed at least since the time of Aristotle. For Aristotle, in listening to music, our souls undergo a change. He does not escape the charge of artistic elitism however, as he advises that not all music is therapeutic; an instrument such as the flute is vulgar and befits those of lower social classes such as labourers. Plato too differentiated between 'virtuous music' that appeals to the educated and 'vicious music' that appeals to the uneducated. Throughout the centuries since Christ, until the time of the enlightenment, art often became seen as the property of the church, depicting religious messages through painting and song. With the birth of aesthetics however in the eighteenth century, a shift took place in the arts, from the sacred to the secular and the arts legitimised spiritual expression outside of organised religion. This was reflected in the cathedral like architecture of modern galleries (Carey, 2005) and, in the nineteenth century, public access to these galleries was seen to be healthy and good for people of all classes. Art would (in twenty

first century language) promote social capital by bridging between the classes; public viewing of high art would become available to all.

As early as 1835 a House of Commons select committee advised on the efficacy of the visual arts to promote the improvement of morals amongst the lower social orders. The National Gallery was situated in Trafalgar Square so that it was geographically accessible to those of all classes (social inclusion). Furthermore, to promote genuine inclusion, there was no entrance fee. Whether or not the morals of the lower social classes that visited such galleries were improved or not remain to be seen. Drawing heavily from psychological evidence, Kreitler and Kreitler (1972) however assert that art will never improve change in behaviour. Carey (2005:101) insists that: "The widely shared belief that art can instruct the public, and help to attain a better state of affairs, lacks any factual backing". As Secretary of State for Culture, Media and Sport, Chris Smith (Smith, 1998) set out to remove the distinctions between high and low art and declare that the arts (not just 'art') could promote social inclusion. However, he offered no real example of what this might look like in practice and the social inclusion agenda at that time was barely established.

Towards a theory of creativity (Rogers, 1970)

The social picture that Rogers paints that justifies the origin of his theory of creativity is clearly out-moded (Rogers, 1970). Offering examples from the 1950's relating to the lack of creativity in education, industry, the sciences, leisure, home life and so on and pointing to the stereotype and conformity of design is less relevant now than then. However, retrospectively it can be argued that Rogers made a valid contribution to the understanding of creativity, especially as it relates to people in a therapeutic environment. Rogers offers a definition of the creative process:

> …it is the emergence in action of a novel relational product, growing out of the uniqueness of the individual on the one hand, and the materials, events, people, or circumstances of his (sic) life on the other.
>
> (Rogers, 1970:139).

Whilst creativity may begin in the world of the imagination, ideas cannot be usefully regarded as creative until they are given some form of expression. The motivation for creativity Rogers firmly locates within the individual's self-actualising tendency. Creative imagination or impulse once expressed thus

satisfies the individual. In order for people to express their creativity, they may require similar conditions that assist people to come to terms with and express their inner worlds, namely, psychological safety and psychological freedom. For psychological safety, Rogers identifies: accepting the individual as of unconditional worth, providing a climate in which external evaluation is absent and empathic understanding. For psychological freedom Rogers asserts the need for liberty in symbolic expression and freedom to think and play. It is through this freedom that people may come to take responsibility for their self-evaluation and development. Thus Rogers offers a psychology for participatory arts, and this person-centred approach has informed the Art in Mind philosophy.

In the arts and health literature there is a shift from the focus of creativity having personal benefits, but also social benefits, in the form of community cohesion. Furthermore, UK policy documents claim that the arts may be used to promote social inclusion (Social Exclusion Unit, 2004). In order to understand the extent to which the arts may promote community cohesion and social inclusion, it is useful to examine the policy background and frameworks that have facilitated a focus upon exclusion and inclusion in the UK. The next section introduces some social statistics for the area served by the New Deal for the Community programme in the study and the theme of the arts in relation to health is returned to in a later section.

1.5] Selected social statistics for the area served by the New Deal for the Community programme in the study

The following information is gleaned from the Office for National Statistics based upon the 2001 census (ONS, 2005) and printouts from the ONS website can be found in Appendix 2. The NDC area straddles two wards in the city of the study. The ONS publish statistical information sorted by the NDC area although some information is obtained by wards. The bulk of the population live in one particular ward and the following data is based upon the census information relating to that ward where the information is not available for the NDC area only. The resident population is 8,959 shared amongst 4,238 households (average = 2.1 people per household). The level of home ownership is extremely low at 22% compared with a national average of 69% and therefore, the remainder of accommodation is rented. The area hosts a large student population (31%) that skews demographic statistics of the area. For example, the national average percentage of people between the ages of 16 and 30 is 17.5%, in this area it is nearly half the population. Furthermore, the national

average for employment is 61% but for this area, it is 32%. Only a quarter of the students identified are economically active. The rate of UK unemployment in 2001 was 3.4% but in this area, it was nearly double this average at 6.6%.

As to be expected in an inner city area, there is a high black and ethnic minority population with 72% white British, 13% Asian and 7% black although it is not clear how many of the student population are from ethnic backgrounds. Only 41% of the population describe themselves as Christian (compared with 72% of the general population) and 43% either state they have no religion or the religion is not stated (compared with a national figure of 22%).

The census asked people how they would rate their health during the previous twelve months. The population rated their health as good or fairly good in line with national averages. Statistically, the area has higher than average rating for ill-health and a high MINI mental state index (the highest in the city). Caution should be exercised before drawing early conclusions for the causes of these facts; this discussion is further developed in a later section.

1.6]   Developing the research questions

This section identifies the aims of the research and introduces the process of the development of the research questions I asked as I journeyed through this study. When I commenced the PhD journey, I did not know at the time that the Art in Mind project would be successful in its application for funding from the New Deal for the Community programme. In spite of this, I commenced my studies focusing upon the relationship between creativity and mental health in the hope that this might be foundational for studying the Art in Mind project or some alternative focus that I might need to create.

Once I knew that Art in Mind was successful in its funding application, my initial research questions focused broadly on the history, development and implementation of the Art in Mind project, 2002-2007, although no claims to evaluation are made in this study as the evaluation is being conducted by the Art in Mind workers and service users. Art in Mind has existed in two distinct stages: pre-funding and post-funding. The research was divided into two stages to reflect these phases: Stage One comprised in-depth interviews with members of the original Steering Group. These interviews were conducted at around the time immediately preceding the receiving of the funding (winter, 2004). Stage

Two research was conducted amongst participants of the programme between 2005 and 2007.

Phillips and Hardy (2002) have identified researcher-instigated discourse produced by researcher-led interviews, rather than discourse produced by naturally occurring events. My interviewing therefore has created a co-constructed discourse (Mishler, 1986; Gubrium and Holstein, 2003; Gergen and Gergen, 2003; Hardy et al., 2007).

The aims of the research and the development of the research questions
The original aim of the research was to gain an understanding of the human processes involved in setting up a community arts project promoting mental health and to ascertain the subsequent benefits to participants. In order to gain understanding of the human processes involved in setting up the project, I enquired about the Steering Group members' vision, motivation, and collaboration (see Appendix 3 for Stage One interview questions). It was the breadth and depth of participant's stories that the questions elicited that partly contributed to the development of the more overt narrative approach for the remainder of the interviews in Stage One and all of the interviews of Stage Two. Nevertheless, I retained a semi-structured interview schedule for both stages that was not rigidly adhered to, to allow for digression. I had a moment of methodological revelation following my second Stage One interview:

> …after the interview, I was inspired to walk around the area. It was as if I intuitively knew what I needed to do because of being in the right place at the right time of my inquiry. While I was subsequently busily coding my data into themes, I was missing the person's story. It is only by paying attention to the whole story that I will appreciate and understand her discourse, not by reducing it down into themes. Maybe thematic analysis should be secondary to understanding the narrative.

(Excerpt from research diary, Friday, 16 December 2005).

I shifted to a more narrative approach, primarily because of my learning from the experience of research practice rather than because of my learning from research theory. What became clear early on in the interview process was that people were telling their stories, without necessarily being asked to do so. It was the research supervision process which helped me to be able to establish a

methodological justification for my developing research practice; thus at that time, my study became a "narrative inquiry".

The original Stage One interview questions were therefore:

1. What was the vision that the original group shared? (Vision)
2. What kept that group going without funding? (Motivation)
3. How did the diverse group work together (Collaboration)

These were elaborated upon throughout individual interviews. Stage Two was more complicated as it involved asking questions that might assess the impact of the project upon people's lives as well as applying the complexities of the research literature relating to mental health, sociology and creativity. The longitudinal component of Stage Two was designed to assess perceived change over time (Malloy et al., 2002).

Stage Two interview questions addressed five areas:

1. Well-being
2. Relationships
3. Social capital, inclusion, networks
4. Community tolerance
5. The efficacy of the project

At the time of devising the original questions, (these can be found in Appendix 4) I had yet to fully work out what exactly was the focus of my study, and I did not rigidly adhere to an interview schedule per se. although these topics were either directly or indirectly addressed. People were also encouraged to digress and tell their stories. For example, Eve needed little encouragement to share her story and acknowledged this:

I suppose I'm telling you a bit of a story if that's all right (S2.A.01, 114-115)

The first question of the first Stage Two interviews aimed to assess the relative impact of the project upon people's lives and the following questions are examples of opening questions that I used:

Me: Okay… I've got a few questions, just to prompt you, but really, it doesn't matter so if you go off the subject, you know, talk freely, don't worry about, you know, the precise questions. Cos the idea is just to, you know, give you the opportunity to talk, talk, talk, talk, cos that's what it's all about.

Gill: Express yourself. Like my drama (...).

Me: Exactly. So first of all, my first question is, could you say something about what's been good about being involved with Art in Mind.
(S2.D.01, 3-12).

…looking back over the two years, what's been good about being involved?
(S2.E.01, 19-20).

…and that is, what's been good about the whole project, from your experience?
(S2.G.01, 43-44)

The expression of "What's been good" was deliberately asked so as not to overtly lead the participant into text-book answers relating to well-being and community benefits.

Participants were sent transcriptions of the previous interview prior to being re-interviewed. During subsequent interviews, participants were encouraged to give an update on issues raised in the previous interviews and questions about change were deliberately asked in the final interviews.

This study examined the impact of implementing a community arts programme upon the lives of people who connect with the programme. No effort was made to ascertain whether participants had used mental health services or had been diagnosed with mental health problems. It is through political convenience that this programme is situated in the poorest and apparently most deprived area in the city. By deliberately constructing the Art in Mind programme as a 'mental health' project we are able to work with some of the most vulnerable and needy people in the area without labelling them as 'mentally ill'. By locating ourselves in the 'mental health' field, we became recognised as a mental health service provider in the voluntary sector. The words 'mental health' are used as an umbrella term employed in order to pay lip-service to wider social discourses that enabled us to secure funding. I cannot avoid the reality that my personal philosophy incorporates an anti-psychiatry component, that said, Art in Mind has not adopted an anti-psychiatry position, but neither has it subscribed to the medical model discourse of illness. In terms of identifying whether or not the participants in this study are mental health service users, I have let them speak for themselves. Some have overtly stated in their narratives that they use or have used services, some have made no mention of the fact.

In conclusion, my own philosophy is one that does not divide between the well and the ill. Indeed there may be some who have experienced disadvantage, abuse, discrimination and the social and emotional effects of these factors. The Art in Mind project has attempted to be inclusive and not exclude people for any reason. As I have constructed my own account of the origin, development and implementation of Art in Mind, so have each of the participants. My research questions primarily concern people's constructions of their stories to do with their relationship with creativity and their experiences of engaging with Art in Mind.

1.7]   The objects of study: sample and recruitment

Qualitative research studies invariably involve the recruitment of people to become 'samples'. For the purposes of this study, the word 'sample' is retained, however not with the association that may be attached to what is meant by sample in quantitative studies where a sample is representative of a larger group and generalisable principles are generated. This study is a collection and examination of people's stories who were involved in a community arts project. Primarily, the entire thesis is the telling of the story and it includes the process of gathering and analysing the stories of others. The people (convenience and purposive sample) are those who helped to set up Art in Mind (Stage One of my research) and those who have engaged with the project in one form or another (Stage Two). Stage One involved interviewing seven people who were involved in the setting up of the project from the outset. Three of these seven have gone on to serve on the Steering Group. Stage One interviews were conducted over the winter 2004-2005. Stage One interviews were conducted during this time, because it became clear that funding by this time was in place and the role and purpose of this original group was fulfilled. I wanted to interview the people before the memory of the setting-up process faded. Each of the people in the original group that maintained a presence on the Steering Group was approached to participate in the research and none refused. Seven people agreed to be interviewed in total. Stage Two participants were drawn from a larger pool of approximately 75 people.

The Arts on Prescription (AOP) was developed as part of the core business of Art in Mind and ran for two-years. The programme consisted of a series of six weekly facilitated art sessions, employing various media. People were referred to the AOP either through their GP primary care team or the local mental health community team. All of the people who have engaged with AOP have been

identified as people with mental health problems. AOP was extremely popular with people referred and continued to be over-subscribed. Recruitment into the LAC is generally by word-of-mouth and recruitment into the AOP is usually through mental health statutory workers informed by leaflets, personal contact with the project and so on.

The majority of participants were recruited to Stage Two of this study through my attendance at the Art in Mind first birthday party in January 2006. The event was a party that included a buffet tea; about fifty people attended. I gave a short talk introducing my research and invited people to give their names and contact details if they wished to take part in the research. Fourteen people provided their details. I telephoned each of them to discuss the research further. Of these, nine were eventually identified as research participants. Through every conversation with each prospective participant, I made it quite clear that they should not feel obliged to participate in the research. At no point did I ask if they used mental health services, as the only inclusion criteria was that they attended Art in Mind activities. My only knowledge of whether or not participants used mental health services was later gained if participants divulged this information during the interviews. Of these nine people, no one dropped out of the research. I offered no incentives or inducements to participants, although at the end of each interview I gave each person a £5.00 shopping voucher as a token inconvenience allowance. Whilst I considered this a token amount, it became clear during the research process that the voucher was valued and appreciated and there are two stories which illustrate this.

Story One

I received a phone message from the Art in Mind office asking me to contact Martin (pseudonyms are used throughout this thesis), one of the interviewees. I phoned him back:

Martin: Hello Theo, sorry to ask you like, but where's my postal order (sic)? You said you'd drop it in!

Me: Oh! sorry Martin, I completely forgot, I'll drop it off on my way home from work, sorry about that.

Martin: OK, Thank you.

Story Two

My last interviewee for the third interview was in the next room at the Art in Mind premises participating in the film group; I popped in:

Me: Hi Ray, is there any chance of doing an interview with you when you've finished your group?

Ray: Are there any vouchers?

Me: Yeah, of course.

Ray: Alright then.

The stories illustrate the value of money to be people on low incomes (Rowe, 1998). Whilst I never intended the £5.00 voucher to be a reward or inducement, it became apparent that is was worth more than a token to at least some participants.

Stage Two of the study tracks the journey of people participating in Art in Mind activities over a twelve-month period (circa January 2006 –January 2007). Where people are referred to by first name, pseudonyms are used throughout this thesis. Two people (Rupert and Wendy) feature in both Stage One and Stage Two. The data from their Stage One interviews contribute to the "case series" data set. Five of the Stage One participants I have identified as working in the voluntary sector, the remaining two are local residents. These five were involved in the setting up process (essentially the bidding process) of Art in Mind. A few others came and went, these have not been included, generally because I no longer had access to them, although it is acknowledged that data from these people would have contributed to the study.

Stage Two participants were either those who engaged with the Lost Artists Club (LAC) or the Arts on Prescription (AOP). The LAC was a by-product of the Art in Mind organisation and later became independently constituted. During the setting up phase of Art in Mind (February 2002- December 2004) two of the original Steering Group decided not to wait for the funding of Art in Mind to come through and developed plans to commence their own original and democratic organisation which became known as the Lost Artists Club. The LAC has an inclusive policy and attracts people who live in the city, identify themselves as artists and who feel in someway or another on the margins of society. It is informally observed that the majority of the LAC have used or currently use, mental health and/or addiction services. The LAC has remained close to the Art in Mind project, using its resources including premises and

benefiting from advice and staff support. During 2006, the host organisation of Art in Mind, was able to provide studio space to a number of the LAC members. The development of the studio space has been significant to a number of LAC members (this becomes evident in the findings of this research). Demographically, participants are reflective of the wider population of people attending Art in Mind over a two-year period.

1.8] Conclusion

Act One has introduced the origins of Art in Mind. It has also located my involvement from its inception and indicated my ideological motivations for setting up the project. The method of narrative inquiry has been introduced and how it was chosen as a research method for this study. A working definition of 'art' and its relevance to this study has been provided. The relationship between art therapy and the therapeutic use of the arts has been discussed and placed in a historical context. A political context has also been given for the development of the arts as a socio-political construct for improving society. The development of the research questions has been described for both stages of the research. Finally, the method of sampling and recruitment has been identified and described.

Act II – Complicating Action

2.1] Introduction

In this Act, the relevant literature is identified and discussed. The Act is divided into four sections that include a focus on the relationship between madness and creativity, creativity and well-being, mental health promotion and an examination of the sociology of mental health and illness. Firstly, the earliest examples of 'Outsider Art' are identified and are located in the cultural context of modernism at the dawning of the twentieth century. Attention is afforded to the medical diagnosis of schizophrenia (literally, 'a fragmented mind'), a condition that best represents what society regards as 'madness'. As the twentieth century progressed, and art therapy became recognised as beneficial to distressed people, so the relationship between the arts and health emerged in health practice and as a political agenda. Subsequently, the need for research into the efficacy of the arts in health became apparent. As health promotion became a global concern, so definitions of mental health promotion emerged. The concept of mental health promotion however is complicated by the contested nature of what 'mental health' means. A critical review of competing theories is offered in order to locate the rationale of the study.

In recent years, funding for the arts in health have generally been granted on the basis that proposed projects will have social benefits. Therefore, this premise is explored with a review of the literature relating to the sociology of mental health and illness.

2.2] The relationship between madness and creativity

In this section, the relationship between creativity and madness is examined further. The history of 'Outsider Art' is introduced and current conceptions of mental illness are viewed through a lens of modernism and post-modernism. Throughout this study, references to 'mental illness' are mostly referring to what has become associated with enduring mental health problems such as conditions diagnosed as schizophrenia and bi-polar affective disorder, what were previously known as 'lunacy' or 'madness'.

Madness and art: Art Brut and Outsider Art
Outsider art has its origins in European mental asylums of the early twentieth century. Most notably, Heidelburg and Waldau in Bern. The art historian and clinician Dr Hans Prinzhorn who went to work at the Heidelberg clinic was

encouraged to develop the collection of artworks created by the inmates and to put the works on display. In Waldau, one inmate, Adolf Wölfi was particularly gifted and similarly his work was publicly exhibited (Freeman, 1992). Similarly, in Scotland, Adam Christie who was admitted in 1901 to the Royal Montrose Mental Hospital, was given his own studio in the hospital grounds where he worked in stone. He created hundreds of sculptures and works of art out of rubbish (Hogan, 2001).

Roger Cardinal (1972) is attributed with inventing the label Outsider Art to refer to artworks created by people with no formal art training, who create artworks for themselves and not for public consumption (Parker, 2004). In recent times, Outsider Art has come to be associated with mental illness although it is not known why (Jenner, 2004). Art Brut is a term created by the French artist Jean Debuffet (1901-1985) and refers to art created by people who work outside the boundaries of official culture, particularly inmates in mental asylums often using materials considered as rubbish. Debuffet's celebration of the genre was motivated by his distaste for mainstream art (Clarke, 2004).

While Art Brut is now considered a recognisable historical art genre, Outsider Art has been adopted as an umbrella term for this type of art. Holt (2004) questions the potential for the voyeuristic gaze of publicly exhibiting outsider art. There were those during the twentieth century (from Freud onwards), that espoused the notion that mental patients were more creative than others giving rise to the myth of the mad genius (MacGregor, 1989; Guimón, 2006). Freud's theories of artistic inspiration being the result of sexual frustration have been thoughtfully unpicked and challenged by Storr (1972) who heralded modern interpretations from the psychiatric perspective. Some Surrealists notably Antonin Artaud, mounted vicious attacks on psychiatrists of the day for the power they wielded over those who were labelled insane but also creatively brilliant (Lomas, 2001).

Recognition of the artworks of the mentally ill in the early twentieth century coincided with the rise of modernism. An examination of the work of Sass (1992) reveals the relationship between madness and the culture of modernism that was preceded by the works of the many mental patients during the Art Brut period.

Art in Mind has organised a number of shows and exhibitions since its inception. It should be noted that no reference has been made to mental illness in its

promotional literature advertising such exhibitions. In this sense, we have deliberately distanced ourselves from what could easily have become opportunities for self-stigmatising situations.

Madness and art: a psychological critique

Both Laing (1960) and Szasz (1961) would argue that the schizophrenic (I do not hold to the universality of diagnosis, but use this term for mere convenience) is as understandable as anybody. Indeed, they argue that society collusively agrees not to offer understanding, either scientifically or socially, and chooses to demonise this group of people for reasons of political and social control. One way that schizophrenia is socially accepted and understood (to some degree) is through art. Whilst this complex relationship was firstly identified through the work of Freud, it was further illustrated through the culture of modern art in twentieth century, notably, surrealism and abstract expressionism. Sass (1992) argues that if schizophrenia were to be understood, or at least interpreted, we would do well to focus upon its diversity and incomprehensibility rather than to pathologise it. Thus, Sass' argument continues, parallels may be drawn between the expression of schizophrenia and the cultural expressions of both modernism and post-modernism. By understanding modern culture, we may make sense of the phenomena known as schizophrenia and madness in general.

Some have placed emphasis upon the notion of imagination and in particular, its potential to be interpreted in a variety of ways (Nettle, 2001; Storr, 2004). Freud (1917:376) for example regarded the use of imagination as escapist and delusory: "an artist is…not far removed from neurosis. He is oppressed by excessively powerful instinctual needs…". The artist works out his (sic) libidinous frustrations through his art. Whilst noting this masculinist reading this concept of art also implies it is a pathological expression of inner disturbance. While this view may sound dated, and to many, wrong, the essence of the view is retained with contemporary artists being generally regarded as 'not normal' in relation to the status quo. Psychiatry generally perpetrates the 'normal' and 'abnormal' divide with its system of classification of mental illness (DSM IV). Whilst normality is not explicitly defined within psychiatry and western culture, it is implicit in what is acceptable in our society. If an individual is 'adjusted to reality' then they are perceived normal and sane. However, is it not the creativity of humans that makes the species superior? Creativity therefore is the result of not being adjusted to and determined by external reality. Psychiatry will

therefore always be at odds with the notion of creativity for as long as creativity challenges the normal construction of external reality. Furthermore, the logical conclusion of the Freudian and post-Freudian argument would be that 'sane' people could not be artists.

Storr (2004) argues that creative imagination is an intrinsic part of being human. The child is naturally curious, imaginative and frequently taken with fantastical play, in fact, if the child were not so there would be something seriously amiss. The child has these developmental qualities in order to learn about themselves and themselves in relation to the world. The fantasy world is a world of creative discovery.

Creativity might be considered therefore to be born from discontent and not from pathology (Laing, 1960). It is hardly surprising that creative works are usually the product of those who are at odds with social norms. It is human nature to be creative in order to bring about change, and something new. For Storr (2004) schizophrenic delusions are creative attempts to make sense of psychotic experiences. Ultimately, Newton's theory of universal gravitation proved a delusion of huge proportions, however, for centuries it stood at the cornerstone of science. Delusion is only considered pathological when it challenges the normally accepted version of external reality. For the artist however, delusional thinking may be an integral part of being creative.

Contemporary notions of the relationship between creativity and psychological disturbance may have its origins in the Romantic period, with the image of the heroic artist creating in spite of the personal cost of unrequited love or a sad childhood, a position exemplified by Byron or Beethoven (Steptoe, 2004). This position of the artist as a victim found further support in psychoanalytic theory construing creativity as a manifestation of disturbance with developmental and psychosexual issues.

More recently, however, researchers into the relationship between art and the mind have looked at the phenomena of inspiration and placed emphasis upon divergent and associative thinking; the ability to make connections between apparently unrelated topics. The capacity to creatively process at a sub-conscious level whilst going about everyday tasks is a common feature amongst creative people. Storr (2004) reminds us of the destructive nature of schizophrenia as well as the benefits of divergent thinking. A strict application of

diagnostic criteria on creative people throughout history may well have seen some of the greatest minds being labelled as mentally ill. Others however have adjudged not the individual to be insane but society itself (Szasz, 1961; Fromm, 2005).

Madness in the context of modernism
Sass (1992) questions the rational, bio-medical explanation of madness and considers the possibility that some forms of madness:

> …derive from a heightening rather than a dimming of conscious awareness, and an alienation not from reason but from the emotions, instincts and the body?

> (Sass, 1992:4)

Our contemporary understanding of madness, it is argued, has become synonymous with irrationality. Naturally, this post-enlightenment, western observation raises questions of the historical and cultural interpretations of madness. Heraclitus (5th Century) considered the psyche to be at the centre of human personality and reason. This reason has the potential to be disturbed by both Dionysus, the god of wine, and Plato who imagined madness being the presence of a wild self, taking over the rudder of the rational self. During the enlightenment period, rationalism came to the fore and those who are mad (the opposite of reasonable) were forced behind the walls of asylums where they and their descendants remained in one form or another until the very end of the twentieth century. As Porter (2002) observes, the asylums were a convenient solution to an inconvenient problem. Once human consciousness came to be defined by the self-awareness of its mental essence ("Cogito ergo sum") it became evident that madness must be understood as a deviation from this condition. Madness therefore became generally understood as deviant, irrational, destructive and unproductive.

To the present day, the dominance of medical science in the arena of madness has confirmed both the lay and professional view that madness **is** irrationality. The mad, crazy, lunatic or insane are not considered to make a meaningful contribution to contemporary life. They are defective (disordered) by a collective social agreement. Whilst the ancients may have believed in base instinctual drives that overtake the rational person and causes madness, this position is not far removed from the Freudian position of the disintegration of the ego and

regression. Parallels could also be drawn with evolutionism that once prevailed in cultural anthropology in which tribal people were considered to be ruled by instincts and lacked self-awareness because of their earlier state of development (Horrobin, 2001).

Biological arguments for the aetiology of schizophrenia dominate those from a biomedical persuasion, notably psychiatrists, some within psychiatry have included within this argument the possibility that modern industrialised western cultures have been plagued with a slow viral epidemic causing schizophrenia over the past two hundred years (Torrey, 1980). Others in the medical profession contradict this notion and argue for the historical development of the emergence of the schizophrenic gene (Horrobin, 2001). Rather than an emerging prevalence in Western society, Horrobin argues that the schizophrenia gene emerged in ancient man, indeed, it was this gene that enabled humans to evolve into the intelligent and creative species we now are. It has become widely accepted that certain genetic dispositions and characteristics of neuropsychological organisation influence artistic creativity (Guimón, 2006).

The relationship between art and madness however should not be glamorised for there are those who assert that when mental disorder truly emerges, creativity decreases, (Storr, 1988; Guimón, 2006). Furthermore, the side effects of powerful drugs prescribed for mental illness may further dampen down creative energy.

This section has discussed the historical and contemporary relationship between creativity and social constructions of madness. 'Mad' art has been celebrated through movements such as 'outsider art' and 'art brut' and modernism has provided an accepted social context for 'mad' artists. The relationship between creativity and madness is disputed although there remains strong evidence for its connectedness. Throughout the Art in Mind project, explicit connections of the relationship between creativity and 'madness' have not been exploited. The arts have been used however as media for bringing people together and for opportunities for creative expression. In the following section, the politics and the practice of how the arts became useful for communities in the UK and how the personal and social benefits of the arts became caught up in the healthcare agenda are examined.

2.3] Creativity, well-being and politics

In this section, the relationship between creativity and well-being (or 'health') is examined through the literature. The politics of what has become known as the arts and health agenda and the implications for research is presented.

The politics of community arts in the UK

Carey (2005) compares Britain's attitude to the arts with those of Hitler around the same period. When the Council for the Encouragement of Music and the Arts (later to become the Arts Council) was set up in 1940, it was required to choose whether it would support the creation of art by the population (community arts) or provide art displays and exhibitions for the people. It chose the latter. According to the Arts Council, art should be available to all the population through displays and exhibitions. This was further endorsed in 1956 by the then Secretary General of the Arts Council, W E Williams:

> The Arts Council believes then that the first claim upon its attention and assistance is that of maintaining in London and the larger cities effective power houses of opera, music and drama; for unless these quality institutions can be maintained, the arts are bound to decline into mediocrity.
>
> (Carey, 2005:156).

Art therefore, was considered something that could be provided by the state for its people, thus the Arts Council openly declared its elitist origins. By the 1980's, resources were stretched to the extent that the Arts Council only funded professional artists. In spite of the existence of art therapy for decades, prior to the first document on the relationship between art and health, the link between the arts and health only became apparent in policy, following the election of New Labour in 1997. This should not be surprising, as there was no research agenda linking the arts with sick communities. Furthermore, there was no evidence to suggest that people involved in art activities could change for the better. Matarasso (1997) heralded the arrival of New Labour optimistically:

> The election of a government committed to tackling problems like youth unemployment, fear of crime and social exclusion is the right moment to start talking about what the arts can do for society…
>
> (Matarasso, 1997:iv)

Graef (2001) sees violence as a form of expression that arises from frustration and anger. As a criminologist, he has seen first hand the affect that artistic expression can have on hardened criminals and asserts that artistic expression encompasses feelings that do not harm other people, but transforms the experience of both the giver and the receiver and enhances people's lives instead of damaging them. Graef's thesis argues well for community arts in deprived inner-city areas. An alternative recent history has been contemplated had more attention been given to community arts in the last century:

> Perhaps if the fledgling Arts Council had decided, at that crucial, never-to-come-again moment at the end of the second world war, that community art was its remit, not showpiece art, the whole history of post-war Britain and all our preconceptions about what art is, would have been different.
>
> (Carey, 2005:167).

However, Matarasso (1997:iv) encourages forward thinking as he claims that Britain deserves better than "…exhausted prejudices over post-war debates over state support for the arts". There remains the potential for the arts to become another form of palliative therapy in the way that counselling has also become mainstream in statutory healthcare provision thus avoiding the responsibility for addressing the underlying social needs. By 2000, the government had committed itself to an art and health agenda that specifically recognised the value of community arts in its review of good practice (HDA, 2000). This is discussed later in this chapter.

A history of the development of the arts and health agenda in the UK
As previously discussed, arts in mental health had its origins in the moral treatment movement of the early nineteenth century. Subsequently, art therapy grew in popularity in the early half of the last century. It would not be until the 1970's however that the arts in healthcare would become recognised as a legitimate intervention. Whilst the following quotation may, at first reading, have a strong ego-centric component, the author's assertion is hard to refute:

> The 'Arts in Health Care' movement in this country can be said to have started in 1973 when I was given permission to become artist in residence at St Mary's Hospital, Manchester.

(Senior, 1997:21).

Prior to this date, the arts had been awarded little attention in the NHS in the UK other than in the context of architectural design and paintings on the walls; the notion of space as something therapeutic came later (Lynch, 1997). The earliest government attention given to the arts in healthcare can be found in a Department of Health report called 'Art in the NHS', (Coles, 1983). Two years later, this was followed by the Attenborough Report specifically addressing the needs of people with disabilities (Carnegie Council, 1985). In 1988, the Department of Health published 'Arts and Healthcare', (Moss, 1988) which laid the foundations for the development of the arts in health. The subsequent decade saw in the era of New Labour and with this a developing connection between the arts (and sport) and 'neighbourhood renewal'.

In the Report of the Policy Action Team 10, (Department for Culture Media and Sport, 1999) it was argued that participation in the arts and sport would help to improve a community's performance on the four identified key indicators of neighbourhood renewal: health, crime, employment and education. However, the report observed that whilst there was much anecdotal evidence of the effectiveness of the arts and sports promoting community development, there was little in terms of research evidence. In its response to PAT 10, the Arts Council, concurred that the arts could indeed contribute to the social inclusion agenda (Arts Council of England, 2000). Another key event around this time was the Windsor Conferences (1998/1999) organised by the Nuffield Trust. The focus of these were to explore the potential of the arts in contributing to health care and therapy, health professional training, hospital design, and the promotion of healthy communities (Clift, 2005). Subsequently, the Nuffield Trust published reports that reflected the content of the conferences and subsequent debates and developments (Philipp, 2002; Coates, 2005).

The Health Development Agency (HDA) published the results of its national survey reviewing, "…good practice in community-based arts projects and initiatives which impact upon health and well-being" (HDA, 2000:1). Having distributed questionnaires to 250 arts and health projects around the UK, 90 completed questionnaires were returned. Other than a useful mapping exercise, it is difficult to draw any conclusions from the findings relating to health improvement as respondents were asked to tick boxes on issues such as 'promotes healthy lifestyle and 'develops people's self-esteem'. The report itself acknowledges:

> Evidence for these benefits was predominantly anecdotal and no projects had designed rigorous instruments of measurement
> (HDA, 2000:17).

Attempts at 'rigorous instruments of measurement' would come later with the implementation of the Department for Culture Media and Sport (DCMS) programme in 2005.

In 2000, the National Network for the Arts and Health was founded. Prior to this date, there was no national focal point for those involved in the arts and health (Dose, 2006). On the 9th July 2003, a seminar was organised by the Institute for Public Policy Research (IPPR) and hosted by the DCMS. The agenda for this seminar included a discussion on the future of the arts and mental health in the UK. Those present included Estelle Morris, Minister for the Arts and Rosie Winterton Minister of State for the Department of Health. In preparation for this day, Mike White, Projects Director at the Centre for Arts and Humanities in Health and Medicine (CAHHM) at the University of Durham, presented a discussion paper that gave an overview of the national picture of the arts and mental health in the UK especially in relation to social inclusion. Although this paper is not for citation, much of the material is drawn from a literature review conducted by Mike White and his colleagues available at their website (White, 2003). It is apparent that the arts and mental health, social inclusion agenda was given a mandate for action on that day. Subsequently, the DCMS call for proposals to nationally research the arts and mental health was made. This work would build upon the Social Exclusion Unit Report on mental health and social exclusion (Social Exclusion Unit, 2004). Also, in 2004, the Arts Council published its own research into the social benefits of engagement in the arts (Jermyn, 2004) by examining participation in various funded projects. This study reports a list of benefits of engagement with arts. However, the validity of the research becomes questionable in the light that it is conducted on behalf of the Arts Council that also funded the majority of the projects. The method involved participants ticking boxes regarding the benefits of the various projects. It is quite understandable that people will report positive benefits on engagement with a project that they enjoy, in the full knowledge that positive research will help justify the funding for further enjoyable projects in the future.

At the time of writing, the Department of Health have initiated local implementations of the Action Plan for Social Inclusion (Social Exclusion Unit, 2004b) with regards to the arts and mental health. This initiative is running

concurrently with a consultation for the arts and mental health initiated by the Department of Health in collaboration with Arts Council England. Also, at the time of writing, the DCMS have commissioned a research project that is being jointly managed by a team comprising academics from Lancaster University and the Anglia Ruskin University. This team is conducting a national mapping exercise specifically for the arts and mental health and evaluating the efficacy of such projects through the lens of social inclusion (Hacking et al., 2006). Thus, the arts and mental health agenda has, for the first time, become nationally recognised at governmental level.

In spite of the government's White Paper '*Choosing Health'* (Department of Health, 2004) making no reference to the arts and health agenda, its progress continued with a report on the relationship between the arts and health subsequent to the IPPR seminar and discussion paper (Cowling, 2004). These policy developments have grown in tandem with those specifically addressing people with mental health problems through the Office of the Deputy Prime Minister's Social Exclusion Unit (Social Exclusion Unit, 2004). In this report, the arts (and sport) have been identified as useful in promoting good health through social inclusion (participation). Simultaneously with these developments in the Department of Health and the DCMS, the Arts Council commissioned two reviews of the literature regarding the arts and health (Reeves, 2001; Staricoff, 2004). Staricoff included a section devoted specifically to mental health. Furthermore, the Arts Council included a commitment to developing strategies on 'arts and health' in their Corporate Plan 2003–06 (Arts Council England, 2003). During the period 2000-2005 the national interest in the arts and health increased however, during 2006, the funding for such initiatives was greatly reduced, this is evidenced by the funding from the DCMS to the Arts Council England was frozen until 2008 (Dose, 2006). Thus, the long awaited "Arts, Health and Well-being: A Strategy for Partnership" for the UK became renamed "Arts, Health and Well-being" and is introduced as a framework rather than a strategy (Arts Council England, 2007). This coincided with publication of the Department of Health report (2007) that endorses the arts in health agenda. Art in Mind was therefore initiated at a time when the political agenda for the arts and health was on the ascendancy, however the evidence-base for the health benefits of the arts was in its early stages. Both the Arts Council England (2007) and the Department of Health (2007) have called for further research to bolster the evidence-base for the arts and health agenda.

Researching the arts in mental health

While "the arts" is widely accepted as a form of therapy, its usefulness in promoting health to the general population remains largely unacknowledged in the healthcare arena and within its allied research base. The Department of Health (2007) claim that there are over 1,000 studies supporting the health benefits of the arts, although the same document acknowledges that the majority of these are more to do with healthcare environments than participation. Art in Mind was created under the umbrella of 'mental health promotion' and the use of the arts for health promotion is convincingly justified by Schmid (2005). The theoretical foundation for the health benefits of the arts Schmid locates in the humanistic psychology literature, notably the work of Maslow (1954) and Rogers (1961). These person-centred and humanistic values informed the philosophy of Art in Mind in its development. Furthermore, these values also informed the research process as I sought to create a listening relationship with participants. In the development of arts being used for health benefits, creative expression began to be deemed a contribution to "…ongoing growth, personal development and transcendence"… of the person (Richards, 1999:684).

Creativity is also woven throughout the work of Jung (1966; 1989). Some however, do not regard the arts as a vehicle for therapy but as intrinsically therapeutic (Argyle and Bolton, 2005). Others maintain that arts alone are not therapeutic, but how it is delivered and its social context is critical to its effectiveness (Macnaughton et al., 2005; White, 2006). A number of studies illustrate the point. Reynolds (2000) found that half of the ageing women involved in a textile project took up creative textile work following long-term illness. These women also attributed increased well-being to their textile work. Naturally, there was also a social component to their work. Social and well-being benefits of community arts have also been identified by Fisher and Specht (1999) with older people and Reynolds and Prior (2003) with women coping with disability. In their 12-month study of 212 older people, Greaves and Farbus (2006) found a range of psychosocial and physical health benefits amongst older people involved in an arts programme. They identified the key benefits related to a sense of belonging to a social group and the building of self-confidence and self-efficacy and was evidenced by improved and mood and physical well-being declared by the participants.

Simonton (2000) observes that generally, research into creativity has been focused upon the origins of creativity and its relationship with personality. Specific research into the arts, creativity and its benefits for physical and mental health is in its infancy in a hypothesising/generating stage (Reynolds, 2005). Reynolds (2005) also identifies four specific areas of arts and health research: the influence of creative occupations on health, creativity and ageing, creativity and chronic illness and linking physical health outcomes with creativity. For each of these, examples are offered of small-scale research studies that illustrate the health benefits of creative expression. Clearly, research into the social benefits of the arts is limited. In a community arts programme promoting mental health Parr (2006b) interviewed 35 participants; for many, engagement with the arts activities provided stability for their lives and contributed to social well-being in terms of forming and sustaining relationships with other participants. These results strengthen the 'bonding' personal capital argument for community arts (Putnam, 2000). Whilst this community of artists may have been strengthened, the notion of 'outsiders' to mainstream art predominated. Specific social benefits are further identified by the participants of her study although these are arguably more to do with 'bonding' than 'bridging'. However, specific examples are offered of the effectiveness of exhibitions and collaborations with local (non-health based) community arts groups and artists:

> …feeling welcome and confident to sit in cafes and bars with other artists and workers, being invited to attend other gallery openings and having access to mainstream exhibition space for the work of project participants.

(Parr, 2006b:25).

In her review of the arts and health literature, Staricoff (2004) examined health and medical literature published between 1990 and 2004 in order to explore the relationship of the arts to healthcare, and the influence and effects of the arts on health. The aim of the study was to "Strengthen existing anecdotal and qualitative information demonstrating the impact that the arts can have on health" (Staricoff, 2004:4). She identifies approximately 264 studies in the fourteen-year period to inform the discussion of the subject. This excludes the number of cited studies that address biological and psychological hypotheses concerning the arts and health. The review did not seek to be the definitive evidence base for arts in health interventions although it clearly provided the most comprehensive review of the literature to date. The review identified that there remain many areas for further exploration. Two examples cited were:

> …the emerging evidence around the use of arts interventions in community settings to improve health; and work that is concerned with the first hand engagement of artists with patients and staff in healthcare settings
>
> (Staricoff, 2004:4).

In summary, Staricoff (2004) has identified the following as evidence of the value of the arts to well-being:

- inducing positive physiological and psychological changes in clinical outcomes
- reducing drug consumption
- shortening length of stay in hospital
- increasing job satisfaction
- promoting better doctor-patient relationships
- improving mental healthcare
- developing health practitioners' empathy across gender and cultural diversity

A number of evaluation studies of community-based participation projects have been conducted, although the Health Development Agency (2000) concluded, that it was not possible to give exact details of improved health, particularly in the light of the fact that so few projects directly provide information on health, or social matters related to health, which are based on formal instruments of measurement. Furthermore, control groups for such projects are so difficult to establish (Staricoff, 2006).

The art in health movement has not been without its critics. In 2006, the Policy Exchange published a collection of papers largely condemning the Arts Council and its arts in health agenda considering its agenda as politicised rhetoric (Belfiore, 2006; Brighton, 2006; Heartfield, 2006; Selwood, 2006). The collection of essays challenges all of the claims made for the personal and social benefits of the arts citing inadequate evidence and exaggerated claims:

> Arts policy today… is infused with the idea that the arts are good for society, and that they can help achieve a number of social policy objectives. The people who fund the arts, provide the arts, and research the arts have all produced a consensus about the value of what they do, which hardly anyone challenges… If you read the policy literature, it seems uncontroversial that the arts can stimulate economic growth, reduce social exclusion and improve our health – in short, transform our society. Yet…there is surprisingly

little evidence for these claims. We may have a
government that calls for 'evidence-based policy'
but as its support for the arts demonstrates, they
don't have much of a leg to stand on.

(Mirza, 2006:15)

Whilst the publication of these papers stimulated a vociferous reaction from
proponents of the arts in health agenda (e.g. White, 2006b), the fact remains
that what constitutes evidence in terms of scientific inquiry is often beyond the
reach of arts in health projects and researchers. There is plenty of evidence for
the efficacy of the arts in terms of personal and social outcomes, however, until
the right kind of evidence is produced for the NHS, the evidence remains
marginalised and will continue to be subject to criticism with the scientifically
dominated healthcare arena.

This section has discussed the development of the politics of community arts in
the UK and briefly considered the health and social claims of community arts
researchers. The picture is not clear however; instrumental research approaches
have the tendency to exaggerate claims according to the current agenda in
order to secure potential future funding. To date, there is no longitudinal
evidence of the benefits of engagement with a community arts project
promoting mental health. This current study therefore is well placed to add to
this specific research agenda and knowledge. It is not only the assertion of the
health benefits of the arts that requires interrogation, but also the notion of
mental health promotion per se. The concept of mental health is contested,
therefore any idea of promoting it must be questioned. The next section focuses
upon this debate.
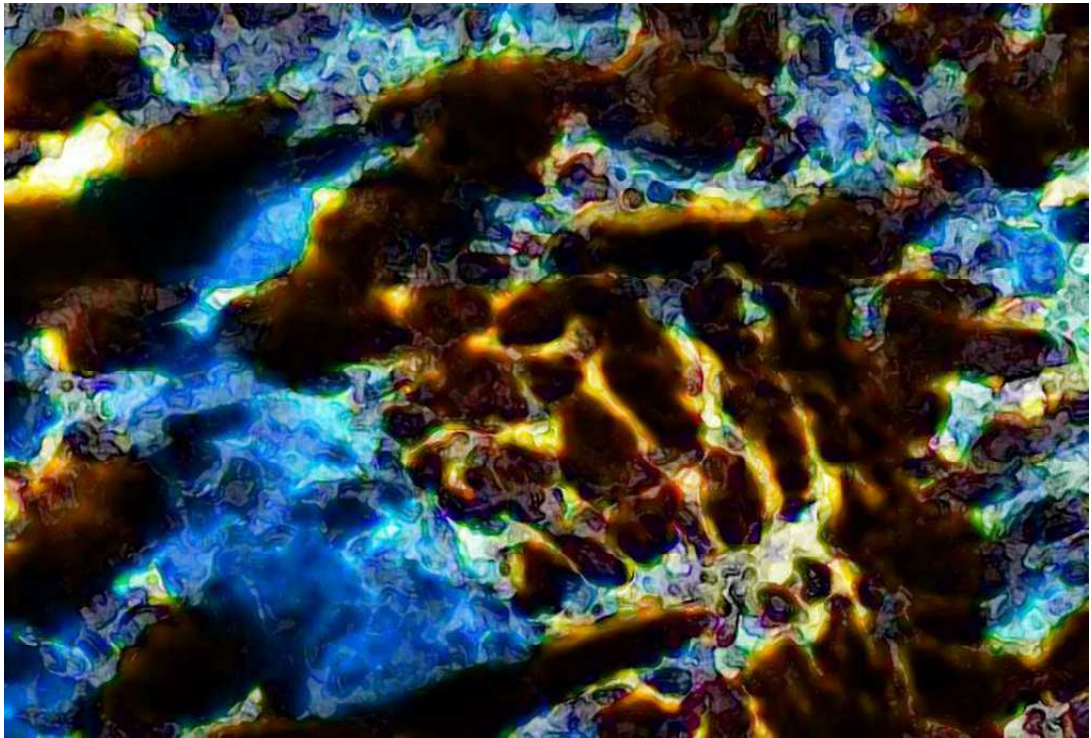
2.4]   Mental health promotion

Art in Mind was created within the political construct of mental health promotion. In this section, concepts of mental health are considered and the notion of any form of mental health promotion is questioned. As the title of this thesis (and its parenthesis) implies, when discussing mental health promotion a number of linguistic assumptions are made. The term 'mental health' is a contested concept. While the words 'mental health' are apparently less committed to the medical discourse than its predecessor 'psychiatry' (and, of course, psychiatry as a medical discipline continues to control 'mental health'), the term 'mental health' is now so enshrined in policy and practice, it has indeed become the new 'psychiatry'. Forasmuch as the word 'health' implies wellness; it is also opposite to 'illness', therefore reinforcing a medical explanation for mental distress. The language of the World Health Organisation (WHO) subscribes to the medical definition of mental distress:

> Mental illnesses are common to all countries and cause immense suffering. People with these disorders are often subjected to social isolation, poor quality of life and increased mortality. These disorders are the cause of staggering economic and social costs.

> (WHO, 2006: website)

It is interesting to note the unabashed connection between 'illness', 'disorders' and 'economic and social costs'. In the international health community, WHO are recognised as the over-arching authority on public health and promotion. Given its wholesale subscription to the medical model of mental distress, it is understandable that the discourses of respective governments reflect medical model assumptions in tackling 'mental illness'. Mental health promotion therefore is necessary to reduce suffering and reduce economic burden.

The WHO definition of 'mental health' however, is more holistic than a mere 'absence of illness' definition, it spite of its absence of illness discourse:

> It is a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.

> (WHO, 2006a: website)

Given the assumption of a medical model definition of 'mental illness' (an illness that causes 'immense suffering' etc.), that is offered by WHO, we can further assume that by reversing the definition of 'mental health', 'mental illness' therefore is a state of not being well, a state where individuals do not realise their own abilities, they cannot cope with the normal stresses of life, cannot work productively and fruitfully, and are not able to make a contribution to his or her community. Given that this definition supposedly applies to a world-wide population, stated thus, these criteria have a distinctly wealthy, western, shallow sound, given that the World Bank (2006) estimates that 53% of the world's population lives in poverty (less than US $2 per day income). Any further discussion I attempt to develop about mental health promotion therefore is largely built upon western assumptions and definitions of mental health. By effectively ignoring the plight of half of the world's population, the limitations of this discussion are acknowledged.

In the UK, the Health Education Authority offers a definition of mental health that states:

> Mental health underpins all health and well-being.
> It influences how we think and feel, about
> ourselves and others, how we interpret events,
> our capacity to learn, to communicate and to form
> and sustain relationships
>
> (Health Education Authority, 1999:1).

Whilst the significance of mental health has been identified, the definition offered fails to define. Kazdin (1993) defines mental health as the absence of dysfunction in psychological, emotional, behavioural and social sphere, and optimal functioning or well-being in these domains. As with the 'absence of illness' definition, this presents mental health only as the absence of dysfunction and representing a negative definition and does not explicate the meaning of the phrase. These issues are raised in order to illustrate the illusive nature of defining mental health. The reason this is so is because of the contested nature of defining mental distress. Therefore, before a discussion around the subject of mental health promotion is considered, concepts of mental health including the medical model and alternatives are considered. This examination is not exhaustive.

The medical model of mental illness

In Britain, the medical model dominates statutory mental health services. It has defined official policy since the 1858 General Medical Act, which recognised that insanity was a disease of the brain and ordained doctors as keepers of the mad and the authority in their treatment (Rogers and Pilgrim, 2001). The medical model asserts that mental illness is pathology and in the same way that any physical disease can be assessed by signs and symptoms, so can mental illness. A diagnosis can be duly ascribed and treatment can be offered, a process that is verified by a body of empirical science. People who experience this form of illness seek help from the medical profession who are trained to recognise the symptoms and are able to diagnose according to the classification of diagnostic manuals such as the DSM IV and the ICD10. An accepted psychopharmacology enables doctors to prescribe drugs that affect the central nervous system and the brain's chemistry. Because the science of bio-psychiatry is considered universal, there is little scope for subjective and cultural variations. If somebody is deemed to have symptoms of schizophrenia for example, they will be diagnosed irrespective of whether they are from Surbiton or Senegal, whether they are an Iranian refugee or a white merchant banker. For people who are considered sufficiently ill, they may be required to stay in hospital until they are considered well enough to resume their role in society. Treatment in psychiatry is aligned to physical treatments in its vocabulary, for example acute wards, medication, therapy, rehabilitation and so on. As with people who are admitted into the hospital system for physical problems, people are cared for by healthcare professionals such as doctors, nurses and occupational therapists. Schizophrenia is often considered the most debilitating of mental disorders and a brief examination of the condition is offered to provide an illustration of how mental illness is dealt with within the medical model.
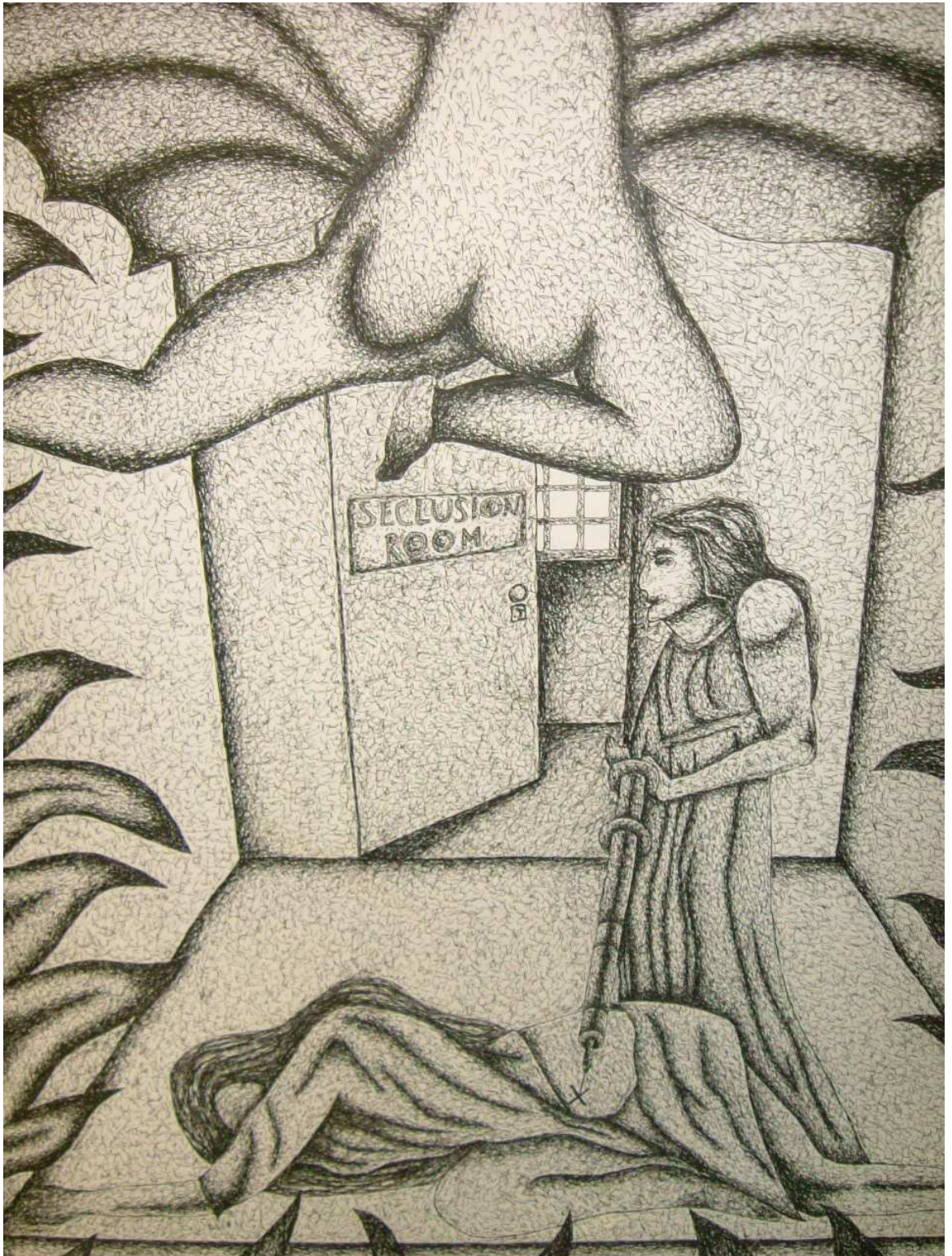
The origins of the concept of schizophrenia

The development of the diagnosis of schizophrenia has coincided with the development of psychiatry; the two are inseparable. In the 19th century, a number of attempts were made to categorise mental disorders. In 1851, Falvet described what he called 'Folie Circulaire' or cyclical madness. Twenty years later Hecker referred to 'Hebephrenia', or undisciplined mind after Hebe, goddess of youth and frivolity. It was Emil Kraepelin in 1896 who created the idea of scientific classification for mental disorder. Kraepelin was a professor of psychiatry at a number of universities. Whilst Freud's psychoanalysis had focused upon hysteria (mainly in women), Kraepelin brought together a constellation of symptoms to create the diagnosis of dementia praecox that is latterly known as schizophrenia. Kraepelin asserted that dementia praecox was caused by neurophsysiological deficits in the brain. These, for whatever reason, caused the unity of the individual to break down affecting emotions, will, personality and resulted in the person being unable to experience life normally. Dementia praecox was considered a premature form of senile dementia. It appeared to Kraepelin and his colleagues that the person with dementia praecox was motivated more by chance impulses rather than by reason and will.

The emerging science of psychiatry continued with the dawn of the 20th century when in 1908 Eugen Bleuler criticised the use of the term dementia praecox, noting that whereas senile dementia afflicted large numbers of people, dementia praecox however affected a very small number. The notion of the relationship between the two was undermined. Bleuler first coined the term 'schizophrenia' in 1911. Bleuler spent his life working with 'schizophrenics'. In spite of the intensity of his work, he once commented that when all was said and done, they remained as strange to him as the birds in his garden. A contemporary of Bleuler, Karl Jaspers, (a psychiatrist and philosopher) also studied schizophrenia; Jaspers was equally mystified by his patients and believed that they were unintelligible and beyond rational understanding. From its origins, schizophrenia has been regarded as having a biological cause affecting the psychological realm. It cannot be understood psychologically, therefore only a biological treatment should be considered. This approach has been referred to as the medical model and continues to this day.

Lay beliefs of mental illness

The lay view of mental illness is largely informed by the theories and practices of medical practitioners. Lay beliefs however, are further affected by the images of

mental illness as portrayed by the media. One study found that 46% of all press coverage about mental health was relating to stories of violence and crime committed by people with mental health problems (Simmie, 1998). Most of the rest concerns legislation and healthcare provision. People with a diagnosis of schizophrenia are repeatedly referred to as dangerous by newspapers (Philo, 1996). Films such as, 'Silence of the Lambs' reinforce the dangerous image portrayed by the newspapers. Lay beliefs are further strengthened by a wide vocabulary of labels with stigmatising effects. Whilst largely tolerant to most forms of disability, those with mental health problems are widely discriminated against (Sayce, 2000), with common reference to people with mental health problems as somehow deficient or incapable, for example "unable to cope/hold down a job". In the UK, mental illness has also become strongly associated with those of the underclass who beg in city streets (Ryan, 1998). There are a variety of conceptualisations of mental health, whilst I do not intend to offer expositions of all the theoretical positions; it is imperative to acknowledge the existence of the variety of alternatives to the medical and lay beliefs. These theoretical views overlap and at times contradict each other.

Sociological explanations of mental health problems
Sociology offers a number of alternatives to the lay and medical beliefs. People are never considered outside of the society in which they live and the role of the mentally ill has evolved with society. Parsons (1951), proposed the 'sick-role' that is defined by societal mechanisms which ensures that the incapacity of the individual does not interfere with the smooth running of society. Though extensively criticised by, for instance, Freidson (1970), Parsons was the first theorist to explain this phenomenon. In relation to the experience of emotional and psychological distress, psychiatrists make provision for people to temporarily opt out of social roles and responsibilities by becoming mentally ill. Opting out of their social roles is legitimised by their condition of illness. The State makes financial provision for those who are unable to work because of illness. Benefit payments to people who are legitimately ill are considerably higher than for those who are unemployed[5]. There becomes the potential for people to prefer to be ill than to be merely unemployed as the benefits of illness outweigh the penalties.

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[5] The basic level of Incapacity Benefit in the UK was £76.45 per week at the time of writing. The basic level of Jobseeker's Allowance was £56.20 (DirectGov 2006a, 2006b)

Another view, but one still linked to the wider functioning of society, and especially to work, is the analysis propounded by, among others, Doyal (1979) and Freidson (1970). This claims that the capitalist economic system is largely responsible for much of what is categorised as disease, furthermore, they point to workplace stress and environmental pollution as examples of this. Applied to the field of mental health, this theory would suggest that we should look for the causes of mental illness in the pressures of a capitalist society, rather than seeking some kind of 'biological' explanation.

A theorist with an equally strong political stance is Foucault. Though he would not have described himself as a sociologist, his theories situate mental illness in a wider social context. In '*Madness and Civilisation*' (1965), he shows how madness (his preferred term) is not a biological phenomenon, but can only be understood in the society in which it exists. In other words, any given society 'constructs' its own version of madness. For Foucault, the 'modern' version of madness is an object for academic study, and the mad are a group who need to be controlled, classified and subjugated, through the institution of the asylum. Goffman (1961), though equally unwilling to be academically categorised, analysed the psychiatric hospital as a social, rather than a therapeutic institution. He showed how the asylum is a 'total' institution, controlling every aspect of inmates' lives, and that this controlled existence stigmatises the mentally ill, prevents them from re-integrating into society and forces a 'sick' identity onto them. Goffman shows how the total institution effectively creates more problems than it solves.

There is little doubt that psychiatry has been an explicit instrument of social control within the modern world. This is best illustrated by the actions of the Nazi party in pre-war Germany where mental patients were exterminated or the Cold War era of the Soviet Union where people were imprisoned in psychiatric hospitals because of their religious or political beliefs (Munro, 2000). People are in danger of becoming labelled mentally ill because their behaviour deviates from social norms. Mental illness is therefore, a form of cultural and political control. Hence, it is possible that the concept of mental illness is directly related to social power and control. The importance of issues of power in psychiatry is demonstrated by the way black and ethnic groups are hugely over-represented in the patient population (Health Care Commission, 2005). Women have also been vulnerable in the hands of this male-dominated profession (Chesler, 1972). Proponents of critical theory in relation to psychiatry would include those who

have been referred to as supporters of the anti-psychiatry movement (Szasz, 1961; Laing, 1960). Psychiatry is presented as an oppressive, socially constructed regime that is not given to respect the individual's unique experience. Within this view, psychiatrists are considered to be acting as God, judge and jury in removing people's liberties, rights and opportunities.

Anthropological explanations of mental health problems
Some anthropologists would argue that any understanding of mental illness cannot be separated from the culture of the person in question and as a concept, can only be fully regarded by seeing it in the context of the systems and institutions of that culture (Helman, 2000). Mental illness is not universally accepted and is therefore as some suggest only ever culturally determined (Jaynes, 1990). The DSM IV previously mentioned is determined by Western values and beliefs. This is easily understood in relation to homosexuality and mental illness. Until very recently, to be gay was to be mentally ill (King and Bartlett, 1999). Similarly, to hear voices in western culture is a symptom of schizophrenia. Until fairly recently *'West Indian Psychosis'* was a valid (scientific) disorder. It is now however widely recognised that this diagnosis was effectively a statement of racist attitudes. In western society, mental illness is greatly feared, while in other cultures there are no translations for psychiatric vocabulary. Thus, the phenomena that westerners may attribute to illness have other interpretations in different cultures and sub-cultures. One example very close to home is the phenomena of speaking in tongues and hearing God's voice in Pentecostalism. For as long as these activities are contained within Pentecostal churches, those who adopt such practices are not considered psychotic. Where psychosis is socially acceptable, it is not considered madness but either sociological norm or mere quirkiness or eccentricity.

Social constructionist views of mental health problems
The idea that the social world is constructed, rather than given is a long-standing idea in the social sciences (Gramsci, 1971). However, the phrase 'social construction' is most likely to have originated with Berger and Luckmann's classic text 'The Social Construction of Reality' (1966). While they themselves do not consider mental illness, the idea that social phenomena are constructed has been applied to mental illness, which has been described as socially constructed. Mental illness does not exist, only in the minds of those who seek to classify deviations from socially constructed norms and values (Dingwall, 1976). There is no 'true' scientific knowledge of mental illness as the category is constructed by

social negotiation. Though neither would have described themselves as such, the ideas of Szasz (1961) and Laing (1960) could be seen in these terms.

Post-modernist explanations of mental health problems
Post-modernism, though a strongly contested notion has also been used in explanations of mental illness (Bracken and Thomas, 2001). Although there is no agreed definition of what post-modernism is, the most widely cited is Lyotard's (1979:xxiv) "incredulity towards metanarratives". What Lyotard meant by this is that the post-modern era (into which he believes we have now moved) has a distinctively different relationship with knowledge than the modern era. Modernity was characterised by the over-arching meta-narratives of the Enlightenment (such as 'Science' or 'Reason'), which provided a certain foundation for knowledge. Lyotard argues that these meta-narratives no longer have any explicative power and that in the post-modern world knowledge is uncertain, contingent and dependent on context. This provides the basis for a critique of the scientific foundations of, for instance, medical knowledge. In psychiatry, these views are perpetuated today by those who call themselves 'post-psychiatrists' (Bracken and Thomas, 2001). Their views are expressed through the Critical Psychiatry Network (2006). These practitioners would argue against locating mental illness in the individual but would look to society and social oppression as the cause of mental distress.

Humanistic explanations of mental health problems
The humanistic view of human experience is that life is something of a journey with all of its ups and downs and mental distress may be regarded as a process of self-discovery (Rogers, 1951). Rather than 'breakdown', it may be better to consider the possibility of 'breakthrough'. Under stress we may all suffer emotionally and psychologically, mental distress is not just for those who society labels as mad. Expressions of distress no matter how apparently garbled can be understood to those who have ears to hear. This position was demonstrated in action by the radical psychiatrist RD Laing (1960). He believed that no matter how bizarre or apparently unintelligible the individual presented, there was always meaning. It was the responsibility of the therapist to understand the person. It is far easier to diagnose as mad and prescribe medication than to spend time with the distressed person and work hard at listening and committing to an empathic relationship. Those who hold humanistic beliefs consider the treatment in mental hospitals to be at best insensitive and at worst, barbaric. Humanistic theory is best represented in practice by person-centred

therapy (Rogers, 1951), Gestalt therapy (Perls, 1973) and Maslow's work on motivation and personality (1954).

Alternative explanations of mental health problems

There are many alternative beliefs to the notion of mental health and mental illness. In the UK, herbal remedies have been available for centuries, although current alternative beliefs are perhaps best represented by the influence of eastern religion and its affect on western thinking. In recent years for example, the nursing literature has seen a huge growth in interest towards concepts of holism and alternative (or complementary) therapies, although this is not paralleled in the medical literature. There is for example a canon of nursing literature relating to aromatherapy. Most of these complementary practices have their origins in eastern religion, thought and medicine. Concepts of mental illness are seen in the context of balances of body energy. For example, traditional Chinese medicine that has underpinned the majority of alternative therapies, considers the body to be a microcosm of the universe and any notion of illness is directly related to the individual's relationship with their own life force. Mental illness is seen in the context of blockages of energy pathways in the body (Miller, 2006). If these pathways can be unblocked, then equilibrium can be restored and the individual's life force can be revitalised. These vital forces maintain physical and mental well-being. In some cultures, a spiritual explanation of mental illness is offered, where irrational and incoherent behaviour may be caused by demon possession. The spiritual leader (whether it be a Shaman or Church of England vicar) is called to exorcise the offending spirits. Within mental health nursing literature, Professor Phil Barker best represents views alternative to the orthodoxy. Barker aligns himself with the critical psychiatry movement and considers the concept of mental illness more as a metaphor than an absolute reality (Barker, 1999). Some psychology theorists offer a spiritual alternative in the form of transpersonal psychology (Rowan, 1993) and psychosynthesis based upon the works of Jung (Hardy, 1987).

There are therefore many aspects of mental health theory that are not always reconcilable. These competing discourses may inform the development of mental health promotion initiatives according to their particular epistemologies. To date, most national mental health promotion initiatives seek to combat stigma and attempt to 'normalise' experiences of mental distress. However, given the high proportion of people experiencing mental health problems from lower social

classes, there is a need for mental health promotion initiatives that acknowledge this fact and that promote social answers to social problems.

From 'mental health' to 'total health' promotion
Mental health promotion is an umbrella term that covers a variety of strategies, all aimed at having a positive effect on mental health. The encouragement of individual resources and skills and improvements in the socio-economic environment are among them.

> Mental health promotion requires multi-sectoral action, involving a number of government sectors such as health, employment, industry, education, environment, transport and social and community services as well as non-governmental or community-based organisations such as health support groups, churches, clubs and other bodies
>
> (WHO, 2006a: website)

In the UK, Standard One of the National Service Framework for mental health (Department of Health, 1999b) spells out the requirement for mental health promotion. Additionally, with the introduction of the DH's 'Making it Happen', mental health workers have been given a guide for the implementation of mental health promotion in the UK. We do not have to look far to find excellent examples of attractive and relevant campaigns: e.g. mindout.net and mentality.org. What has been lacking however is critical literature examining the subject. Seedhouse (2003) is one exception and challenges psychiatrists' claim to diagnostic truth, when it comes to things of the mind, he asserts, it is a flawed premise to divide the mentally ill and the mentally well, the sane and the insane. Rosenhan's (1973) much cited work "On Being Sane in Insane Places" perfectly illustrates this by showing how 'sane' people may be considered 'insane' in contexts where insanity is looked for.

The discussion however is open to subjective interpretation and it could be argued that perceptions of wellness are determined by culture, faith and worldview. The medical definition of illness describes a causal relationship where observable events are attributed to hidden forces or agents (Allison-Bolger, 2001).

Traditional health promotion creates a false division we make between physical and mental health. One example of this in health promotion is the current initiative of putting 'SMOKING KILLS' on a cigarette packet, often with a

photograph depicting physical consequences of smoking. Such approaches are employed in order to emotionally influence people through fear into behaviour change. Needless to say however, this strategy is flawed when we consider the whole person and their individual psychosocial reasons for smoking. Such behaviour change methods, that also include the banning of smoking in public places, removes choice and a degree of autonomy. When psychosocial factors are taken into account however, we might begin to create a strategy that promotes autonomy for the individual that enables them to give up smoking for their own reasons in their own way, in their own time. Some psychiatrists have acknowledged how their own profession may be a contributing factor to stigma (Crisp, 2004; Kendall, 2004). Crisp calls for doctors to take responsibility for the labels they use that cause "discriminatory identification (that produce) potentially negative generic characteristics at the expense of individuality" (Crisp, 2004:xv). Kendall accuses his own profession of using "stigmatising, derogatory terms to refer to patients with various kinds of mental illness" (Kendall, 2004:xxiii). Porter (2004) blames the diagnostic labelling as much for the stigma surrounding mental illness and likens the process of determining diagnoses through the committees of the Diagnostic Statistical Manual to pantomime. This concern has been echoed by Seedhouse (2003:7) who argues that "as soon as we come to believe our classifications are real like rock ..we are trapped". Furthermore, in terms of social discourse, the 'mental patient' once categorised and labelled, becomes socially positioned (Phillips and Jorgenson, 2002).

Historically, there have been campaigns that seek to normalise 'mental illness' by referring to 'it' as similar to any other illness such as diabetes. However, some have argued that that such de-stigmatising campaigns actually reinforce rather than alleviate stigma as the 'problem' is located within the individual and the social injustices are not addressed (Sayce, 2000; Repper and Perkins, 2003). Although mental and physical health is often separated for convenience of service provision, they should be considered jointly. Any division is created largely for the benefit of professionals and that mental health underpins and is inseparable from, all health and should therefore underpin all health strategies (Seedhouse, 2003).

Antonovsky (1996) also criticises mental health promotion for its stagnant theory base and its tendency to compartmentalise the human condition. During his life (he died in 1994) he developed a theory he called 'Salutogenesis' that

focuses on factors that support human health and well-being rather than on factors that cause disease. Antonovsky studied the influence of a variety of sources of stress on health and was able to show that relatively unstressed people had much more resistance to illness than more stressed people. This he referred to as a 'Sense of Coherence'. Although contemporary medicine increasingly speculates about the origin of illnesses, Antonovsky suggested that the question of the origin of good health was of greater significance, especially to health promotion. Sense of Coherence is defined by Antonovsky as:

> A global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that one's internal and external environments are predictable and that there is a high probability that things will work out as well as can reasonably be expected.

(Antonovsky, 1987:19)

This Sense of Coherence (SOC) is the result the collective effect of resources and processes that are conducive to health. Within the Salutogenic orientation the view is held that there is a direct relationship between the strength of SOC and the person's ability to employ cognitive, affective (emotional) and instrumental strategies likely to improve coping and thereby well-being.

The twentieth century witnessed advances in healthcare in the Western world of unforeseen dimensions. It is curious to observe at the beginning of the following century, what little progress has been made in considering human beings as whole entities. The existing distinction in statutory research and practice between mental and physical health is nothing short of an anachronism of dualistic thinking. This is further compounded by the lack of attention successive governments have given to the relationship between the environment and mental health problems. Seedhouse and Antonovsky are two amongst a very few that have intellectually addressed the problem of dualistic thinking in health promotion.

Operationally, Art in Mind maintains two complementary faces. To statutory services and funders, the service is presented as a 'mental health promotion' project. To people engaging with it however, the project is presented as providing participatory community arts. This deliberate ploy is not intended to mislead, but rather, it is a way of maintaining a non-stigmatising service by harmonising complementary but potentially competing discourses.

This section has considered the contested nature of mental health and the subsequent implications for mental health promotion. The person-centred Art in Mind philosophy meant that the kind of mental health promotion that was being offered, intrinsically promoted personal autonomy. Participants are free to engage and disengage in elements of the project at will. Any hint of paternalistic practise has been consciously resisted. The next section turns to the sociological literature to address the social context of mental health problems and consider social solutions.

2.5] Sociology of mental health and illness

As previously discussed, Art in Mind has been located in an area of social deprivation. At the time of the creation of the project, and to this day, the literature and policy regarding the sociology of health and illness focuses upon key concepts of inclusion/exclusion, social capital, neighbourhood and inequality. These concepts are discussed in the light of recent research and literature. The relationship between social structures and ill-health however are not new, for example Durkheim's work on suicide in the 1890's (Durkheim, 1951) and Faris and Dunham's, (1939) work in the USA. The social and geographic area where Art in Mind is located, is described as an area of high crime, its inhabitants are poor and the area is classed as deprived. It is understandable therefore that there are high incidents of ill-health.

Concepts of social exclusion and social inclusion

The concept of social inclusion and exclusion originated in France in the latter half of the last century and meanings are variously interpreted across countries. In France, the Anglo-Saxon idea of poverty is thought to demean the sense of citizenship. In Republican thought, social exclusion refers to a 'rupture of the social bond' or 'solidarity.'

> The French social contract does not leave individuals to fend for themselves. Society owes its citizens the means to a livelihood, and citizens in turn have obligations to the larger society.

(Silver and Miller, 2003:14)

The relationship between social exclusion and mental health problems is complex, with many of the elements of exclusion being, in different circumstances, both causal factors and consequences of mental ill-health (Link et

al., 1997; Sayce, 2000; Social Exclusion Unit, 2004). The government's Social
Exclusion Unit has defined social exclusion:

> A shorthand for what can happen when individuals
> or areas suffer from a combination of linked
> problems such as unemployment, poor skills, low
> incomes, poor housing, high crime environments,
> bad health and family breakdown.
>
> (Social Exclusion Unit, 1999; website)

Sayce (2001) provides a definition of social exclusion, specifically referring to
people experiencing mental health problems, which draw attention to the
interactive relationship between impairment and social role:

> …the interlocking and mutually compounding
> problems of impairment, discrimination,
> diminished social role, lack of economic and social
> participation and disability. Among the factors at
> play are lack of status, joblessness, lack of
> opportunities to establish family, small or non-
> existing social networks, compounding race and
> other discriminators, repeated rejection and
> consequent restrictions of hope and expectation.
>
> (Sayce, 2001:121)

This is contrasted by her definition of social inclusion:

> …a virtuous circle of improved rights of access to
> the social and economic world, new opportunities,
> recovery of status and meaning, and reduced
> impact of disability. Key issues will be availability
> of a range of opportunities that users can choose
> to pursue, with support and adjustment where
> necessary.
>
> (Sayce, 2001:122)

Although Sayce does not offer a psychological interpretation to her comments, it
might be observed that the language of the politician is the language of a social
super-ego acknowledging the existence of its (Jungian) shadow side. Huxley
(2001) helpfully locates concepts of social inclusion in the thinking of the early
Greeks by applying the terms 'demos' and 'ethnos'; the former being concerned
with legal rights of citizenship and the latter referring to the cultural community
where people may feel a sense of belonging or otherwise. An examination
therefore of the extent to which people with mental health problems could be

said to be 'socially included' may be judged against concepts of 'demos' and 'ethnos'. Furthermore, mental health promotion could be targeted at the stigma and discrimination experienced on both these levels. Practically, this study concerns itself primarily with the 'ethnos' level of inclusion although wider social forces are not ignored.

It has been estimated that in Britain at any one time around one in six people of working age have a mental health problem (Social Exclusion Unit, 2004). In response to this estimate and the personal and economic costs associated with it, the UK government made mental health a priority within the Saving Lives: Our Healthier Nation White Paper (Department of Health, 1999a). The National Service Framework (NSF) for Mental Health (Department of Health, 1999b) outlines national standards, which aim to achieve priorities set within Our Healthier Nation. In relation to social inclusion, it states within its first Standard, that health and social services should combat discrimination against individuals and groups with mental health problems, and promote their social inclusion.

The reduction of discrimination and stigma against this population group is a clear policy priority in the UK, which is to be addressed primarily at the practice level (Department of Health, 1999). In 1997 the Government created the Social Exclusion Unit (SEU) with an aim to make recommendations to tackle social exclusion more effectively, in particular, to shift the focus of policies towards prevention rather than merely dealing with consequences of social exclusion (Social Exclusion Unit, 1999). Argyle and Bolton (2005) evidence the effects of community arts amongst vulnerable and excluded groups and argue for the preventative benefits. However, it is not clear how long lasting this prevention might be and continued engagement may be required.

More recently the SEU have released a document which makes recommendations that aim to primarily combat problems with employment opportunities, social participation and access to services for people with mental health problems (Social Exclusion Unit, 2004). The political agenda for the social inclusion of individuals with mental health problems appears a positive move towards acknowledging and acting upon the barriers to inclusion for this population. However, apparent contradictions between the thrust of the SEU report and the potentially coercive nature of the new Mental Health Bill in the UK indicate tensions between the policy concerns of different arms of government. The potentially coercive nature of the New Mental Health act reflects concerns

about violent offences by people with mental health problems and is rooted in claims about the failure of community care (Moon, 2000). It might be said that the pendulum of rights is swinging from the rights of the individual's autonomy to the right of the community for protection (Edgley et al., 2006). Social exclusion policy exists therefore, within a climate of coercive legislation. Furthermore, those who experience social exclusion exist in a society that though has remained economically stable under the New Labour government, also live in a society where the gap between the rich and the poor has widened (Wilkinson, 2005).

The relationship between mental health and economic inequality

The funding of Art in Mind was conditional upon the majority of its activities being conducted in the NDC area, one considered to be of socio-economic disadvantage. In recent years, there has been much attention given to not just the socio-political effects of poverty, but also the effects of inequality of income. Whilst inequalities in health care provision have been a concern of the Labour government, inequalities in mental health care provision have received relatively less attention than physical health care provision (Rogers and Pilgrim, 2003), furthermore, this is reflected in the lack of mental health and inequality research (Muntaner et al., 2000). While the introduction of the National Service Framework for Mental Health (Department of Health, 1999b) sought to modernise mental health services, it went no way towards addressing problems associated with mental health and inequality. With physical health problems, access to care was seen as the key to improvements in public health, however with mental health problems, the focus has not been issues of access rather, issues of coercion.

The proposed mental health bill and subsequent amendments to the 1983 Act (both in 2006-2007) concretised this as the coercion agenda became enshrined. Understandably, people do not want access to a service that will then coerce them into unwarranted treatment. This is a sharp contrast to access to physical services and treatment. Thus, the political emphasis upon equality in health care does not apply comfortably, if at all, with mental health (Rogers and Pilgrim, 2003). Evidence for the highest rates of mental health problems amongst the lowest social classes is well established. As early as 1939, Faris and Dunham (1939) found high rates of schizophrenia and substance misuse in poor urban areas. They observed the parallel between the chaotic behaviour of those diagnosed with schizophrenia and the chaotic nature of inner city life. Silver

(2000) also emphasises the psychological impact of high rates of crime in inner city areas. In their systematic review, Fryers et al. (2001) found that low income, poor education, and unemployment are all indicators for increased risk of mental health problems. This social causation approach to understanding the causes of mental health problems has been complemented by the growth in literature espousing psychosocial and stress response causation (Elliot, 2000). While mental health promotion campaigns warn that one in four of the population may experience mental health problems, they generally do not make explicit the political element that there is not an even distribution amongst the social classes (this argument is later developed).

High incidence of mental health problems in poor urban communities should not however be taken at face value in terms of cause and effect. As Scull (1977:153) pointed out during the early programme of asylum closure, those with enduring mental health problems were "…herded into newly emerging deviant ghettoes". Thus, people who were once discreetly incarcerated became anonymous down-and-outs in inner city areas. In these areas, housing is the cheapest in the country and naturally, community care would need to have been cost-effective. Logically, mental health service provision has been concentrated in these areas thus reinforcing the 'ghetto-isation' of people with mental health problems. The notion of care in the community was a progressive social policy of the neo-liberal government of Margaret Thatcher (who once said there was no such thing as society (1987)). However, the main problem was that the initiative was never adequately resourced and those discharged from the asylums were herded into poor areas. Services were not equipped to cope, neither did social services and health services work in co-operation (Pilgrim and Rogers, 2003). Furthermore, as Carpenter (2000) points out, this distribution of the de-institutionalised 'mentally ill' was not according to how health services were organised and inner city areas were expected to cope with an impossible situation. Therefore, the general population had to absorb the influx of swathes of people with extreme human need. This picture then became the backdrop for the risk and dangerousness agenda of twenty first century mental health reforms. This agenda of coercion, further stigmatises and alienates people with enduring mental health problems (Laurence, 2003; Rogers and Pilgrim, 2003). The relevance to the present study becomes apparent as the majority of the participants were in secondary education and entered the labour market when Margaret Thatcher was Prime Minister. Whilst New Labour promised much in

terms of reducing social inequality, the evidence suggests that Britain has in fact continued to become less equal (Wilkinson, 2005).

The socio-psychological impact of economic inequality

In this section, the work of Richard Wilkinson is given centre stage. His work on the psychosocial effects of economic inequality is of significance to this study given the socio-economic deprivation of the immediate locality. While it might be expected that health would improve as a society becomes wealthier, it would appear that this is not a rule for the whole population (Wilkinson, 2005). In developed countries the variations between the rich and the poor in life expectancy can be as much as 15 years, furthermore, in comparatively wealthy societies, health inequalities between social classes have actually increased in recent decades. Although life expectancy has risen over the last twenty five years in the UK, during the same period the gap between the rich and the poor has widened. Whether judged by life expectancy or causes of death, social class is the key determinant for positive health and poverty is inextricably bound with poor health. In western countries, the impact of poverty is most often considered in terms of social exclusion. Wilkinson, (2005) identifies three psychosocial factors that are indicators of poor health outcomes:

- low social status affecting dignity and self-worth,
- poor social affiliations resulting in feelings of loneliness,
- and early childhood experience that impacts upon psychological well-being in later life.

However, it is the relationship between inequality and social problems that is central to his thesis because it is the psychological impact of inequality that causes the social problems. Wilkinson's argument is dependent upon examining communities in relation to the wider societal context. Put simply:

> The quality of social relations is better in more equal societies where income differences between rich and poor are smaller
>
> (Wilkinson, 2005:33).

Given the focus upon social capital, politicians may focus upon initiatives that do not tackle poverty but with those that focus upon relationship building. Some may consider the concept of social capital with scepticism because government initiatives that seek to build social capital may take the focus away from tackling the roots of poverty itself. According to Wilkinson, there is a cause and effect

between inequality and social problems. Social difficulties however are significantly problematic with the highest homicide rates in the wealthiest countries.

Inequality (and not just poverty) is an important concept therefore in the discussion regarding any form of health promotion. Whilst poverty and inequality may both be tackled politically, the latter is inevitably more difficult to address as it involves wider socio-economic issues such as the distribution of wealth before taxation. Furthermore, inequality in a wealthy society is more likely to create social unrest, than poverty in a poor society. Health promotion that does not take into account such complex issues is in danger of not fully understanding the nature of the reduced health issues.

The "neighbourhood" agenda under New Labour
In governmental language, 'the neighbourhood' has become to be geographically defined, in contrast to 'the community' that may extend geographical boundaries. In recent years, the neighbourhood has become the focus for programmes of renewal and regeneration and with this, there has been a growing recognition that an individual's health is inseparable from their socio-economic status (Graham, 2001). Simultaneously, there have been arguments for understanding the impact of poor communities in terms of ways of coping with psychological stress (Rogers and Pilgrim, 2003). The psychological effect of living in a poor area, quite apart from the individual's financial means should also be noted. Whole neighbourhoods may become stigmatised by a town or city. For those who use mental health services, a double stigma might be experienced; this might be multiplied again if the person is black. Those who experienced discharge from the asylums were therefore doomed to fail in such failing communities (Wright et al., 2000).

> Rather than the concentration of the poor being the problem, it was the stigmatised reputation of an area and its people together with an alienating physical environment which contributed to isolating residents from each other.

> (Cattell, 2004:157).

Macintyre, (1993) has noted that people who do not own their own homes have proved to have a lower sense of personal mastery and lower self-esteem. Poor, inner city communities often rely heavily upon rented accommodation. The effect of a large proportion of transient people in communities has been under-

researched, although loss of relationship- building is inevitable (Sampson, 1988). High crime, a transient population, can leave people feeling frightened and confused as their local community is not stable and at times chaotic (Huxley, et al., 2001). Ross (2000) also links this breakdown of social control with incidence of depression. In spite of the emergence of 'neighbourhood watch schemes', it is asserted that informal social control is deteriorating in inner city Britain (Rogers and Pilgrim, 2003). At the individual level, higher levels of neighbourhood attachment are shown to be significantly associated with lower reporting of common mental illness (Pevalin, 2004).

It is interesting to see social control at the forefront of New Labour policies in their third term with unprecedented surveillance of the population through CCTV and Neighbourhood Watch officers and the introduction of Anti-Social Behaviour Orders (though it should be observed, commenced under a Conservative Home Secretary). Additionally, the government is also committed to 'cleaning up the streets'. In a 2003 speech, Tony Blair told local authorities: "To the police, housing officers, local authorities - we've listened, we've given you the powers, and it's time to use them" (Blair, 2003). The coercive and nationally binding Mental Health Bill therefore has been developed against this backdrop of locally implemented social control.

In recent years, there has been an increase interest and concern over the possible collapse of community with people becoming more individualistic and less engaged in civic activity (Pahl and Spencer, 2004). Furthermore, House (2001) observes that social isolation destroys lives although research into how and why is in its infancy. This has given rise to research in relation to the nature of social networks (Scott, 2002; Phillipson et al., 2004). This has been paralleled in the growth of literature specifically relating to both social capital (e.g. Cattell and Evans, 1999; Putnam, 2000) and social exclusion (Byrne, 1999). This language has featured strongly in new Labour policy in both the Office of National Statistics and notably in the formation of the Social Exclusion Unit (Harper, 2001; Harper, 2002; Social Exclusion Unit, 2004). The 'neighbourhood' has become the focus of initiatives to reduce social exclusion and increase social capital (Harper, 2001). Broadly, these initiatives have come under the umbrella of the National Strategy for Neighbourhood Renewal and have been informed by sociologically informed approaches (Nash, 2004).

The New Deal for Communities (NDC) programme was created under this remit. There is no clear separation between the concepts of social capital, inclusion and

social networks; the concepts are linked and arguments to separate them are complex (Phillipson et al., 2004). All of these terms and concepts are referring to the relationships between people who live in a shared community and how these relationships impact upon health and well-being (Campbell et al., 1999; Graham, 2001; Cattell, 2001; Wilkinson, 2005). In the UK, the Department of Health acknowledges the relationship between health and poverty with its publication of its report on health and inequality (Department of Health, 2001). It is asserted that the links between social networks and health is as strong as the evidence linking smoking with health (Lubben and Gironda, 2004). This is especially obvious with older people (Hooyman and Kiyak, 1999). The examination therefore of social networks is not a marginal issue and is central to this study. Logically, it could be argued that if good social networks improve health, then poor social networks are deleterious to good health, hence the focus upon reducing social exclusion. As already discussed, a diagnosis of mental illness is more readily applied to people from lower social classes and ethnic minorities (Social Exclusion Unit, 2004).

Social networks, capital and exclusion
Cattell (2004:143) asserts that: "Both social exclusion and concentrated poverty imply some form of impoverished social networks". For exclusion to exist, a group of some description must also exist that comprises those who are not excluded, thus, a group who are included. Social networks therefore exist that include some and exclude others thus having a positive affect upon those who are included and potentially a negative effect upon those who are excluded. This is most notable in the area of employment as employment directly affects economic and social activity.

One key construct that provides a framework for urban regeneration is the notion of social capital. This has been defined as "the features of social organisations, such as civic participation, norms of reciprocity, and trust in others, that facilitate co-operation for mutual benefit" (Kawachi et al., 1997:1491). Morrow (1999:775) offers her own definition:

> …contacts and group memberships which, through the accumulation of exchanges, obligations and shared identities, provide actual or potential support and access to valued resources.

Cattell, (2001:1503) adds self-esteem to the notions already offered: "Social Networks can provide social support, self-esteem, identity and perceptions of

control". Social bonds are those which are forged between those who are inside the social group. The intensity of the bond within the social group is directly related to the group's exclusivity (Crow, 2004). Thus, a paradox is created: some social networks may appear to be anti-social for non-members.

The social inclusion agenda is not therefore a simple matter. To seek inclusion for excluded people may mean challenging the exclusivity of bonded groups. Putnam (2000) asserts that bridging the gap between social groups is as important as bonding in existing groups. Social networks that are good for society are considered to be: "…configurations of people rather than collectives with definite boundaries…" (Crow, 2004:8). The concept of social networks therefore challenges the notion of neighbourhood renewal, in that social networks extend beyond geographical boundaries. This is easily understood in the light of the common use of mobile communication technology. Urban areas are especially likely to be inhabited by a transitory population that militates against established community groups that might be more common in rural areas (Albrow, 1996).

Crow (2004) identifies what constitutes a social network. These include: a shared culture and language, observed rules, trust, family relationships. Crow also notes the significance of class, race and sexual orientation. Religion and political allegiance may also be noteworthy in the maintenance of social networks. Social networks succeed not only because of the shared values of membership but also because of potential for exclusivity. This is most notable amongst ethnic groups who often prefer to keep social relationships within their own culture. People who are homeless (excluded from the housing market) are often found to belong to a social network of homeless people (Hutson and Clapham, 1999). In spite of the exclusivity of social networks, it does not automatically mean that they are ultimately negative. Social networks have positive effects for members: "Networks and the associated norms of reciprocity are generally good for those inside the network" (Putnam, 2000:21). This 'generally good' Putnam also refers to as 'health', thus bestowing upon the person social capital. Health is further acquired or developed by the bonding that transpires within the social network. Furthermore, social capital is further gained when these social networks 'bridge' other social groups.

According to Cattell (2004), social networks generate social capital. In spite of policy commitment to initiatives that develop social capital, Crow (2004) argues

that it is still unknown what it is about social networks that facilitate social inclusion. Furthermore, some have observed that the focus upon developing community networks shifts the focus away from government responsibility to the local community (Taylor, 1995). Crow, (2004) argues that policy attention upon the neighbourhood, may succeed more with bonding than bridging thus also succeeding in increasing exclusion. The argument for the advantages for social groups is compelling. In a social group, we feel a sense of belonging (Tajfel, 1982). It is through social interaction we receive acknowledgement of who we are. Through other's eyes, we continue to develop our social identity. While some may believe this as spiritual or mysterious, Wilkinson (2005:92) sees these needs as atavistic and inherent in the species: "But at bottom, it is about security. It is how, in our pre-historic past, we ensured our membership of the co-operative group". Whilst theories of self-esteem are not central to this study, the emotional benefits of belonging inevitably impact upon attributions of self-worth. Furthermore, Wilkinson (2005) argues that this feedback and validation from others is so vital that being seen negatively by individuals, groups and wider society, is the "…most chronic source of stress in modern developed societies" (page 92). In the Art in Mind project, the original aims were in line with the NDC brief to 'raise self-esteem and develop social capital'. These desired outcomes are therefore firstly personal and secondly social; the latter affecting the former. Perhaps a key social benefit of raised social capital could be considered to be, the formation and sustaining of friendships.

Friendship and personal communities

While an increasing number of studies demonstrate the relationship between poor social relations and poor health, the literature that connects health and social relations is growing (Stansfield, 1999; Berkman and Kawatchi, 2000; Seeman, 2000). It is when we are with trusted friends that we feel better about ourselves (Wilkinson, 2005).

Friendship is considered by some to be central to happiness (Lane, 1994) and essential for mental well-being (Martin, 1997). However, the picture is not certain. In Veenhoven's (1999) impressive quality of life comparison of 43 nations in the 1990's strongly indicates greater happiness with greater individualisation and prosperity:

> The data show a clear positive relationship, the
> more individualized the nation, the more citizens
> enjoy their life. This suggests that the benefits
> of individualization are greater than its costs...
> …The relationship appears to be contingent to

level of education and economic prosperity.
Positive correlations appear only among the
most knowledgeable and prosperous nations.

(Veenhoven, 1999:157)

Pahl and Spencer (2004), argue for the significance of friendship in the maintenance of social bonds. In their qualitative study, friendship or friend-like relationships, they incorporate into one definition of personal communities. So as not to make the participants of their study feel that they should have friends, they asked not about friendships but rather "list people who are important to you now" (Pahl and Spencer, 2004:75). From their findings, the authors challenge notions of breakdown in communities evidenced by falling membership of churches, political parties, increased mobility and so on. Rather, they observe the resourcefulness of their participants and speculate that perhaps society is not as degenerative as is often supposed and that people tend to develop and maintain personal communities of family and friends and that these personal communities are networks that sustain personal relationships. Furthermore, it is asserted that personal communities enable people to feel accepted and have a stronger sense of identity and give meaning to life (Spencer and Pahl, 2006). This is supported by Allan, (1998:699):

Friendships may be recognised increasingly as one of
the main sites of activity giving life meaning.

It is all too easy to make hasty judgements about the breakdown of communities based upon such things as crime figures combined with casual observations. Rather, Pahl and Spencer (2004) look closely at the role of friendship and friend-like relationships in providing and sustaining what they refer to as social glue. Whilst there is a research tradition of mapping social networks, e.g. how many people the person knows, little has been done in terms of mapping the relationships between those named people, what they refer to as the person's micro-social world. Mapping the numbers of friends and acquaintances may be numerically useful, what is lacking in this approach however is the role and quality of intertwining relationships that is far more complex to quantify. It is also observed that a person may know a number of people but remain lonely. Similarly, a person may have few friends and acquaintances but be very supported and content in those relationships. Furthermore, definition is also a problem with an easy assumption that a relative is more supportive than a friend, when of course a relative may qualitatively be an enemy of the person and a 'friend' of huge significance.

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It is well documented that people who use mental health services are often rejected by family members and society and count fellow service users and mental health professionals amongst closest 'friends' (Sayce, 2000; Repper and Perkins, 2003). These types of relationships Spencer and Pahl (2006) refer to as 'professionalbased' personal communities; compared with friends-based or work- based. Art in Mind had the opportunity to break down some of these barriers by operating in the voluntary sector, without statutory limitations. This for example enabled voluntary work to take place and for participants to also become paid sessional workers.

Social capital and the benefits of friendship
There is much concern that when it comes to examining society, 'things aren't what they used to be' especially with regards to a sense of community. This is not only asserted anecdotally, but has been the focus of many sociological studies. Spencer and Pahl (2006) challenge this notion with the suggestion that much of these kinds of assertions are based upon a romanticised view of history and perhaps the 'good old days' were not necessarily that good, but they were familiar. Arguably, such sentiments are more founded upon nostalgia rather than the facts that things were indeed better then, than now. Much of this possibly unfounded sentiment is perhaps based upon the comparison between the notion of a stable rural idyll replete with family, friends and neighbours compared with the transitory, consumerist image of today's society, relying heavily upon technology for human communication. There is a hint that in spite of our wealth and access to anything material, the contemporary Western adult is lonely and detached. Furthermore, there is much evidence to support the notion that those who are more socially active are healthier (e.g. Campbell et al., 1999) and conversely, the isolated and lonely are more likely to experience mental ill health (HDA, 2004; Wilkinson, 2005). The picture is not straightforward, for example, while it might be logical to assume that people who spend much time on the Internet are more socially isolated, a UK study reveals the opposite, and that people who use the Internet a great deal usually also spend a great deal of time socialising (Gershuny, 2003). Similarly, a French study highlighted the fact that people who use text-messaging a great deal are those who maintain a network of close friends (Licoppe, 2004). Furthermore, this remote form of communication, Licoppe argues, is used to create a continual presence rather than creating space and distance.

Putnam (2000) notes the loss of civic engagement and uses this as a marker for declining social capital. There is also evidence that people are less politically active and care less about the wider community. While there are many studies that may corroborate Putnam's assertions, there has been little research into how social capital can be measured or how it works in practice. There are also those who have challenged Putnam's thesis notably McCulloch, (2003). On the premise that social environmental factors are important for explaining community variations in health, McCulloch, (2003) investigated the structural sources of mechanisms that allegedly produce community variations in health. Using survey data collected from a representative cross-section of UK households, he examined variations in neighbourhood social capital and neighbourhood social disorganisation across a sample of UK neighbourhoods. The results show that concentrated wealth, instability of housing and ethnic identity predicts social capital for women. Population density is the only characteristic to predict local, community-based social capital for men. For both sexes, economic disadvantage and density of population are associated with social disorganisation.

The effects of neighbourhood characteristics are greater for those in professional and managerial occupations. The results show that neighbourhood structural characteristics influence social organisation processes. This helps establish a link between the structural characteristics of neighbourhoods and individual health outcomes. It does not however indicate that greater civil engagement will enhance social capital. The argument is more supported by the assertion by Wilkinson (2005) that economic inequality is the most significant indicator for ill-health and social disorganisation.

In the UK, there have been many studies focusing exclusively upon social capital and health. A number are collated in HDA (2004). Friendship is studied in the context of: social networks, social support and social engagement. Within the HDA (2004) report, Mohan et al. (2004) model the relationship between social capital, place and health (and death). Structural and cognitive aspects of social cohesion were measured in a selection of over 250 neighbourhoods in England and Scotland using a new postal questionnaire developed for the study. The significance of friendship features in the study and that there is very little significant association between risk of death and the levels of voter turnout, the numbers who think that local friends are important and feeling part of the local neighbourhood. Therefore, neither civic engagement nor friendship is indicated

for early death, however, as the estimate for the proportion considering local friends to be important decreases, then the probability of death increases. Furthermore in the same publication Stafford et al. (2004) report that in neighbourhoods with higher participation in organised activities, people have more contact with local friends and there are higher levels of attachment, trust, tolerance of others, and being able to rely on others for practical help. Not surprisingly, contact with local friends was associated with increased attachment in relationships and to the locality. Furthermore, in their report Gin and Arber (2004) identify the gender differences in relation to friendships. In leisure patterns, men spend more time in sports activities and at social clubs while women spent more time visiting friends. Formal roles in organisations are likely to be more important to men's self-esteem than to women's, whereas women's well-being may centre more than men's on their relationships with friends. Following Wilkinson (2005) they conclude:

> There is much that could be done to build stocks of social capital and improve the nation's health, given the political will to tackle social inequalities through re-distributive policies.

(Gin and Arber, 2004:138)

In their 1999 study, Campbell et al., found that there are higher levels of health amongst people that maintain small groups of close friends. Furthermore, those with low social support report greater incidents of mental ill-health and lower rates of recovery (Pevalin and Goldberg, 2003). Similar to Wilkinson's (2005) assertion of the damaging effects of economic inequality, Cohen et al. (1997) assert that people with weak friendships are indicated to an early grave similar to those who smoke. What remain unclear are how these relationships and correlations actually work in practice, perhaps it is as much to do with knowing support is *there* than what that support actually comprises (Spencer and Pahl, 2006). The role of friendship it is argued should not therefore be underestimated in its effectiveness for the maintenance of well-being.

In the '*Nicomachean Ethics of Aristotle*' (Book viii, Chapter 4), Aristotle identified the nature of friendship and described three types of friends, 'friends of utility, friends of pleasure and friends of virtue'. Such friends provide practical help, enjoyment and close honesty respectively. Naturally, these qualities or attributes may overlap in different friends. Modern thinkers have applied these ancient principles to the needs of people living in contemporary society (Vernon, 2005;

Spencer and Pahl, 2006). For it is friendship that provides much of what people need to lead fulfilling and satisfying lives. In relation to creativity, this is reminiscent of Maslow's hierarchy of needs (Maslow, 1954) with love and belonging preceding the aesthetic and creative. Spencer and Pahl, (2006) assert that it is within the small circles of friendship that people find the appropriate support for the maintenance of psychological and biological well-being. It is those with inadequate friendship supports that score poorly on mental health scores. Moreover, they assert that of their 60 participants, none of those with strong friendships scored poorly on mental health. Friendships, it is argued provide safety nets and safety valves to enable people to cope with the pressures of contemporary life (Spencer and Pahl, 2006:210). Although friendships cannot be prescribed in a mental health promotion project, opportunities for friendships to develop can be facilitated through a non-threatening medium such as community arts.

2.6] Conclusion

A review of the literature relating to the relationship between madness and creativity, creativity and well-being, mental health promotion and an examination of the sociology of mental health and illness has been offered. It could be argued that the current arts in health and social inclusion agendas have created opportunities for people who would have once been considered 'Outsider Artists' to become community artists in the twenty first century through projects such as Art in Mind. Moreover, current UK policy focuses upon urban renewal and the promotion of social capital that should support initiatives that should fulfil this aim. This is complicated however, by the developing coercion agenda compounded by social and economic inequalities that persist in British society. Furthermore, people with enduring mental health problems continue to be re-housed often in these poorest areas thus cementing the "ghetto-isation" of this group of people that has been a problem since the programme of the closure of the asylums identified as early as the nineteen seventies (Scull, 1977). Politicians may struggle to fulfil the goals of the social inclusion agenda without addressing the underlying social problems. The significance of the role of friendship in health well-being has been explored and it is asserted that friendship is vital for mental health.

Act III – Further Complicating Action

3.1] Introduction

This Act presents the method of inquiry used in this study. This narrative inquiry is located in the qualitative research paradigm with its roots in interpretivism, hermenuetics and constructionism. Because the study was conducted with members of the public engaging in a mental health promotion project, it was expedient to ensure that the ethics of the study were overseen and monitored. The ethics of the study are therefore discussed together with a description of maintaining ethical governance of the research; this was facilitated primarily by the members of the Art in Mind Research and Evaluation Group that met monthly. Furthermore, the proposal was approved by the School of Education Ethics Committee. An overview of the research is given that includes the nature of narrative research, the method of interview and the process of data analysis. The Act also includes a discussion on the method of case-series which is referred to as 'journey-mapping' and an argument is developed for its validity as research method. A description and critique of "evidence-based medicine" is given in this chapter because of the significance attached to this paradigm by health researchers and health policy-makers alike and attention is given to this trend.

3.2] Interpretivism, hermenuetics and constructionism

In this section, the research method used in this study is located within a constructionist, interpretivist, and hermeneutic paradigm under an umbrella term of 'qualitative research'. The project team maintained quantitative records of attendances of every event and all groups. To complement this process, this study sought to focus upon people's experiences as they engaged with the project over a period. In order to achieve this, a qualitative approach that allowed people to speak freely of their experiences was chosen. Qualitative research approaches have their origins in the 1920's and 1930's in the work of the 'Chicago School' (Denzin and Lincoln, 2003). The approach gathered momentum in the 1970's and what began as a movement soon became an industry with its allied conferences, books and journals (Schwant, 2003). Whilst the origins of qualitative research met with much opposition from the positivist camps (Carey, 1989), it has now become mainstream although it retains much diversity. Qualitative inquiry is an umbrella term for a variety of epistemologies and methods and has been defined thus:

> Qualitative research is a situated activity that locates the observer in the world. It consists of a set of interpretive, material practices that make the world into a series of representations, including field notes, interviews, conversations, photographs, recordings, and memos to the self… qualitative researchers study things in their natural settings, attempting to make sense of, or to interpret, phenomena in terms of the meanings people bring to them.
>
> (Denzin and Lincoln, 2003:4).

The value of narrative approaches in the qualitative paradigm is long established however methods of analysis are contested. There are those who are critical of qualitative analysis methods that do not fulfil standards for social research (Atkinson, 1997). Others however place the narrator at the centre of the inquiry, and often illustrate the centrality of the story through first person accounts without analysis (Ellis and Bochner, 2000; Bochner, 2001; Bochner and Ellis, 2003; Ellis, 2004). In this study, a "multiple lens" (Chase, 2005) approach has been adopted for data analysis that both preserves the individual narrative and offers interpretation informed by various theories and approaches. Stage One data have been thematically analysed and Stage Two data are presented as vignettes with subsequent analysis.

For the sake of this thesis, interpretivism, hermeneutics and constructionism are introduced, as each of these related ontologies has influenced my thinking. In the arts in health literature, already identified, much research supports the current policy agenda in terms of promoting inclusion and social capital through the arts. However, there are few examples of research that focuses upon people's experiences engaging with arts and mental health projects. Furthermore, not just upon what they say, but how it is said and how their stories are constructed and told over time. Thus, a case-series, longitudinal approach using in-depth qualitative interviews would be unique within the literature. This approach would also be consistent with the person-centred philosophy of the project.

Interpretivism

As all research involves the act of human beings studying objects or others, in one sense, all research may be considered interpretive. Human beings collect information and sift it through human processes of observation, thinking, analysis and reporting, thus interpretations are constantly being made. Interpretivism, acknowledges this fact, and the act of interpretation itself may

become a focus for research. While positivism emphasised explaining human behaviour in the social sciences, interpretivism seeks to understand it. This shift is often attributed to the scholarly works of Max Weber (1864-1920) and the approach has become known as 'Verstehen': an empathic or participatory understanding. The most significant approach employed in the social sciences that challenged the positivist tradition was phenomenology attributed to Edmund Husserl (1859-1938) and Alfred Schutz (1899-1959), who were both influenced by Weber's Verstehen. The notion of interpretivism does not only imply the researcher interpreting the social world of the researched, but also the participant's interpretation of that world. Furthermore, the researcher's work is interpreted within theories of knowledge of their own discipline. Interpretivism therefore takes into account the complex relational implications of social science research especially the role of the researcher. This is most relevant to this study, given my multiple roles within the project (this is further discussed in the following section). In the process of analysis in both stages of this research, I have been constantly interpreting the data. I have endeavoured however, to be transparent in these processes of analysis and interpretation.

Hermeneutics

The word hermeneutics is from Ερμηνεύς, the Greek word for interpreter that is derived from Hermes the messenger of the gods. Thus hermeneutics involves making texts clear. Hermeneutics was originally the name given to the study of Biblical texts but later became applied to the work of social scientists. This work became known as philosophical hermeneutics and the main authors of this position were Martin Heidegger (1889-1976) and Hans-Georg Gadamer (1900-2002). The point of hermeneutics is to further understanding of text and is closely associated with Weber's Verstehen. Its application in the social sciences places the text in the broader social context and the person's life situation and environment are relevant to the understanding of the text. Consideration to such contexts is woven into the analysis of the data in this study.

Constructionism

The concept of constructionism (also referred to as constructivism, (Robson, 2002)), in the social sciences is often attributed to Berger and Luckmann (1966). Social constructionism holds that social phenomena and their significance are constantly being accomplished by social actors. The focus of social constructionism is to reveal the ways in which people and groups of

people participate in the creation of their perceived reality. The title of this thesis introduces two definitions in parenthesis; this is deliberate in order to demonstrate my belief that the concept of mental health is socially constructed. It is also a deliberate act to communicate with the reader from the outset that I am uncomfortable subscribing to this particular construct. Discourse analysis is one method employed by social science researchers that reveals social constructs; I shall be addressing this approach in turn. My insertion of the parenthisis to the title of this thesis is an example of both deconstruction (Derrida, 1967; 1972) and discourse analysis (e.g. Potter and Wetherell, 1987). In this study, a broad political context is examined. This is most pertinent given that the project was funded by government money earmarked for urban regeneration. Participants are all too familiar with the exisentence of the NDC in this inner-city area. A constructionist approach enables an analysis that takes into account the role of each of the social actors in turn together with an analysis of the discourse of the various institutions involved. Attention is given therefore to how participants construct their answers during interviews and also their stories. Furthermore, an attempt is made at identifying collective narratives that may construct a shared discourse.

3.3]   Ethics: reason and rigour

This section examines the subject of ethics in relation to the study. Relevant issues are identified and discussed together with the ethical framework devised by the British Educational Research Association (BERA, 2004). This study is intrinsically relational and has involved relational processes (Gergen and Gergen, 2003). In narrative research, the researcher acknowledges subjective processes as intrinsic to the research process. Subjectivity is attended to by exercising reflexivity, this too is recorded and contributes to the researcher's narrative of the research (Holloway and Freshwater, 2007). I have identified myself as inside the research site and an insider in terms of my relationship to the research participants. I do not pretend that I am impartial, unbiased or in any way detached from the object(s) of my study. On the contrary, I have been involved in the process of imagining, or envisioning Art in Mind prior to its actual existence. I have been largely instrumental in its setting up and co-ordinating its implementation. At the time of writing, I continue to chair the Art in Mind Steering Group. In this section, I turn to the subject of ethics within my research processes. I pay particular attention to the implications of maintaining multiple roles.

As a registered nurse, my professional practice is governed by a Code of Conduct that requires an allegiance to ethical principles (NMC, 2004). These may be summarised as 'do good and do no harm' (beneficence and non-maleficence). Furthermore, the registered nurse is required to be trustworthy in all that they do in practice. I have sought to maintain these ethical principles throughout my research journey. Whilst these are over-arching principles, I have also sought specific guidance through the University of Nottingham, School of Education who in turn adhere to the guidelines provided by the British Educational Research Association (BERA, 2004). Appendix 5 contains: Ethical Approval form, information and consent forms (Stage One and Stage Two).

Prior to commencing data collection, I gave much thought to the ethical implications of my research practice and one major issue was my multiple roles. I include here an excerpt from my diary dated Thursday, January 29, 2004. I was considering the implications of conducting research amongst people who regarded me as the visionary lead for the project.

> My current roles within the project are multi-factorial prior to commencing research for my PhD:
>
> Visionary lead
> Facilitator of meetings
> Liaison between all agencies/stakeholders
> Writer/editor of proposals
> Negotiator and representative in various forums both statutory and voluntary
>
> Once the funding is in place my overall roles will change whilst maintaining elements of the above. I will become:
>
> Chair of the management group
> Leading on and supervising research and evaluation (whilst using this aspect of the work for my PhD studies).
>
> My question is: how can I ethically fulfil these roles? As an academic I have been charged with the responsibility of research by the structures within society. Conversely, one service user cynically challenged me already about the potential for me to exploit service users to advance my career. I have invited this person to work with us in the design and implementation of research and evaluation so as to help us get it right. I want to be able to work with others and document the progress of the development of Art in Mind in order to help others in the future who may wish to set up community mental health and arts projects and also to help them with

the challenges, joys, problems and potential pitfalls. Naturally, I want the project to succeed. I am biased to my core. I am ideologically motivated and need to prove that the project is not only materially sustainable but ideologically sustainable too. By bringing together interested people with differing interests who share the vision, it is possible to create something, which is a better mental health provision than what statutory services can provide.

(Excerpt from research diary, January 29, 2004).

In this extract, I acknowledge the potential for exploitation through the research process. The way that I dealt with these multiple roles is through transparency and public acknowledgement of the potential conflict between the role of researcher and the role of visionary lead. Furthermore, I have needed to acknowledge my desire to 'prove' that Art in Mind was successful. This has required me to bracket my desire and concentrate instead upon people's narrative. Whilst I do not profess complete achievement of this, I have been careful to record my own processes in my reflective diary and to consider the implications of my motivations for the research process. This has had the most impact upon the nature of the questions that I asked throughout the research process. Invariably, questions that are formulated around impact could be read as potentially more biased and those formulated around process could be regarded as more balanced. As the research journey progressed, the focus shifted much more towards process of implementation and people's experiences of engagement with the activities of the project.

Ethical monitoring of the research project

In early 2004, an Art in Mind Research and Evaluation Group was set up. This group met monthly for the duration of the NDC funding of the project. This group has performed many roles in terms of research method and design but has also acted as an ethical advisor to all research and evaluation activity, including my PhD. Having been granted ethical approval from the School I recorded in my diary:

I feel the need to lay down rules for my practice in order to ensure ethicality.

Respect people's opinions and observation of their rights
To work within the boundaries of my role, competence and profession
To maintain confidentiality, when it is entrusted to me

> Not to exploit another person in the course of my
> work
>
> (Excerpt from research diary, 23 June 2004)

Prior to this process agreed with my PhD supervisors, I had considered the possibility of being required to acquire NHS research ethical approval, as my study intended to include people who use statutory mental health services. Through various discussions, it was decided that this would not be necessary primarily because the participants in my study would be accessed through their involvement in a community arts project based in the voluntary sector and not accessed through NHS channels. Using mental health (or any other NHS service) was not pre-requisite to accessing Art in Mind. Neither did I consider it essential that I determined whether they use or have used mental health services. This is an important point in terms of developing an inclusive and non-judgemental philosophy for both practice and research. If I had determined whether a person uses or had used mental health services that person may have all too easily have identified me as being in the statutory camp (I am aware that professionally I may be known as being a mental health nurse, one participant specifically asked me this prior to be interviewed).

I made a point to introduce myself to each participant as both the visionary lead for Art in Mind and a university researcher. I also made clear that my research was being conducted primarily for my PhD. Some people I approached to take part in my study were all too familiar with the short-term funding problems of arts projects and were keen to take part thinking that research contributes towards securing further funding in the future. Whilst I did not deny that this might be the case, I did not use this possibility to recruit people to the study. The need for an evidence-base to secure funding has apparently made its way into service users' thinking.

Ethical guidelines: The British Educational Research Association
The British Educational Research Association (BERA) states that all educational research should be conducted within an ethic of respect for persons, respect for knowledge, respect for democratic values, and respect for the quality of educational research (BERA, 2004). I have endeavoured to uphold these principles throughout the course of my research. The following statements detail my processes set against specific ethical expectations of BERA at the time of my application for ethical approval, those guidelines not directly related to my study

have not been included for example those relating to sponsorship and institutional expectations:

> Educational researchers should aim to avoid fabrication, falsification, or misrepresentation of evidence, data, findings, or conclusions. (Page 1)

Each research interview was digitally recorded and carefully transcribed verbatim. Transcripts were offered to research participants for validation and correction where appropriate. Once a vignette, summary and initial analysis was developed of the Stage Two interviews, following Riessman (1993), a copy of this was mailed out to each participant inviting feedback and comment (a copy of the covering letter can be found in Appendix 6). This process has attempted to ensure rigour in the recording and presenting of evidence. I was most keen to ensure factual accuracy and give participants an opportunity to comment upon any of my original impressions and interpretations. The presentation therefore of data and findings in this thesis has been offered for validation by the participants themselves. This excludes the relational analysis that I acknowledge is a wholly individual and subjective process. Some have disputed the legitimacy of making interpretive analysis available to participants and refers to this practice as 'inappropriate' as what is offered to participants once an analysis has been conducted is no longer a record of narrative, but a transformation into another form of discourse (Holloway and Freshwater, 2007).

Analyses of Stage One interviews were not circulated to participants because this analysis was thematic and not based upon individual narrative, therefore, the analysis was more subjectively interpreted by the researcher and less appropriate for individual validation.

> Educational researchers should aim to report their findings to all relevant stakeholders and so refrain from keeping secret or selectively communicating their findings. (Page 1)

Findings from this research are not kept secret. The information sheet for the research explicitly states that a copy of this thesis would be available for inspection at the offices of Art in Mind. A portable document format of this thesis will be made available to all stakeholders and the public. Furthermore, a copy of this thesis will be made publicly available at the University of Nottingham library and potentially electronically stored.

> Educational researchers should aim to report research conceptions, procedures, results, and analyses

accurately and in sufficient detail to allow other
researchers to understand and interpret them. (Page
1)

This study is written with the intention that it retains clarity and
comprehensiveness in its recording of the research method employed including
conceptions, procedures, process of analysis and the presentation of the
findings.

Educational researchers should aim to conduct their
professional lives in such a way that they do not
jeopardize future research, the public standing of the
field, or the publication of results. (Page 1)

I have endeavoured to conduct the research in a totally professional manner
that will not jeopardise future research, the public standing of the field, or the
publication of results.

Participants in a research study have the right to be
informed about the aims, purposes and likely
publication of findings involved in the research and of
potential consequences for participants, and to give
their informed consent before participating in
research. (Page 1)

Throughout the research process, I have made every attempt to inform each
participant about the aims and purposes of the research. Each participant has
been given appropriate information about the study and informed of any likely
publication of findings involved in the research. Each participant gave his or her
informed consent before participating in the research and a copy of the
information sheet and consent form can be found in Appendix 5.

Honesty and openness should characterize the
relationship between researchers, participants and
institutional representatives. (Page 2)

Throughout the research process, I have sought complete honesty and openness
with the participants with regards to my motives and processes.

Participants have the right to withdraw from a study
at any time. (Page 2)

This has been particularly relevant to Stage Two of this study, as I have
interviewed the participants two or three times. When arranging each interview I
made a point of reminding the person that they have every right not to

participate in the study and their withdrawal would have no negative consequences for them.

> Researchers have a responsibility to be mindful of cultural, religious, gendered, and other significant differences within the research population in the planning, conducting, and reporting of their research. (Page 2)

The absence of people from ethnics groups other than white British is not indicative of selectivity on my part. Generally, Art in Mind attracted people of this background although the team made every effort to provide non-discriminatory and culturally sensitive services. There were specific projects aimed at people from various ethnic origins, although for whatever reason I was unable to recruit people from these groups. Of the eleven Stage Two participants, seven were men and four were women, which is broadly representative of the participants of both the LAC and AOP.

> Educational researchers should communicate their findings and the practical significance of their research in clear, straightforward, and appropriate language to relevant research populations, institutional representatives, and other stakeholders. (Page 2)

This principle will be enshrined when I am in a position to disseminate my research.

> Informants and participants have a right to remain anonymous. This right should be respected when no clear understanding to the contrary has been reached. Researchers are responsible for taking appropriate precautions to protect the confidentiality of both participants and data. However, participants should also be made aware that in certain situations anonymity cannot be achieved. (Page 2)

All data have been anonymised. Every effort has been made to conceal the identity of every participant. Because the study has been conducted locally, I am aware of the potential for people to read the findings and make assumptions regarding the identity of participants. With this in mind, I continue to make every effort not to refer to research participants, especially when asked.

> The data and results of a research study belong to the researchers who designed and conducted the study unless alternative contractual arrangements

> have been made with respect to either the data or
> the results or both. (Page 2)

I retain ownership of the results and data of this study; I have made no contractual arrangements that affect this ownership.

> Educational researchers should remain free to
> interpret and publish their findings without censorship
> or approval from individuals or organizations,
> including sponsors, funding agencies, participants,
> colleagues, supervisors, or administrators. This
> understanding should be conveyed to participants as
> part of the responsibility to secure informed consent.
> This does not mean however that researchers should
> not take every care to ensure that agreements on
> publication are reached. (Page 2)

This principle was upheld in the process of informing people prior to their consent to participate.

3.4]   Narrative inquiry

> We breathe, we think, we conceive of our lives as
> narratives.
>
> (Lehmann-Haupt, 1984:12)

In this section the theory underpinning narrative research is introduced, in particular, how this has historically developed. The section supports the use of narrative as an arts-based approach to research. Given the arts-based approach to mental health promotion used in Art in Mind, a narrative approach to the study is consistent with the method of the delivery of the project. Whilst narrative is fundamental to human communication, this section describes its development as a research method.

Narrative and identity

The philosopher, Paul Ricoeur (1981; 1984; 1986; 1988) became best known for combining phenomenological approaches with hermeneutic interpretation and his works have become identified as seminal text for narrative inquiry. For Ricoeur, narrative has become essential for identity:

> Without recourse to narration, the problem of
> personal identity would in fact be condemned to
> an antimony with no solution.
>
> (Ricoeur, 1988:246)

According to Ricoeur, the word 'identity' however can be understood in two ways. Firstly, identity can be understood as something that is fixed (as in the same root word as identical in Latin, 'idem') or something that is permanent but changing. It is this latter meaning according to Ricoeur, that we create our narrative identity or what he also called self-same (Ricoeur, 1988:246). Thus, the river Trent may have a historical identity but is in fact in a constant state of change. These two conceptions of identity avoid the extremes of constructionist and essentialist views of self (Elliott, 2005). Identity is thus mediated between these potentiality conflicting views of self (Gergen and Gergen, 1988). Narrative is therefore a way of balancing both the self that is constant and the self that is changing as we are able to make sense of ourselves through the stories that we tell ourselves (and others) about ourselves. The narrative therefore is a product of our constructing, deconstructing and reconstructing of ourselves and of our identities (Denzin, 2000; Benwell and Stokoe, 2006; Holloway and Freshwater, 2007). The fact that our narratives may change and be re-constructed is not negative, for Bruner (1990) asserts that the changeability of our stories allows us to make meaning of our experiences and to re-position our social identity when required (Davies and Harré, 1990; Benwell and Stokoe, 2006; Mishler, 2006). Narrative, it is argued is central to identity formation (Cobley, 2001). Bruner (1990) also asserts that this capacity to find meaning through narrative provides a sense of order to the species that ensures our survival. When I commenced the interviews for this study, I had no concept of how strong identity would feature in the findings.

Historical development of narrative research
Narrative research came to the fore with the work of socio-linguists in the early 1960's (particularly Labov and Waletsky, 1967 and Labov, 1972). By the end of the 1970's narrative approaches in various disciplines had become established. Notably Fisher (1984) who observed the central role of narrative in politics and of narrative analysis in political sciences. Polkinghorne (1987) did something similar for psychology; Richardson (1990) for sociology and by the 1990's, narrative inquiry had had also become common in various science studies (Silvers, 1995) and provided the foundation for research from a variety of other disciplines (Ricoeur, 1981; Bertaux, 1981; Mishler, 1986; Riessman, 1993; Elliot, 2005). McQuillan (2000), charts the history of narrative research and identifies during the twentieth century the rise and fall of the narratologists, those located in the structuralist-led science of narrative and their successors, the post-structuralists with whom, he asserts, narrative research has as its

custodians. McQuillan (2000) may however be too sheltered in his cultural theory to witness the spread of narrative inquiry in other social and medical sciences.

Hinchman and Hinchman (1997) offer a definition of narrative in relation to research:

> Narratives (stories) in the human sciences should be defined provisionally as discourses with a clear sequential order that connect events in a meaningful way for a definite audience and thus offers insights about the world and/or people's experiences of it.
>
> (Hinchman and Hinchman, 1997:xvi)

Sequences of events therefore are organised into a whole narrative that the narrator constructs in order to make sense or meaning and convey this meaning to an audience. I have been careful however not to be restricted by narrative analysis that focuses too heavily on structure and sequencing; I return to this point when the method for data analysis is presented.

Goldie (2004) identifies characteristics of narrative accounts that become of interest to the inquirer. These he lists as coherence, meaningfulness and emotional import. These components, he argues, are what make narrative works as the narrator employs a process of emplotment or storytelling (coherence is used much in narrative analysis as a form of validity; e.g. see Fisher, (1984); Riessman, (1993)). The term 'emplotment' is attributed to Hegel in his 'theory of historical emplotment' and refers to how a chronological account is turned into a historical account through the introduction of plot (White, 1973). It is argued that the existence of plot is what turns a story into a narrative worthy of analysis:

> Usually, plots are much more complicated and contain chains of actions and events, oscillating states of affairs, apparent actions, and wrongly interpreted events, as in suspense or mystery, but a minimal plot is enough to make sense of a narrative.
>
> (Czarniawska, 2004:19).

In the course of this study however, narratives that did not contain overt plots were not discarded. It is widely held that a narrative research approach not only elicits stories, but also facilitates empathy (Riessman, 2001; Bochner, 2001;

Elliot, 2005; Holloway and Freshwater, 2007). It is in the act of giving the person a platform for their narrative that the person may feel prized similar to the role of personal story-telling in psychotherapy (Rogers, 1951). During the process of telling their story, the person may find meaning that was otherwise undiscovered. This concept is articulated well by Wolgemuth and Donohue (2006) who propose an inquiry of discomfort (after Boler, 1999), which emphasises the proactive and transformative potential of research for the researcher and the researched. Narrative approaches therefore may have a therapeutic component that is relatively unexplored in the literature. This therapeutic component is intrinsic and not overt. In this study, several participants refer to the interview as enjoyable and an opportunity to express themselves. As the researcher engages with the interviewee (the narrator), an opportunity is created for the story to be constructed. Mishler (1986) argues for the interview to be regarded as a unique form of discourse. Narrative inquiry is therefore essentially a relational process and the context should not be ignored (Mishler, 1986; Gubrium and Holstein, 2000; Wolgemuth and Donohue, 2006). Narrative therefore is a form of discourse, however research participants usually construct this narrative, i.e. the narrator constructs and creates the narrative (Frid et al., 2000) and the interviewer, co-creates with the narrator. Poetic license is expected in narrative (Gabriel, 2004) and truth is not usually considered as synonymous with objective scientific truth of positivist research, but constructed or reconstructed (in the telling) and subjective (Riessman, 1993). "The 'truth' of our stories is not the historical or scientific truth, but rather something which can be called narrative truth" (Shkedi, 2005:11). In my research processes, I have made no attempt to ascertain objective truth in the narratives I elicited; rather, I have attended to the detail of both how stories are constructed and what is being told in order to interpret meaning, rather than 'truth'. I also paid much attention to the relational aspects of the research method that in turn reveals truth of the co-constructed nature of the research interview process.

For narrative researchers, it is meaning rather than truth that is being sought, and it is the expression of the person's meaning that becomes the product of the inquiry (Bailey and Tilley, 2002). Historical accuracy is not sought; rather, significance is upon the person's re-telling (re-constructing) of the story to get across their point they wish to make. For it is the meaning the person makes that is the object of the study (Riessman, 1993). Furthermore, Riessman (2001) asserts that the narrative inquirer does not assume objectivity, but accepts the

privileged position of positionality and subjectivity. Therefore, narrative inquiry is both interpretative and phenomenological (Ricoeur, 1981; Emden, 1998) and potentially transformatory (Wolgemuth and Donohue, 2006). My personal transformation throughout my research journey has been recorded in my research diary. Much of this has been through getting to know participants and listening to their stories but also engaging with their art. The following extract describes the impact of a work of art upon me in the first Art in Mind exhibition. A poet facilitated the following process:

> (NAME) the creative writer was there for a couple of hours (I arrived at exactly the right time!). We were asked to study one picture and answer questions on a sheet (e.g. describe it's colour, what do you think it represents etc). When the sheet was full we used our own words to create a poem. This was the picture I studied:

> This is the end product:
>
> You liberate me
> With the strength of the protagonist
> With your energy
> Your struggle
> Through dark and light
> Through anger and joy
> You startle me
> You are the light that penetrates
> The blackest cloud of storm
> You are the right of the morning
> My right to be me
>
> I quite like it, especially as I haven't written a poem for ages. Once again, my on the hoof visit to my patch has been creative and productive for me as a person and me as a researcher…

The researcher's narrative

In so far as this thesis is my own constructed narrative, I have identified research methods that enable the researcher's narrative as autobiographical narrative inquiry, which some would argue, does not exist in social science research however, in practice this would not differ from autoethnography (Reed-Danahay, 1997). In their illustration of autobiographical narrative, Denshire and Ryan (2001) differentiate between narrative account and narrative inquiry, the latter being the study of the former.

When I consider the process of writing up this study I can identify with Goldie's categories and the concept of plot. The thesis is required to be coherent, have depth and for my supervisors, and myself, have emotional significance. I cannot deny that my study emerged from an initiative driven by emotional charge and my own journey has twisted and turned with plot and emplotment in the telling. During the subsequent years of studying and data collection, I have frequently re-engaged with this original motivating emotion through each of the turns.

When I commenced this research journey, I saw myself as an insider-ethnographer, however this failed to take into account my involvement with the project from the outset as I had personal investment in the project that I considered important to my studies. Additionally I wanted to be able to draw upon my own life-experiences in order to construct a discourse about the arts and mental health. As an academic, I had dabbled with the method of autoethnography in the past but experienced a temporary setback when the reviewers of a journal article that I submitted dismissed my inquiries as 'un-scientific'. I became encouraged years later however when I discovered that I was not alone. Holt (2003) relates similar experiences. Unlike me, he was undeterred by the rejection and exposed such attitudes through publishing his own accounts of being dismissed and furthermore offered a rationale for the approach. I turned refreshed therefore to autoethnography as a method of writing and research. In the manner of Reed-Danahay (1997), Holt (2003) asserts that the method unites personal experience to the cultural, placing one's self within a social context. Autoethnographical accounts are usually written in the first person and may feature dialogue, emotion, self-awareness and narrative affected by history, social structure, and culture (Ellis and Bochner, 2000). As I pursued my academic inquiry I came to realise that the rejection I

had experienced was consistent with a larger drama being acted out in the world of qualitative research where arguments abound over the legitimacy of first person accounts in research (Ellis and Bochner, 2000; Bochner, 2001; Bochner and Ellis, 2003; Ellis, 2004).

Reed-Danahay (1997) explained that autoethnographers might vary in their emphasis on graphy (i.e., the research process), ethnos (i.e., culture), or auto (i.e., self). Whatever the focus, authors use their own experiences in a culture reflexively to look more deeply at interactions between themselves and others. For my own inquiry, with Holt (2003) I have deliberately chosen not to separate such factors from my research, additionally I have chosen the first person research voice throughout my study. Traditional academic style demands silent authorship and the passive voice; this position is challenged by autoethnography where the writer becomes the central character (protagonist) of the investigation (Charmaz and Mitchell 1997).

Denzin and Lincoln (2000) and Sparkes (2000) observe how the use of self as a source of data has been challenged as un-scientific and autoethnographies have been criticised for being narcissistic (Coffey, 1999). Furthermore, Ellis (2004) weaves both methodological advice and her own personal stories into a narrative regarding a fictional graduate course she teaches. The novel provides guidance on autoethnographic method and illustrates the ethical dilemmas of researching one's self. I consider the ethics of my own inquiry in greater depth in a later section. For Koch (1998), the process of critical reflection of the research process is what makes the process research; for it gives account of what has been going on and provides a vehicle for monitoring the process. Following Gadamer (1976), Koch (1998) espouses the difference between research process and research product. If all the researcher is doing is working in order to produce a product, then the finished product may be of little intrinsic value; it is the process of developing that product that new knowledge is created. The role of the researcher to research process is central to philosophical hermeneutics. The research journal therefore is a central feature of the inquiry. My own research diary is intensely personal and has aided me in being able to track not only my intellectual development through the study, but also identify how I have changed as a person and how the research process has transformed not only my thinking but my beliefs and values.

Although the whole of my research is seen through a personal lens, I also need to use my senses to see and hear others' voices. With both my own experience and listening to the narrative of others, I am interpreting and re-interpreting in the light of new experience (Gabriel, 2004). While I am indeed creating my own discourse through this study, it is essential that it is about more than just me, for it is not an autobiography, I share this stage with other players. Not only characters from my childhood and adulthood developmental processes but also those who have willingly contributed to my study as participants influence my discourse. This is succinctly expressed by Denshire and Ryan (2001:150) "..both of us believe that it is impossible to separate our personal lives from our professional lives". Furthermore, the reader in turn interprets my narrative that interprets the narratives of others, who in turn are offering to me their interpretation of events (Goldie, 2004).

Part of how I have made sense of the relatedness of the arts and well-being has been my own experience of being an artist. There is therefore entrenched within my work, an element of personal narrative based upon my reflections of the place of creativity throughout my life. This following extract from my research diary illustrates this point:

> On the train back from my supervision I had a mini-epiphany. What fell into place was the proper focus for my PhD (it took two years to fall into place - better late than never). For whatever reason, I had become so hung up on theory (and theories) that they were enslaving me; rather than accessing them as I would a friend or advisor I became threatened by them. I likened it to the years I had spent attempting to draw using line and measurement. What I learned during my art classes a few years ago… was to give up line and measurement and draw from my eye and heart. I remember the moment during my drawing when I saw the model for the first time and I wept as I continued drawing; here's the drawing:

There's no shading, no geometry, nothing that would indicate accuracy or technical ability. But it was the drawing that was the harbinger of my artistic liberation. From that evening on, I understand what it meant to draw. More than that, I understood what it meant to see.

(Extract from my research diary, 11th December, 2005)

Some autoethnographers do not analyse or interpret their own work but leave it up to the reader/audience (Hilbert, 1990). This approach may disrupt the politics of traditionally accepted research relationships (Chase, 2005). I do not adopt this position although I am aware that I do not always attempt analysis of my own story. This may be intentional or unintentional; this may also be because I lack the self-awareness to attempt it. Chase (2005) also recognises that in narrative inquiry, the researcher views themselves as narrator of their research, Ultimately therefore I locate myself somewhere between autoethnography and autobiographical narrative when I construct my own discourse throughout my study. My approach leaves me vulnerable in my text (Behar, 1996; Krieger, 1991) for two reasons. Firstly, I make public my inner world for all to see and potentially mock and secondly, there are those who say that this kind of approach is un-scientific and lacks rigour or validity. I am prepared however, alongside autobiographers, to make public some of my inner world and life journey. For me this has enabled an inquiry that would otherwise not have been conducted. If, in some way, this helps others through some kind of personal or

methodological illumination, so be it. As for the criticism of being 'un-scientific', this approach is strongly rooted in social science methodology and this method of inquiry is most appropriate for the present study, especially given the level of my involvement.

Illness narrative

Whilst I do not locate this research in an illness narrative context, there is much to be drawn from the illness narrative literature. As narrative approaches gained momentum in the social sciences, some working in the healthcare arena recognised the limitations of rationalist frameworks and sought to introduce similar approaches in health care (Hurwirtz et al., 2004). Some of the earlier contributors include: Balint (1959), Kleinman (1988), Brody (2003). Frank (1995) identifies three fundamental illness narratives: restitution, chaos and quest. Restitution narratives are those of the person anticipating recovery; chaos narratives are enduring with no respite; quest narratives are those where people discover that they may become transformed by their illness. What is common to all types of illness narratives is the focus upon the centrality of the telling of the patient's experience. This is for both epistemological and sense-making functions (Gabriel, 2004). The epistemological concerns itself with furthering knowledge of a disease from first hand experience and the sense-making is more to do with making sense of illness, or extracting meaning from the experience, thus infusing hope.

One medical research project that utilises narrative approaches is offered by Herxheimer and Ziebland (2004), who describe the development and ongoing work of DIPEx. This web-based research project (DIPEx, 2006) collates illness narratives, conducts thematic analyses and posts the results on their website for the public to access. Their intention is to offer experiential information that is complementary to the evidence-based type information that is generally offered on such web bases as the Cochrane Library. It is reported that by 2004, DIPEx have completed 750 narrative interviews relating to approximately twelve illnesses ranging from various cancers, heart disease, depression and so on. The website is accessible and includes audio, video as well as textual accounts. It is interesting to note that the NHS is listed as a sponsor of this website; thus the benefits of illness narrative are being institutionally recognised.

Some have argued that this kind of approach that complements evidence-based medicine, removes the pressure from narrative inquiry to be objective and

scientific (Goldie, 2004). When engaging with the copious narrative on the DIPEx website, I am struck by the power of what has been created. Through text, audio and video, hundreds of people relate a part of their story of suffering with some form of illness. The experience is moving and quite overwhelming. The information they impart about the illness is way and above what could possibly be communicated through an information leaflet. It is genuinely expressed by the sufferer themselves for the benefit of others. This may well be the largest collection of illness narratives in existence and demonstrates the potential of the Internet for the dissemination of health narrative research for the good of others. It is the fact that they are 'real' stories that the narratives acquire power. Otherwise, presented in a scientific manner, they would become statistics of the epidemiologist. What illness narrative achieves is a form of 'bringing closer to home' the facts through storytelling (Gabriel, 2004). The audience is able to make more sense of the story, both intellectually and emotionally, than it ever could through reading sets of statistics. What DIPEx achieves is bringing the qualitative into the domain of what has historically been dominated by the quantitative. A casual enquirer seeking information about illness from the health sciences may well be surprised to find real life-stories as part of the information provided.

In their examination of the narratives of people who are deaf, Jones and Bunton (2004) have identified two camps: the 'wounded' or the 'warrior'. These distinct categories may also be interpreted as deficit model or social model respectively. The wounded are generally those who experience deafness as a loss to formerly hearing and the warriors are generally those who have always been deaf and rather than focusing upon cures and recovery, they see themselves as a marginalised and oppressed minority group that need to assert their human rights. Superficially, one may draw parallels with mental health service users, although the similarity fails, as it not generally considered that one is born 'mentally ill'. Nevertheless, the wounded or warrior concept may illustrate people's responses to different forms of adversity. There are those with serious mental health problems who seek cures (e.g. SANE) and those who are proud to be mad (e.g. Mad Pride: http://www.zyra.org.uk/madpride.htm; and Mad for arts: http://www.madforarts.org/).

Williams (2004) cautions against simply stopping at the individual level with illness narrative inquiry. For illness narratives, tell as much about society as they do about the people themselves. People are social beings and are constantly

influencing and being influenced by the society in which they live. Often, sick people may relate to a sick society. Given the deprived area within which Art in Mind is located, illness narrative is most pertinent to this study as it has the capacity to look beyond the illness and to examine the broader socio-cultural context which is inseparable from the experiences of mental health problems.

Giving a voice to research participants

Narrative research focuses upon the story of the individual and therefore provides opportunities for individual voices to be heard. As the previous example of the DIPEx research illustrates, people become experts simply on account of their lived experiences. Gabriel (2004) argues for the expert authority of the narrator on the basis of experience. Whilst for example the doctor may be considered the expert in terms of education and the experience of implementing that education in practice, the doctor can never be fully the expert until they have experienced the disease themselves. Thus, there are two experts; one an expert by education and training and one an expert by experience. The DIPEx programme (Herxheimer and Ziebland, 2004), deliberately gives voice to the expert by experience in order to help inform others who may experience either the illness themselves or having to care for another. The notion of the patient as expert is enshrined in recent Department of Health discourse (Department of Health, 2001). According to Gabriel (2004) however, the expert by experience is more vulnerable in terms of potential exploitation from the expert by education, for it is they that are more likely to understand research, publishing and receive the plaudits and benefits of a research profile. However, where people have a voice, they have power. When once the expert witness in a court of law was considered beyond reproach, recent high profile cases in the UK have discredited such roles (e.g. cases such as that of Sally Clark wrongly convicted of murdering her two babies, in court it was her story versus the expert evidence of an eminent pediatrician).

Reality and daytime television have created a platform for a confessional discourse that empowers victims to become survivors through the acknowledgement of the suffering (Goldie, 2004). This is also illustrated by the growth of web logs (blogs) where people can tell their story to a global audience. It is estimated that blogs now exceed 50 million (Riley, 2006). In turn, it is now commonplace for authors of blog confessionals to secure lucrative book contracts (Rohter, 2006). Thus a combination of narrative and 21st century technology has the power to emancipate and liberate as well as provide an

infinite audience. This is wholly consistent with Mishler (1986) who asserts that narrative research should empower respondents. Narrative research is one method that gives voice to the researched, this is especially powerful for those who have been oppressed (Holloway and Freshwater, 2007).

All qualitative research data including narrative should be respected, however, this does not mean that because it is referred to as narrative that it is not subject to scrutiny and scepticism as any other data (Gabriel, 2004). For in the telling, the narrator may be subject to influences beyond the knowledge of the researcher that make the story twist and turn from poetic license to misrepresentation.

Limitations of narrative research

To construct a list of limitations to narrative research, would be to construct a narrative regarding the limitations to narrative research. As such, the narrative of narrative research limitations becomes another narrative to study. However, this kind of circulatory reasoning is likely to fan the fire of criticism of such an interpretive and subjective approach. Invariably such criticism is from the positivist position that would accuse narrative inquiry for not being representative or generalisable (Riessman, 1993). Narrative inquiry however makes no claims to representative-ness or generalisability but acknowledges that the range of narrative possibilities within a group is potentially limitless (Gubrium and Holstein, 2000). Furthermore, any narrative is significant because it embodies and provides insight into what is possible and intelligible within specific social contexts (Chase 2005). Sandelowski (1993) argues that the concept of validity in qualitative studies should be linked not to 'truth' or 'value' as they are for the positivists, but rather to 'trustworthiness'. In an earlier paper, Sandelowski (1986) referred to this process of audit-ability as 'leaving a decision trail', so that the reader would be able to track and verify the research process. Furthermore, Frid et al., (2000) asserts that the validity of the interpretation depends on the entire interpretative process as it is difficult to determine explicit criteria for validation of narrative analysis.

Another criticism of the approach is the potential for the blurring of interpretive boundaries as a result of the relationship between researcher and interviewee. The concept of co-constructed discourse interferes with an objective, and therefore rational position required for data collection. To counter this concern, it is usual for narrative researchers to develop analytic frameworks and

transparency about the relationship and subsequent analysis (Koch, 1998; Riley and Hawe, 2005).

A strict Labovian (Labov, 1972) approach to analysis involves the application of predetermined categories to the narrative which defines the core meaning and sense of the narrative. Once defined, it is assumed it becomes a representation of what happened according to the narrator. This then becomes an assumed 'objective reality' (Mishler, 1995). It is asserted though that narrative research does not deal with 'objective reality' but interpretations and constructions of it (Riessman, 1993). A Labovian approach has also been criticised for being masculinist as their narrative structure is based more upon the way men tell stories (Langellier and Peterson, 1992). Clearly, narrative research is not appropriate if the researcher is seeking to collect data from a large sample due to the depth of its inquiry with the individual, although change over time or comparison stories are encouraged (Riessman, 2001).

In this section, the theoretical underpinning for narrative research has been introduced. There is no one 'narrative method' because of the centrality and the uniqueness of the relationship between narrator and audience. However, what is central to narrative research is the person's story that is told, or performed by the narrator. The place of the researcher's narrative has been introduced including their role in the co-construction of research narratives. Furthermore, the researcher's personal experiences that are brought into the research are acknowledged as significant to the conduct and presentation of the research.

3.5] Interview method

In qualitative research the interview, contents, structure and relationship is critical to the sense and purpose of the research study (Mishler, 1986). This section examines the relevant literature relating to the interview process. For Ricoeur (1981; 1984; 1991) the interview is a place where the narrator recounts the story and produces the plots. The telling is not mere repetition but it is a dynamic process with a new reformulation, thus new meanings may emerge; the narrator and the listener are reborn. It is generally accepted therefore that the more open the interview schedule, the better (Labov and Waletsky, 1967; Riessman, 2004). It is with some regret that I asked as many interview questions as I did in the early interviews, although later interviews were less directive.

Some who have concentrated on life-stories have developed a method that is referred to as Biographic Narrative Interpretive Method (BNIM) (Wengraf, 2001; Rosenthal, 2004). This method invariably employs a single opening introductory invitation from the interviewer e.g. "Tell me the story of your life" and the narrative is unhindered by the interview process. Others however are less rigid and acknowledge that many questions may elicit narrative; it is rather the fixed interview survey that suppresses it (Mishler, 1986). Hollway and Jefferson (2000) advocate 'free association' interview method based upon psychoanalytic principles. By way of contrast, a notable example of closed questions eliciting narrative is the seminal work of Labov and Waletsky (1967:14) where they asked questions such as: "Were you ever in a situation where you were in serious danger of being killed?". In spite of their lack of invitation to tell a story, their work amongst New York gangs in the 1960's remains seminal and legendary in the annals of narrative research. Some have minimised the significance of the interview:

> An interview is an interaction that becomes recorded, or inscribed, and this is what it stands for… An interview is not a window on social reality but it is a part, a sample of that reality.

> (Czarniawska, 2004:49).

Labov (1972a) questions the influence of the interview (and interviewer) upon the interviewee, and suggests that much that is elicited by interview is interview constructed; furthermore, it is all too easy for the interviewer to bring their agenda into the interview environment (Gubrium and Holstein, 2003). The co-constructed idea of the research interview is advanced by Mishler (1986), who became one of the earliest writers to challenge the then contemporary views on research interviewing that was historically regarded as a method for survey data collection. At the heart of Mishler's thesis is that the research interview is in itself a form of discourse; furthermore it is also a jointly constructed discourse between interviewer and interviewee. With Elliott (2005), Holloway and Freshwater (2007) urge narrative researchers to develop empathy with narrators and for them to become 'close'. Gubrium and Holstein (2003) encourage interviewers to regard the interview process as co-construction (what they refer to as 'active interviewing').

One of the Stage Two participants, Eve was keen to contribute to the research partly to support the development of the project in the future. In spite of this

being the first interview, the transcript reveals a closeness that developed between Eve and myself:

…that's why I was really keen to be involved and giving you some feedback and that's why I phoned (NAME) up and I said "Is there anything I can do to help you with funding… because it's a great project"…

I   Yeah. [laughs] It's so lovely to hear you speak. Yeah.
(S2.A.01, 392-398)

My response offers affirmation of the point she is making, but is also an attempt to demonstrate an empathic response when Eve was overcome with emotion (at this moment during the interview, Eve was speaking through tears). The following extract from research diary records my reflections on that first interview:

> She cried through much of the forty-five minutes. I really do not think that I encouraged such an out-pouring and I suspect that her emotions are very close to the surface for much of the time. She found the interview so moving, because of the significance she attaches to the project. Art in Mind has been a safe place for her to come and express herself. It has been integral to her recovery. Eve was determined to tell her own story of how important the project has been to her, no matter how tearful she became. For her, this interview was a political act. She knew we needed further funding to secure the future of the work and wanted to take every opportunity to sing its praises. Eve would do anything to help get future funding. Art in Mind has been a lifeline to her at this point in time. I felt humbled as she thanked me for the work I had done in bringing the project into reality.

(Extract from my research diary, 3rd May, 2006)

Eve knew that I had led the development of Art in Mind, and this extract highlights the emotional and reflective impact on the research process of the lead of the project conducting the research interviews.

In narrative research, it is largely held that people already possess constructed and rehearsed discourses of their life experiences and the role of the researcher is to elicit the narrative (Mishler, 1986; Wengraf, 2001). However, this should not diminish the role and effect of the interviewer in terms of human interaction (Silverman, 2006). Furthermore, research interviews do not always evoke narratives; some may consider the interview process as a kind of scientific

environment where it is inappropriate to tell stories (Czarniawska, 2004). This could be remedied by the interviewer inviting the story rather than adhering to an interview guide (Gubrium and Holstein, 2000). It is possible however, given the experiences of narrative researchers cited in this passage, that narrative will emerge irrespective of the interview guide.

In my first interview with Gill, I invited her to talk freely:

I   Okay, I've got, what I've got, I've got a few questions, just to prompt you, but really, it doesn't matter so if you go off the subject, you know, talk freely, don't worry about, you know, the precise questions. 'Cos the idea is just to, you know, give you the opportunity to talk, talk, talk, talk, 'cos that's what it's all about.

D.01   Express yourself. Like my drama (...).

(S2.D.01, 3-9).

Being involved in the arts, Gill likened the research interview to her drama where she has opportunity for self-expression. This open invitation enabled Gill to commence an extended narrative account relating how respected she has felt in the project and how her contribution has been valued.

This section has discussed the nature of narrative research interviewing; as the findings of the study are presented, I shall be making recourse to this critical discussion of the co-construction of discourse in the role of the interviewer.

3.6]   Journey-Mapping

In this section, the rationale for the research method of Stage Two of this study is given. Individual case-study was selected as a method to enable me to elicit the narratives of some of the people who engaged with Art in Mind between January 2006 and February 2007. The phrases 'case-study' and 'case series' however has linguistic connotations, ('legal case', 'nut case', 'head case', 'study/examine', 'inspect', 'I'll be in my study'). Whilst acknowledging the benefit of developing a longitudinal component to my data collection, i.e. being able to research participants as they spend time in the project, it became necessary to find a more suitable title for this element of the work. Ideally I would have wanted the people themselves to name the process, however, practically I needed to find a title in order to recruit people to the process. I talked this over with the two project workers and we identified the nature of the

process as articulating a narrative of a journey. If there is no existing map for the current journey, it is appropriate to map the journey as the participants continue through the project, thus 'journey-mapping' was conceived. This approach combines narrative and multiple case-study described by Shkedi (2005) as multiple case narrative working with multiple actors (Malloy et al., 2002). This is compared with other research strategies of a similar nature: collective case-study, case survey and meta-ethnography. As the people are presented as vignettes in the findings chapter, in health research these are presented as 'case-series'. This phrase indicates the 'case-study' approach that includes several people in a group.

The place of narrative in the hierarchies of health science evidence
In the health arena in recent times, it has become apparent that greater emphasis has been placed upon scientific inquiry than narrative inquiry although in nursing specifically, narrative inquiry has indeed flourished (Holloway and Freshwater, 2007). This drive towards the need to provide scientific evidence for treatment and interventions is best illustrated by the government discourse surrounding what has become known as Evidence-Based Medicine (EBM). Whilst narrative approaches have been historically supported in the medical literature with single case-study approaches, even these are undermined by hierarchies of evidence (explained below) deemed acceptable to the contemporary health community. The definition of EBM offered is one that appears in most relevant literature:

> Evidence-based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence-based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research.
>
> (Sackett et al., 1996).

A hierarchy of evidence is generally accepted to the medical establishment as follows:

1. strong evidence from at least one systematic review
2. strong evidence from at least one randomised controlled trial, of appropriate size

3.   evidence from well designed non-randomised trials
4.   evidence from well designed non-experimental studies from more than one research group or centre
5.   expert authority opinion or reports of expert committees

(Adapted from Muir Gray, 1997)

Historically, psychological theory and practice have been developed through the use of case-study although this position is more recently challenged by the emphasis placed upon systematic reviews and randomised controlled trials. In fact, accepting the hierarchy cited, case-study, let alone narrative approaches, does not feature as evidence. In this framework, case-study has become classified as little more than anecdote (Riessman, 2004).

Case-study as 'evidence'

Case-study remains a central focus in social science and educational research and it is within health research that it has been eclipsed by *evidence-based* criteria for research (Riessman, 2004). In mental health research, the tension between the scientific approach and social science approach becomes most evident because, historically, mental health research has not only depended upon the scientific approach of psychiatric medicine but also upon wider psychological theories. Since the time of Freud, psychodynamic approaches have been evidenced by individual case-study (Casement, 1990; Hinshelwood, 1994; Malan, 1995; Storr, 2002). Case-study is prevalent in contemporary psychodynamic literature; for example, Jacobs (1998) uses 98 case studies to illustrate psychodynamic theory in practice in one book. Single case-study method informs practice by illustrating dilemmas and issues in practice and helps the practitioner to develop alternative therapeutic responses.

Single case studies have been frequently criticised because they are incapable of providing generalising conclusions (Tellis, 1997). Hamel et al., (1993) and Yin (1994) argue that the relative size of the sample used, however small or large, does not transform a single or multiple case into a macroscopic study. The single case could be considered acceptable, provided it meets established objectives for the study. Outcomes from individual case studies are not statistically generalisable but analytically generalisable (Welsh and Lyons, 2001). Where once single case studies may have stood on their own in mental health practice literature, it is now questioned as a method because of the emphasis upon evidence that satisfies the evidence-based practice (EBP) hierarchy. However,

case-centred methods provide a greater sense of context and human experience than population and category-centred approaches ever could (Riessman, 2004).

A critique of Evidence-Based Practice

It has been claimed that the quality of the therapeutic relationship is the key determinant of the efficacy of mental health practice (Rogers, 1951) and Peplau (1952) argued is its very foundation. While studies exist regarding the efficacy of counselling and therapy, to my knowledge, there are no randomised controlled trials (RCT's) applying to the therapeutic relationship. Few have conducted studies on the therapeutic relationship in the light of the EBP agenda although Cape et al. (2000) is an exception; they have examined the psychological management of patients within GP consultation and consider the value of establishing a positive therapeutic relationship in primary care. The mental health literature suggests that therapeutic relationships are complex phenomena and indeed people themselves are complex subjects for investigation (Faulkner and Thomas, 2002).

Because much of the work of mental health practitioners concerns human relationships, they understandably find difficulty in providing hard scientific evidence for their interventions. Whilst little of mental health care has been historically measured and quantified, this should not make workers feel inferior or inadequate in their work because therapeutic relationships are not capable of being scientifically reduced. Mental health work involves human skills of empathy and intuition, neither of which might be tested by randomised control trials. Similarly, some argue for the practice of love and human compassion, qualities that cannot be reduced and measured (Stickley and Freshwater, 2006). Furthermore, Margison (2003:179) questions why "…the repeatable and measurable is of greater value than a poetics of experience"? Historically, It is accounts of people's lived experiences that constitute evidence from the psychological theories and practice. Evidence-based practice has its merits, but it also has its limitations with regards to being authoritatively applied to human experiences and therapeutic relationships between mental health workers and their clients. In this study, I seek to add to the body of work examining the experiences of people who have engaged with mental health promotion through the arts. This qualitative, case-series approach will provide evidence through narrative research methods including narrative analysis. The next section introduces the various approaches in narrative analysis which have influenced the design of the analysis for this study.

3.7] Narrative analysis

Building upon the narrative inquiry literature, in this section, the process of narrative analysis as a method of qualitative research analysis is introduced. As previously discussed, narrative has been fundamental to human linguistic development and narrative analysis therefore has ancient roots. The beginnings of narrative analysis can well be placed in the hermeneutic traditions of the Bible, the Talmud and the Koran (Czarniawska, 2004). There is no one method of narrative analysis; there is a spectrum of approaches (Riessman, 1993). In the process of data analysis I have not followed any one single approach, rather, I have adopted various analytic lenses for the process (Chase, 2005) in order to develop a broad picture that takes into account socio-cultural, reflexive and relational contexts.

The process of narrative analysis requires the researcher to have access to heuristic devices (Elliott, 2005) to move beyond the obvious and the multiple lens approach (Chase, 2005) provides such devices. A number of influential narrative researchers have offered devices and models and these are presented. Labov and Waletsky (1967) and Labov (1972) offered a narrative analysis model comprising six components:

1]	Abstract, that summarises the story,
2]	Orientation that explains the context of the story including who is involved when and where it took place,
3]	Complicating Action, explaining what happened,
4]	Result, the outcome of what happened,
5]	Evaluation, where the narrator offers their interpretation of events
6]	Coda, where the narrator returns to the present time.

Whilst this event narrative framework has been criticised for being too limiting (Riessman, 1993) it is generally considered as a framework that is useful as a first-step to interpreting narratives. This thesis has been presented in this framework to illustrate the point that this entire work is a narrative account of a research journey.

Mishler (1986) observes that not all text requires all of these components to qualify as narrative, providing they contain the complicating action. Labov's work and subsequent approach to narrative construction has been criticised for being too masculinist, as the researchers and the subjects were primarily men.

It is argued, notably in the work of Deborah Tannen (1994; 2003) that men and women have different styles and forms of communication and masculinist methods are not generalisable to women. Throughout the process, I have been aware of my gender and how this may have affected the research process. This has been aided by two facts, firstly, all of the Art in Mind staff are women and secondly both of my supervisors are also women. This feminine influence has kept in check any tendency I may have had for masculinist reading and interpretations of text.

Ricoeur (1976; 1981b; 1991) developed a five-step model for narrative analysis:

> 1] naïve reading of the narrative,
> 2] distancing,
> 3] examination,
> 4] conjecture and questioning,
> 5] reflection on the narrative and process.

Subsequent narrative analyses after this period of development are generally variations on either Labov and/or Ricoeur. Czarniawska (2004) offers an additional framework for narrative analysis:

- Explication (what does this text say?)
- Explanation 1 (why does this text say what it says?)
- Explanation 2 (how does this text say what it says?).

I have drawn upon both of these processes in the analysis of the data in this study and developed my own 12-step process of analysis that is introduced in the next section.

With such broad categories being introduced into narrative analysis there has been a gradual shift in narrative research from the domain of the socio-linguists to the social science research arena in every discipline. Riessman (1993) also draws attention to three domains within narrative analysis: the ideational (content of ideas), textual (how the language is constructed) and the interpersonal (the role and relationship between the narrator and the listener). Wilber (1996a, 1996b) adds a further domain, that of the transpersonal. Analytic questions should be asked of each domain, which I have attempted.

Mishler (1986) identified what he considered the three primary functions of language and developed an analytical framework around them: textual meaning, (primarily based upon Labov and Waletsky, 1967), structure and interactional context. Furthermore, Riessman asks questions such as: 'how is the narrative

organised?' and 'why is the narrative developed this way with this listener?' (1993:61). Whilst various approaches and frameworks exist, there are no calls for uniformity (Elliot, 2005).

While some researchers may quote lengthy narrative, Williams (2004) considers narrative analysis as identifying key 'meaning points' in the story that is told. Somers (1994) has identified four dimensions of personal narrative: the ontological, the public, the meta-narrative and the conceptual. The ontological relates to the personal meaning people attribute to their stories. It is within this meaning that people locate their own identity and make sense of their lives (Denzin, 2000). People may 'position' their identity in relation to greater social narratives or discourses (Benwell and Stokoe, 2006). This approach became relevant to this study once the findings were analysed and the theme of identity was identified.

In her introduction to '*Narrative Analysis'* Riessman (1993), describes her journey into narrative analysis as contrasting with more traditional attempts at thematic analysis of women's stories. It became clear to her that such stories demanded a different kind of attention. Merely reducing into themes took away some of their meaning and power. However, identifying themes in narrative analysis is also valuable (Roberts, 2002; Riessman, 2006). As well as thematic approaches, Riessman's contribution to narrative analysis includes what she refers to as 'poetic structures and meaning'. Stanzas within narrative text are identified:

> Stanzas are a series of lines on a single topic that
> have a parallel structure and sound as if they go
> together by tending to be said at the same rate
> and with little hesitation between lines.

> (Riessman, 1993:45)

With this more poetic than scientific approach to analysis, Riessman also focuses upon the use of metaphor and asserts that such ways of talking are employed by us all when given the opportunity to express ourselves through narrative. However, Czarniawska (2004) is concerned that narrative analysts have a tendency towards identifying metaphor as unusual or significant without fully appreciating that metaphor features in all discourses whether artistic or scientific. Furthermore, Riessman (1993) argues for greater artistic representation of research data in terms of poetry and performance. Lest

narrative researchers are seen to be betrayers of the text, she also recommends making full text transcripts available to the reader. I have no objection to this practice in this study although the practicalities are complex.

To defend the rigour of narrative analysis, Riessman (1993) also proposes certain validating criteria: persuasiveness, (is the interpretation of the narrative plausible?), correspondence, (validating interpretations with narrators) and coherence (this tests the interpretation within and between texts). Furthermore, she questions the pragmatic use of any narrative inquiry in terms of how understandable and reproducible it is by others. Fisher (1984) also observed 'narrative probability' (coherence) and 'narrative fidelity' (truth value), constituting 'narrative rationality'. Whilst narrative analysis is both subjective and interpretive, there is no reason that it cannot be subject to external validation and scrutiny. It was with this in mind that I made both transcripts and my initial analyses of the transcripts available to Stage Two participants.

The narrative analysis theory identified in this section has influenced the analytic approach for this study, in particular the frameworks offered by Labov (1972), Ricoeur (1976, 1981b, 1991), Czarniawska (2004) and Riessman (1993). Before the process of demonstrating how these approaches have been utilised, discourse analysis is introduced which also contributed to the design of the analysis.

3.8]   Discourse analysis

In this section, the theory and processes of discourse analysis are introduced that are used in this study within the narrative inquiry. I do not lay claim to having conducted 'a discourse analysis' of the entire data set, however, I have drawn from the discourse analysis literature to inform aspects of my analysis. Discourse analysis as a research method incorporates many ideas and approaches within the social sciences (Yates, 2004). In spite of the words 'discourse analysis' sounding to belong to the world of linguistics, the practice has been dominated by sociologists rather than linguists (Labov, 1972a). Wetherell, Taylor and Yates (2001) suggest that discourse practices can be positioned under three broad headings: social interaction (conversational analysis), minds, selves and sense making (discursive psychology) and culture and social relations (post structuralism). Potter and Wetherell (2004) would add a further category, that of the sociology of scientific knowledge. Yates (2004) helpfully distinguishes between discourse (with a lower case 'd') and Discourse

(with an upper case 'D'). Discourses with a lower case 'd' are therefore interactions between people and with an upper case 'D' systems of knowledge. However, all discourse analysis practice focuses upon the use of language.

Discourse is said to refer to all written and spoken word (Wood and Kroger, 2000). In the latter half of the twentieth century, language has come to take on a greater significance in the world of social science research. Influenced by linguistic philosophers such as Wittgenstein (1967) and Winch (1958), social constructionism emerged, for example Berger and Luckman (1966), Geertz (1973) and Gergen (1999). The fusion of narrative approaches and discourse analysis often referred to as narrative discourse is largely represented through discursive psychology, (Edwards and Potter, 1992; Harré and Gillet, 1994; Edwards, 1997; Harper, 2004 etc). Discursive psychology combines socio-psychological and linguistic approaches with a philosophical component found in the later work of Wittgenstein and the philosophy of 'ordinary language' (Brockmeier, 2001).

Some have expressed concern over the potential for dis-embodiment within social constructionism (including discourse analysis) as physical bodies come to be regarded as homogeneous (Nightingale and Cromby, 1999). Stevenson (2004) has observed the significance of this for nurses who care for people's bodies as well as their minds and calls for an embodied discourse analysis that keeps the physical body fore-grounded. One good example of this is Hardy et al., (2002) who advocate embodied caring through a discourse analysis inquiry.

A discourse is an inter-related set of texts, and the practices of their production, disseminated and reception, that brings an object into being (Parker, 1992). In its use for qualitative interview analysis, the researcher is not looking for the views of the interviewee, but rather as a means for exploring the sense, context and practices of those interviewed (Marshall and Rossman, 1995). Furthermore, the context of the text is of great significance in discourse analysis as both context and text construct the discourse. Yates, (2000) asserts that the data should be evaluated in relation to the context in which it is created in order to make it make sense.

Because language has such a significant role in society, the study of language itself, how it is used, and the consequences of how it is used, provides us with the key to understanding social functioning (Robson, 2002). As Phillips and

Hardy (2002:2) express it: "…our talk, and what we are, are one and the same" and everything appears from discourse. Discourse analysis therefore studies the language used in the social world. The reality of the social world can be observed and is constructed by the observer in the same way that social systems and social roles are constructed. The term discourse analysis has been used for virtually any form of language-based research relating to the cognitive or social context (Brown and Yule, 1983).

The term discourse has also acquired significance in particular with the work of Foucault who locates the idea of discourse very much within the language of social structures developing in time (Foucault, 1972). Others interpret the word 'discourse' to apply to all talk and writing (Gilbert and Mulkay, 1984). It is through talk and writing that discourses are constructed. A primary aim of discourse analysis uncovers the operation and function of the construction of these processes (Potter and Wetherell, 2004). Some discourse analysts use the terms text and discourse interchangeably (Wood and Kroger, 2000). However, Ricoeur (1981) introduced a specific understanding of a text as a written narrative. To him, the text is primarily a work of discourse, a structured entity that should not or cannot be reduced to a sum of sentences that create it.

It can be said that discourse analysis, especially that which is found in the social science literature, draws heavily upon a constructionist ontology (Berger and Luckman, 1966; Gergen, 1999). It is this constructionist background that makes discourse analysis more than a purely observational and interactional activity. The researcher constructs his/her own discourse in the process of the research. Furthermore, the researcher works in a research context which has its own discourse. Hence, a discourse analysis approach puts great emphasis upon reflexivity (Bucholtz, 2001). Discourse analysis has been considered a perspective, methodology as well as a method; an epistemology that explains how the social world may be known and not merely a method for studying the world (Phillips and Hardy, 2002). Generally, discourse analysts shun cognitive reductionism (Potter and Wetherell, 1987) and any interpretation that limits language to cognitive processes. Wood and Kroger (2000) observe that discourse analysis is both multi and interdisciplinary.

Discourse analysis is naturally reflexive because the constructionist ontology applies as much to the researcher as the researched (Phillips and Hardy, 2002). Discourse studies however recognise the unseen powers that shape the

language and behaviours of the unwitting subjects. There are however parallels between the two approaches that Gubrium and Holstein (2000) refer to as discourses in practice (discourse analysis) and discursive practice (ethnomethodology); as such they both attend to the reflexivity of discourse. Both are understood to be inherently essential to social life and human interaction.

According to Foucault, (1972) discourse has two faces: power and knowledge. Within any system, power is wielded through the language employed particularly through those who are ascribed roles through knowledge (e.g. doctors, lawyers), although it is subjectively affirmed by those who act in response to the knowledge/power, i.e "the weak powerfully participate in the discourse that defines them as weak" (Gubrium and Holstein, 2000:495). It is not just, what is said in terms of substance that is important, but how it is said, i.e. styles of language and the strategies employed. Discourse analysis has been defined as: "...emphasises the way versions of the world, of society, events and inner psychological worlds are produced in discourse" (Potter, 1997:146). Wood and Kroger (2000) emphasise the existence of multiple versions in close proximity. This relationship between power and knowledge within institutions is of relevance to this study, because the majority of Art in Mind participants will have experienced at some point in time, institutional care in the mental health system.

Once a constructed version of the world (discourse) becomes the common language within a system, it is hard to challenge the dominance of the language once it has been constructed as the norm. This is apparent when people who use mental health services repeat words and phrases learnt within the mental health system. For the researcher however, analysis is not applied solely to challenging and conflictual interactions but any language within a system may be open to analysis because it is within a constructed system (Wetherell et al., 2001). One significant focus of discourse analysis is upon language that contains contradictions. The researcher may question the reason for contradiction and focus upon the reason itself which, if analysed may reveal the tension the person experiences subject to the particular discourse; this is most relevant when examining people's attitudes; when people are expressing their attitudes, they place their values in an evaluative hierarchy (Wetherell et al., 2001). Contradictions may emerge with regards to attitudes when the speaker expresses a view in an evaluative hierarchy that conflicts with the dominant

discourse. Wetherell et al. (2001) detail the example of a questionnaire study that apparently proved the absence of racist attitudes amongst white men. A discourse analysis approach however, when men were interviewed provided a very different picture. While the men wanted to appear non-racist, their language clearly revealed their racist attitudes. Whilst it is not the intention in this study to elicit attitudes of mental health service users regarding statutory services, references to care provision will be inevitable.

A seminal work of institutional dialogue can be found in Goffman (1972). In this work, Goffman studied the interactions of mental patients in asylums with the staff. Goffman's work has been instructional in terms of institutional dialogue and discourse analysis in social science research over the past thirty years. As a method, institutional dialogue is effective in showing how, through the study of interactions, participants orientate to their personal identities within the given institution as they go about their respective duties. Mumby and Clair (1997) suggest that although power may lie within organisational structures, it is the power of discourse that creates the organisation in terms of the social reality. It is in the context of this social reality that people establish a social identity that can be studied through discourse analysis.

Phillips and Hardy (2002) assert that without discourse, there is in fact no social reality, and without understanding social discourses in specific contexts, we cannot understand our reality, including our own experiences, or ourselves. Discourse analysis is therefore a framework for observing social reality. Discourse analysis therefore has informed the analysis of the data in the context of an overall narrative analysis especially in locating discourses of power. I have introduced the theories and concepts of discourse analysis as separate from narrative theories and analysis because that is how they are usually presented in the literature. In practice however, discourse analysis is wholly consistent with narrative approaches though it is most useful for focusing upon power relationships within society. As this study is located under the umbrella of mental health, I considered the inclusion of discourse analysis relevant in the light of the history of the treatments of the mad especially in the asylum era.

3.9]   Process of data analysis

In this section, the analytic frameworks developed in the process of conducting the data analysis are described. In employing a narrative analysis approach to my data analysis, I viewed the data through multiple lenses, (Chase, 2005); paying particular attention to the following processes that this approach encompasses and I have identified within the literature.

- Thematic and explanation analysis (Roberts, 2002; Czarniawska, 2004; Riessman, 2006)
- Performance (Goffman, 1959; Riessman, 1993; Denzin, 2001)
- Power/powerlessness (Foucault 1965; Plummer, 1995)
- My own selective reading (Ricoeur, 1976; 1981b; 1991)
- Event narrative and emplotment (Labov, 1972; Czarniawska, 2004; Shkedi, 2005)
- Relational narrative (Mishler, 1986; Gubrium and Holstein, 2000; Riessman, 2001; Elliot, 2005; Wolgemuth and Donohue, 2006)
- Identity narrative and personal meaning (Ricoeur, 1981; 1988; Sacks, 1986; Riessman, 1993; Somers, 1994; Boden, 1994; Wiltshire, 1995; Brockmeier, 2001; Williams, 2004; Benwell and Stokoe, 2006; Mishler, 2006)
- Ethics and narrative inquiry (Holloway and Freshwater, 2007)
- Socio-cultural narrative (Barthes, 1977; Gee, 1985; Grimmett and Mackinnon, 1992;
- A collective narrative (Hinchman and Hinchman, 1997; Baldwin, 2004; Holloway and Freshwater, 2007)

Not all of the above are identified in each narrative. It is hoped however, that through purposeful (naïve) and careful reading of each text and subsequent analysis, a satisfactory result is attained looking at the text through these various lenses. Stage One interviews were subject to thematic analysis and Stage Two interviews were not until a collective discourse was identified after which, broad themes were identified for discussion.

Stage One participants were an existing group of people defined by their shared vision to create a project providing mental health promotion through the arts. The purpose therefore of this stage of the research was to elicit the thoughts, feelings, beliefs and opinions of this group who were brought together for organisational and political reasons. Stage Two of the research however, elicited stories from individuals who were engaging with the project for reasons other than organisational or political. In terms of categories, it is possible to identify

Stage One participants as 'service providers' and Stage Two participants as 'service users' (although two people feature in both stages, thus illustrating what might be called the emancipatory nature of the project). Stage One interviews were eliciting opinions, philosophies and beliefs and Stage Two interviews were eliciting stories of personal experience. Thus, Stage One texts lent themselves more to a thematic analysis in order to establish commonalities between the participants. Stage Two data were more individually narrative focused and were more appropriate to be examined on an individual basis in terms of story and emplotment as well as identifying collective narratives.

Each Stage One interview was recorded on an audiotape cassette recorder and each Stage Two interview was recorded on a digital recorder. Tapes were kept in a locked drawer and digital files were stored on a password-protected computer. The interviews were transcribed verbatim with standard codes for pauses (.) and <u>emphases</u> as well as non-verbal where appropriate e.g. (sighs), (laughs) (interruption) etc. The transcripts were compared to the original recordings and corrections were made. Where there were occasions of incomprehensibility, the recordings were played repeatedly; if this failed to produce a result a "?" was inserted in the text. At this point, the transcripts were completely anonymised, ensuring that where a participant referred to another identifiable person, the word (NAME) was inserted in place of the person's name. Each participant's identity was protected by using a code: S1 indicates a Stage One interview and S2 a Stage Two interview. Each participant was then allocated a letter of the alphabet in order for them to be identifiable to me, e.g. S2.F. Where there were follow-up interviews these were then referred to numerically, e.g. S2.F.02. All participants were then allocated pseudonyms that are retained throughout the study.

After each interview I offered the participant, a copy of the transcript once it was typed up. Several participants requested a copy that I later forwarded; no participant registered dissatisfaction with the accuracy of the transcript, although a number commented on their surprise at how their language was constructed. Stage Two participants were also offered the first draft of the vignette with original analysis for verification of facts and to ensure that I had understood people's stories and not misrepresented what I had been told. Participants were not given later analyses as I considered these more interpretive and subjective.

Stage One data analysis

When I was satisfied that I had accurate transcriptions saved as Word documents, I converted each file to Rich Text Format. This enabled the files to be imported into NVivo software. At this point, I inserted continuous line numbering throughout each transcript for future reference. This also enhanced reliability as I could easily locate a quotation to ensure its context for reasons of accuracy. Through the NVivo operation stage of analysis, all the transcripts were coded. Originally, seven themes were identified, however these were collapsed into four main themes that are identified in section 4.3. NVivo enables the grouping of either paragraphs or sections selected through coding. This was useful in identifying not only themes, but also those themes that were contained within stories.

Stage Two data analysis

Once I was satisfied that the text was as accurate as possible, I began the work of analytic reading of each transcript. Based upon the narrative analysis literature I developed a six-step model for my own analysis process based upon Ricoeur (1976; 1981b; 1991 and Riessman, 2001). I did not depart from their steps but merged them and this informed my analysis process, and can be summarised as follows:

1. Naïve reading of the text;
2. Distancing;
3. Reading the detail and examination of plot and structure;
4. Looking for rhetorical organisation, conjecture and questioning;
5. Reflection on the narrative and process, cross-referencing discourse and narrative studies;
6. Examination of relational and identity claims.

Each of the steps are explicated:

1. Naïve reading of the text

I read and re-read the texts whilst listening to the digital recordings, prior to any conscious analysis. Such reading and listening, although time-consuming allows analysts to immerse themselves in the content and take note of the atmosphere of the interview. It is the content of the person's talk that is noted, as well as pauses, sighs, interruptions and other signals that are relational in the process of narrating. Rough preliminary notes were made at this point.

2. Distancing

Ricoeur (1976; 1981b; 1991) advises a period of distancing from the text after naïve reading and before analysis. This phase allows the researcher to consider relational aspects within the text. It was during this phase that I benefited from the reflexive process of my research including my research diary and supervision to consider more deeply the relationship that I had developed and maintained between various participants. Once relational matters were identified and recorded in my diary, I interrogated the text to test the existence of relational impact. As an analytic tool, I used a framework for relational analysis developed by Riessman (2001) in step six.

3. Reading the detail and examination of plot and structure
Narrative analysis takes note of the detail within the text, not just emerging themes, although these too are important. Whilst much of this attention to detail has been developed through conversation analysis, the pauses, silences and specific use of language is equally as important in narrative analysis. It is noted that the ideas of what constitutes detail are themselves linguistically constructed. In social science as with other sciences, there are suppositions about the significance of what are 'big' data and what are small. There is no formula for studying detail although narrative analysts pay attention to pauses and emphases that may be absent from other forms of data analysis. Thus, when I returned to the text, I noted the relational, and sometimes non-verbal aspects of the interview and paid due respect to silence and pauses. It was at this point that any contradictions were noted and rhetorical variations within the text. Furthermore, the narrative was analysed for structure and plot; how the story was constructed and what was the meaning of the story that the person wanted to communicate.

4. Looking for rhetorical organisation, conjecture and questioning
Each text was examined for rhetorical organisation, conjecture and questioning. Features of construction are identified through variation in language. Generally, all text has variation. The analyst's role is to identify these variations. Potter and Wetherell (2004) consider this work as the most important analytical principle of discourse analysis. The analyst may therefore question the reason for variation, thus identifying the nature of the construction. It is noted that speech lends itself to such variations more than published text because of the potential for drafting, re-drafting and editing of prepared text. Such variations and constructions were coded throughout the texts.

5. Reflection on the narrative and process, cross-referencing discourse and narrative studies

Largely by using a reflective research diary, and the supervision process, I continuously reflected on the process of analysing the data and co-constructing narrative through both interview and my approach in data analysis and subsequent note-taking. I identified various passages that I had previously ignored through selective reading of the text. Attention was given to how narratives were organised and these organisations too became the subject of analysis. This was especially true of how arguments are constructed and how alternative arguments are dealt with. Narrative analysts do not seek generalisability, it is inevitable that studies may be utilised for transferability to other contexts (Potter and Wetherell, 2004). As already noted throughout this work, there are a number of narrative studies conducted amongst people with mental health problems and some within an arts and health context. These have been identified in the discussion section and compared and contrasted with the findings in this study. As similarities and differences emerged within texts these too were coded and retrieved in the writing up processes.

6. Examination of relational and identity claims

Additionally using an analytic tool for stimulating relational and performative reflexivity, I followed a process of inquiry identified by Riessman (2001). Riessman suggests the researcher asks themselves the following questions:

- In what kind of story does the narrator place themselves? (Genre)
- How do they position themselves in relation to the audience? (Performance)
- How does the audience position themselves in relation to the narrator? (Relational)
- How does the narrator position other characters in relation to themselves? (Social identity)
- How do they position themselves in relation to themselves? (Identity claims)
- Each of these questions are answered for each participant at the end of each analysis.

Once the data are analysed, and the researcher represents the analysis, the co-constructed narrative from the interview is compromised as the analyst offers an interpretation of the data (Holloway and Freshwater, 2007). As the researcher however, I needed to choose the voice that interprets and represents the

narratives I studied (Chase, 2005). In the next section, I present the findings from my analysis process.

Limitations to the analysis

Because of the subjective and interpretive nature of qualitative research, no analysis may be said to be exhaustive. Riessman (2004) gives an example of how the limitations of narrative analysis may also be its strength, by periodically re-analysing text even after many years. The 'distancing' recommended by Ricoeur (1976; 1981b; 1991) may be brief for a study such as this, need not be restricted by time. This 'distancing' may be more about space, than time. Hardy et al., (2007) caution against the potential for 're-authoring' the participant's voice in narrative analysis. To some extent, processes of selective reading in qualitative analysis will always be evident. Narrative analysis however lays no claim to scientific objectivity and, naturally, a positivist critic may struggle to see the relevance of story-telling to any research inquiry. Furthermore, narrative analysis does not look for 'meaning', (as deducted by the researcher) but rather how people construct the stories about themselves. That said, socio-linguists might also be disappointed with this 'multiple lens' approach as it pays inadequate attention to linguistic structures.

The construction of 'limitations to narrative analysis' creates the opportunity for the limitations themselves to be considered another narrative. Potentially therefore, 'limitations to narrative analysis' could be open to further analysis; such is the nature of narrative inquiry.

3.10] Conclusion

This Act has located the research method in a constructionist, interpretivist, and hermeneutic paradigm under an umbrella term of 'qualitative research'. The ethics of the study are scrutinised through both reflexivity and an ethical framework constructed by BERA (2004). The implications of the multiple roles I have performed have been considered. The narrative inquiry literature relevant to the study has been identified and the chosen method for the research has been described. The reflexive stance of the researcher is considered in the light of autobiographical and autoethnographical research approaches. Where narrative has been mostly used in the healthcare arena, it has largely been under the umbrella of 'illness narrative'. The illness narrative literature is explored. To date, there is little evidence of published narrative literature relating to people with enduring mental health problems. Narrative inquiry may

be politically effective in giving people a voice. This is most evident in narrative research approaches that utilises the Internet for dissemination.

Because of the focus upon story, the interview process is of vital significance to the narrative research process; interview methods most suited to this approach therefore have been critically considered. A rationale for the 'journey-mapping' (case-series) approach has been given together with a short critique of evidence based practice. Methods of narrative and discourse analysis have been described from the literature and a unique method of analysis has been developed for this study. Consideration has also been given to the limitations of a narrative approach to data analysis.

Act IV – Resolution

4.1] Introduction

This Act presents the research findings. The data set of the qualitative interviews is presented followed by the findings from the analysis process. Stage One findings are presented as firstly thematic and secondly collective. Stage Two findings are presented firstly as vignettes with subsequent analysis and then collectively. These findings are further divided by those who contributed to the Lost Artists Club and those who participated in the Arts on Prescription programme.

4.2] The data set

The following table represents the total data set of this study from the one-to-one interviews conducted between winter 2005 and early 2007. The total number of interviews is 35 and each lasted between 40 and 90 minutes.

Stage One (Winter 2004-5)

Name	Designation	Analysis code
S1.A Belinda	Arts voluntary sector worker	TA/CNA
S1.B[6] Rupert	Local Resident	TA/CNA
S1.C Wendy	Local Resident	TA/CNA
S1.D Clare	Arts voluntary sector worker	TA/CNA
S1.E Roger	Arts voluntary sector worker	TA/CNA
S1.F Veronica	Arts voluntary sector worker	TA/CNA
S1.G Simon	Arts voluntary sector worker	TA/CNA

Stage Two (2005/7)

Name	LAC* or AOP*	1st Interview	2nd Interview	3rd Interview	Analysis code
S2.A Eve	AOP	April 2006 (S2.A.1)	Jul 2006 (S2.A.2)	Jan 2007 (S2.A.3)	NA/CNA
S2.D Gill	AOP	Feb 2006 (S2.D.1)	Jul 2006 (S2.D.2)	Jan 2007 (S2.D.3)	NA/CNA
S2.E Harry	LAC	Feb 2006 (S2.E.1)	Sep 2006 (S2.E.2)	Jan 2007 (S2.E.3)	NA/CNA
S2.F Larry	LAC	Feb 2006 (S2.F.1)	Jul 2006 (S2.F.2)	Jan 2007 (S2.F.3)	NA/CNA
S2.G Mike	LAC	Feb 2006 (S2.G.1)	Aug 2006 (S2.G.2)	Jan 2007 (S2.G.3)	NA/CNA
S2.H Martin	AOP	Jan 2006 (S2.H.1)	Jul 2006 (S2.H.2)	Jan 2007 (S2.H.3)	NA/CNA
S2.J Ray	AOP	Mar 2006 (S2.J.1)	Aug 2006 (S2.J.2)	Jan 2007 (S2.J.3)	NA/CNA
S2.K Rick	AOP	Jan 2006 (S2.K.1)	Aug 2006 (S2.K.2)	Jan 2007 (S2.K.3)	NA/CNA
S2.L Sarah	LAC	Feb 2006 (S2.L.1)	-	Jan 2007 (S2.L.3)	NA/CNA
S2.C Wendy	LAC	April 2005 (S1.C)	Feb 2006 (S2.C.1)	Aug 2006 (S2.C.2)	NA/CNA
S2.B Rupert	LAC/AOP	April 2005 (S1.B)	Feb 2006 (S2.B.1)	Sep 2006 (S2.B.2)	NA/CNA

*LAC = Lost Artists Club   AOP = Arts on prescription
Analysis code:
TA   = Thematic analysis
NA   = Narrative analysis
CNA = Collective narrative analysis

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[6] S1.B and S1.C are the same interviews as S2.B and S2.C respectively and feature in both Stage One and Stage Two of the research process

4.3]   Stage One themes

In this section, the findings from Stage One interviews are presented. Firstly, these are presented thematically and secondly, collectively. The opening questions to Stage One interviews can be found in Appendix 3. The questions elicited answers relating to the nature of the group and its processes. Asking open questions and encouraging participants to talk freely, and not to be over-concerned about being restricted by the questions asked, encouraged narrative.

NVivo software was utilised to aid the thematic analysis. Each of the transcripts were read several times before attempting the analysis. It became obvious at an early stage that some participants used narrative accounts to answer questions. Whilst elements of the narrative may feature in the thematic analysis, they will be examined later in this section. Two participants feature in both Stage One and Stage Two; firstly as local residents/service users and subsequently as participants in the programme. Both have also continued to serve on the Steering Group. One of the themes ('Identity') is peculiar to both participants (Rupert and Wendy). This theme therefore is not explicated in the thematic analysis and is returned to in the narrative journey-mapping analysis. Each participant incorporated personal elements in their responses by either illustrating how their own life-stories impact upon their work or the significance of creativity for their own well-being. The seven interviews elicited a large quantity of data. The quotations that are used in this section are selected representative examples from the data.

Originally, seven themes were identified:

a]   Belief in the work
b]   Human connection
c]   Art, therapeutic value and healing
d]   Identity
e]   Personal experience
f]   Concepts and philosophy
g]   Working together

After further re-reading of the identified selected passages that best illustrated each of the themes, the themes were collapsed into three broad categories:

- The benefits of creativity (b, c, d, f)
- Personal experience (a, e)
- Effective collaboration (g)

Stage One themes

Theme	Sub theme
The benefits of creativity	Human connection, art, therapeutic value and healing, identity, concepts and philosophy
Personal experience	Personal experience, belief in the work
Effective collaboration	Working together

First Theme: The benefits of creativity

Sub-theme 1: Human Connection

Four participants talked about the place of human connectedness, both socially and on a personal, deeper level. Creativity and values are considered common bonds that united the group:

as far as I'm concerned I think, I think it's really important that people from all areas can connect somewhere (Clare, 41-42)

..it felt like the passion that connected people together was a direct passion of their own experiences, rather than ironically just a belief or a thought or an idea or what they had been told. It felt like we were all there because this is, somehow connected to our lives and our life choices and what we want to do, whether that is professionally or um… for other reasons (Veronica, 39-44)

I just am a firm believer that there's not a lot out there for people um… to do, to connect with um… and I feel it's just so important that there are other avenues into um… being able to develop the healing process (Clare, 36-39)

Uh…. I mean just talking with um… the three Art in Mind people the other day… that sense of how we're connecting with others and the network effect of it and the creative possibilities of that (Simon, 169-172)

And without having an understanding and uh… an empathy with the, the user group with which you're working, and the wider community you cannot create something which is going to work. (Clare, 306-308)

And in that meeting was also the meeting when I made really deep connections with members of the community who later I talked about the project who were really interested in coming along. But the connection that was made, actually was about creativity and play (Veronica, 94-97)

Because I think… when we show people who we are, we connect. And I think we meet more of our human needs, we meet our needs for belonging, for connection, for love, for understanding, for autonomy, for expression. And I think in creativity people can show very deep parts of themselves that they don't normally show. They can express and they can share that with other people. And I think, um... what that area is crying out for is for people to be able to release and express who they are and make connections with other people, from a place that's real (Veronica, 251-256)

If it's fun and can be engaged with at some level then in one sense it's all worth while because you've made a connection, people connect with you (Simon, 310-312)

That they get very little time and have very little energy to put into just connecting with each other. And I think it's the wrong way round. I think as we connect with each other and express who we are and act from that place, more um… vibrant and creative things can happen with our lives (Veronica, 258-262)

Sub-theme 2: Therapeutic value and healing

Three participants talked about the therapeutic potential of creative expression and the potential for personal growth:

But um… uh… so and I think, I think the concept was about the care within the community and what was actually lacking for people and I think it was also about the fact that we all know that the arts are a humongous healing process and you can work so much through, uh, in your own head through art in so many different ways (Clare, 66-70)

That I think essentially… I'm very scary around the words… but creativity is healing. Creativity improves mental health just very basically and is what people are craving for and I think what people want in their lives (Veronica, 55-57)

I think tied up in the whole function and value of art at it's very core is um… is… good mental health practice in the sense that art does have a good therapeutic value. (Simon, 219-221)

I just am a firm believer that there's not a lot out there for people um… to do, to connect with um… and I feel it's just so important that there are other avenues into um… being able to develop the healing process (Clare, 36-39)

Because it is about all of us and… you know, it's about developing, it's about healing, it's about growth… (Clare, 650-651)

…if someone says actually they recognise in themselves that they, they feel quite a lot of hatred towards a particular person in their past that they've never dealt with and they're encouraged to do that and to express that in a sculpture and they come up with something that for arguments sake is kind of angular, quite angry… um… it's therapeutic to get that out and make it into something. (Simon, 418-424)

Healing potential, just a health potential actually more than just the healing. Just the potential for health to be living our full potential on, in this world, in this community, in our lives. That even if we consider ourselves to be healthy there's always more (Veronica, 72-75)

Sub-theme 3: Identity

As stated earlier, this theme is developed in the journey-mapping narrative analysis as it was only evidenced by the two participants who went on to engage with the project as participants (Rupert and Wendy).

Sub-theme 4: Concepts and philosophy

Participants articulated their personal philosophy of community arts in one-way or another. This philosophy underpins their vision for the project:

The thing that I think is crucial is about access and it kind of builds on some of the ownership things that we've been saying. When I thought about Art in Mind, I always… I thought… that it would be a really safe space that people knew was there… (Belinda, 253-257)

Um… giving them somewhere where there is a bit more light, just helps to lift (Clare, 104-105)

But you know… that it is about just seeing people as people… that it's for a broad group of people (Belinda, 632-634)

… yes it would be good to see individuals from that community of their own volition wanting to take charge of some of the initiatives that arise from the project. Uh... so that it can become in a sense self-governing. (Simon, 750-753)

…within the Art in Mind we wanted to be something, we wanted to fulfil our own dreams as well (Wendy, 248-250)

You know, that it's actually really working with the social capital model and giving people the chance to meet people outside of their ordinary social circle…. It's that broad approach as well as well-being and people feeling good about themselves (Belinda 636-639)

The concept, um… it was almost a dream, I think because it was almost as if you'd got this vision of something that you wanted to create… like one of those conversations that you have in the pub over a drink and say "Oh hey, wouldn't it be fantastic if…" (Clare, 57-60)

So I think as human beings we want to make community connections, whether it's just with one person or with many and that the function of our story sharing, whatever form that story sharing is in, whether it's sculpture or dance or music, lyrics to music whatever. However the narrative comes, the function of that story is to uh… build a sense of community, we are sharing together (Simon, 349-353)

But also, giving them, giving people the comfort zone as well because I think we all need that. Um… and just having a place that you can go and a place that you can be happy in and be comfortable in (Clare, 99-102)

I, think that, probably, people felt that there was no other outlet and that they were sort of like, "ooh, well, let's try this and just see how, where it will go", like, you know, because people feeling, like, lack of opportunity (Rupert, 13-16)

But then, when I say the light… if you can offer somebody a place where they can feel comfortable, where they can access um… different things, um… it's starting to help open that door a little bit. (Clare, 161-163)

I think, also, providing various opportunities for, for people, yeah, I'm trying to think, yeah, to provide opportunities for creative outlets, for people who maybe do perc- perceive themselves to be, you know, a mental health service user, so, I think those were the, the two sort of core values, sort of an educational thing for people who, who don't perceive themselves to be in any way involved with

mental health issues, and for those people who, who, understand that to be true of themselves, but to, to provide places, situations, but through, through creative ways where they can come and relate, respond to one another, you know, those probably were the two areas that I felt that we were trying to, to go towards. (Roger, 266-276)

…to create a totally un-shaming atmosphere so no shame no blame. So we separate who they are from what they do, so anything they do is what they do, but it's not who they are. So um… we may have opinions, we may have boundaries, we may have things we like or dislike, but who they are has our total high regard, no matter what they do and that is… how we create the group from the moment we meet them. So that's always getting supported, they're always getting supported on who they are. (Veronica, 323-333)

There's one area which is very positive because it's safe and it's comfortable and but there's then another side of it which means that um… we… we have got to give other opportunities and … and make sure that we can broaden people's horizons and show them new places to go and show them new things and, and show them that um… there, there is more out there for them. (Clare, 188-194)

When I see people who are violent or who are damaging in their expression of who they are, I just think that they're trying to say something. That's what I see. I see the communities trying to say something. There are needs that are not being met and people tend to get louder and louder when they need those needs to be heard. (Veronica, 410-415)

…we all have different needs and somewhere along the line, we've got to make sure that each person is treated as an individual and I think that's one of the areas that um… we need to be much clearer about. (Clare, 204-208)

when you do it through an art form… you, you will have, in some ways, created a something, you know, whatever that something may be, a poem, a song, a dance, or sculpture, a painting, or whatever, which can be a thing of beauty, will be a thing of beauty. Which is inherently that person, really. (Roger, 365-371)

Um… but it's about making sure that there is that empathy there. Um… but um… to actually make sure again, the whole ethos of what has been developed carries on within the organisation once it is on the firm footing and foundation. (Clare, 294-297)

It's because what I feel that's happened is that people are transforming to higher levels of themselves or to greater levels of themselves. (Veronica, 527-530)

…making sure that we are creating something that is again sustainable and looking at ways in which that can happen. Umm.. and making sure that we are producing something which is not going to turn into some humongous bureaucratic animal or creation, or monster. Making sure that what we create is going to be right for the people who we are creating it for. (Clare, 634-637)

...we can feel good about ourselves… we can! Um… we can feel good about meeting other people; we can feel good about listening to their story and finding a space to tell them ours. And it makes no difference whether you're a seasoned professional artist or whether you're a nervous inexperienced service user. (Simon, 197-202)

And then you know, more specifically, it, you know, brings communities together, it gives um… people… um an equality of status and belonging and all those things and I think everybody there recognised that, that's what that area needs. (Veronica, 63-68)

I went to the pub last night. We had such a laugh! Ok… there was a lot of alcohol drunk and they may not be good for us but the sense of community was, so there was an intrinsic understanding that for life to be good we need to be having fun! (Simon, 323-327)

And that's what immediately comes to mind, I think essentially we're afraid of how great we are and what I feel like I'm experiencing, discovering more and more. It's true! We are utterly unique. Everyone is utterly unique and everyone has an incredible potential. (Veronica, 228-231)

I was going to say applying that to mental health issues, because I think tied up in the whole function and value of art at it's very core is um… is… good mental health practice in the sense that art does have a good therapeutic value uh… (Simon, 218-221)

Second Theme: Experiences and Beliefs

Sub-theme 1: Personal Experiences

Five participants talked about their own experiences and how these experiences

have shaped their views towards community arts and the project. These

experiences were either 'mental health issues' or the power of creativity in

people's own lives:

Because there's another issue actually, which has been very interesting throughout this whole project, which is about people identifying their mental health experiences or their past. And… and I really didn't want to engage with that at all, because um… I didn't well… I don't really feel that qualified to talk about it. But for people who are using services, there's a big issue about that. And I just don't know if you ever really resolve that or ever really will. (Belinda 380-386)

And, you know, the thing is that would not have happened if there would have been light at the end of the tunnel for him, but there was no light, there was no way um… we were going to get any further. (Clare, 376-379)

But alongside that there is a mental health motivator for me, but I didn't particularly want to reveal that to people because I didn't really think that it was enough for people and people would go 'Oh right'. But actually, you know, there is an issue in my family, there are things that I've experienced... and… but I didn't want that to be the reason. (Belinda, 402-405)

What the service needs is more money, it needs more man power, it needs more um… it needs more bodies to help those people out there so that the outcome for people isn't what the outcome was for me and um… my outcome wasn't one that I would wish on anybody but hey, it's life and it happened and um… I know you're going to think well what was my outcome? Unfortunately, my outcome was that my son committed suicide because he couldn't deal with life anymore and this is another reason why I am so passionate about this whole thing. (Clare, 369-376)

…one of my best friends at school was a, was a… had a brother who was an artist, you know, and he was really, really good, and he was on the dole. And like, and I looked at his work and he was absolutely brilliant, you know, and I, and I, this is about, when I was about fifteen, and I thought, "if Leslie can't get a job, I can't get a… I got no, I got no chance, man", you know what I mean? And so that's when I sort of like, went broken-hearted, you know… (Rupert, 193-199)

And, I started my healing process, really, in 1989, but I knew that I was uncomfortable, the way I was. So I had to keep moving and changing and, and adjusting and getting the therapy and getting the work, and stuff like that… (Wendy, 1059-1062)

…and I think to a greater extent we all have part of us which has a slightly sort of schizophrenic side and I think especially, I don't know, kind of within the arts there's also a kind of a hint because you know, we all have our black side and we all have our good side. (Clare, 520-523)

I think, though, that I have done some work, well, in two areas, really, one, when I was abroad, I did a little bit of work which was erm, working through sort of post-trauma, people who had been bereaved through war, was, when I was in Beirut in the Middle East, and using the arts as a gateway to work some of those issues. (Roger, 330-333)

People need help and if this is my own personal experience what's it like for somebody who hasn't got somebody who is going to help them? It's even worse and you just become totally isolated and I don't want anybody, ever to have to go through that again. But, I know people are and I know that people out there are going through that at the moment and that is really, really hard and it's something I want to try and make a bit of a difference for somebody else and that's important to me. So, there you go. Mmmm that's why I'm so passionate. (Clare, 398-405)

I think everyone who was there have their own personal experience of how it works and I think probably not just… I mean a lot of it is professional obviously in terms of their work experience. (Veronica, 34-36)

Because that's obviously a significant factor I think. Um……… an understanding I guess that we all have mental health issues, that's I suppose the other obvious thing to say. I don't think any of us would have been there if we'd not thought that. (Simon, 110-114)

… psychiatric services are very, very bizarre. They really are. Um… and I um… I think, I think here I'm going to come down to my personal knowledge of them and my personal experiences of them. (Clare, 330-332)

But, actually, there's something for me here as well, to sort of, what can I learn from this experience, about my own being, my own mental health? (Roger, 151-152)

Sub-theme 2: Belief in the work

All the participants professed their conviction for the vision and philosophy of the project:

I think, you know, having faith in that set up has got us to here, if you stick with something, yeah things are going to change… (Belinda, 652-654)

Well, yeah, I mean, like, I thought, "right, okay… let's, let's start trying to be that artist again", like, you know, opened a dream for me, again. (Rupert, 206-208)

Yeah, I have a huge, I have a huge conviction in, you know… a huge belief in… knowing that people can grow and can develop and um… you know within the arts, within again within mental health. (Clare, 81-83)

…it was within the Art in Mind wanted to be something, we wanted to fulfil our own dreams as well. (Wendy, 248-249)

…for me one of the most important things was… um, in the initial process was that it was something that I believe in, because I won't do anything I don't believe in. (Clare, 32-34)

It felt like that everybody was there, had an experience and a belief and an understanding that creativity is very important for all of us (Veronica, 61-62)

And I'm a firm believer in that anyway because I know it works. I can't always give a reason for why it works but I know it does work. (Clare, 71-72)

Yeah. It's a feeling that everybody that was there, had a..a.. deep… quite a profound belief that the arts has a hugely beneficial effect on mental health. So that was part of it and partly fundamentally it really! (Laughs) (Veronica, 22-24)

…and it's something I just feel very, very passionate about and again it's because there just isn't enough out there for people and I think we need to be able to offer them an awful lot more than we do. (Clare, 106-108)

This is my personal ethos I suppose to an extent and I sometimes think well… I don't always have a complete understanding why I have a belief in something, which sometimes actually is a bit of an odd one. But um… I just you know, I know instinctively when something is right. (Clare, 321-325)

…it felt like the passion that connected people together was a direct passion of their own experiences, rather than ironically just a belief or a thought or an idea or what they had been told. (Veronica, 39-41)

Third Theme: Effective Collaboration

Participants were encouraged to think about the significance of the working alliance of the original diverse group:

The artists… have the potential to do really creative consultation work with people. They have an understanding of some of the issues, but I think they benefit greatly from working more directly with service users in planning services and planning arts events and activities, because there are people sitting round the table that they can just ask. (Belinda, 116-120)

…we'd never been involved in a group where the actual process of the bid requires that the group itself develops its own life and identity and it was a very pleasant surprise I think. (Simon, 72-74)

…you know, coming together with a group of partners quite often the end beneficiaries of a project may have been consulted or their views are in there through evaluations of pasts projects. Whereas, in this case, there has been this longer term development with service users directly involved with… you know… reading things and with approving things and talking about ethics and commissioning and um… you know, different aspects of the project. (Belinda, 144-151)

…any sort of meetings I've been at have been very much more structured, where you've got a written agenda, and we're going to talk about this today. And, it wasn't like that, it was very much more open, which, I think, to me, initially, was a little bit threatening, because I thought, well, I, I quite like structure, I quite like to know where I'm going, but, there was a great sort of freeing element there as well, you know, where, you could dropped anything in, you know, and nothing would be rejected. You know, everything was valid, you know, so, so that was sort of very, kind of, positive memories. (Roger, 110-119)

We were all there as people who could contribute something to this project, and, and the, the status didn't come into it, at all. (Roger, 157-158)

I think, I mean the reality of working in a mental health project is also that people's health goes up and down and the way that people… perceive things or judge things or don't show up is about things outside of your control… But equally not kind of patronising people, you know, where they do turn up and they aren't well. (Belinda, 340-354)

And what was lovely about the group i.d. there was no differentiation between those that express themselves as mentally ill or in need of mental health support and those that say they're doing it professionally. (Veronica, 58-61)

… And I feel very proud to have been part of it. Which is really nice and very struck by people's commitment, that people stayed and that those people are still on the steering committee and are still there, is amazing. (Veronica, 157-160)

I think that's what Art in Mind has done, is… there are certain people who are definitely stakeholders and owners of this project who traditionally would not be in that role. (Belinda, 198-200)

…everybody like tacitly says "We're going to incorporate service users views and ideas", but unless you've got a base of people to consult upon, and a relationship with those people, you're never going to know what their ideas are. (Belinda, 266-269)

…not just making decisions off the back of a few people, it's actually running things past that wider group and shared responsibility! (Belinda, 656-657)

For me, like, just to, normal, like, sort of guy, walking off the street, like, there's all these professionals, they're all dressed quite well, like, you know what I mean? (Rupert, 74-76)

And, and, basically, like, you know, as, as, as (Belinda) sort of like very succinctly put it, we, we, we delivered, like, bonus value or whatever she puts it, like, you know, that, we said we're gonna do A, B and C, but in actual fact, we did A, B, C, D and E. (Rupert, 710-713)

For the first, first time that we actually got influence and were actually part of something that we were important to, you know, it was like, wow, you know, to, to, to me, like, in sort of situation, wow, you know, this is a wild thing, it looks quite good actually. (Rupert, 1304-1307)

They looked very corporate. And I've got a lot of social anxiety with people I don't know. So I was like, [laughs] like this, you know. Yeah, I was a lot more scared in those days. But, there must have been something… (Wendy, 66-68)

…the group of people that were there. Nobody looked down on us. (Wendy, 1253)

We were just local residents, you know, trying to be artists, but, we weren't, I didn't feel like I was anything. In particular… Yeah, we were kind of nothing. (Wendy, 84; 88-89)

…an extraordinary group, it's not an ordinary group, you know, the people involved in it are all, like, like I said before, like, y' know, the, they, they, they're in touch, they're emotionally in contact, y' know. (Rupert, 1314-1326)

At one point, later on, we felt that we were really actually very essential… and that made us feel more important. We felt that we were actually, I mean, all these professionals are important, but we felt that we were actually important in a different way, because it's for us and we were part of it, and, yeah, yeah, we were. (Wendy, 1262-1266)

I think a lot of it was about the fact that we all had a common goal plus I think as well, we had a lot of respect from where each individual was coming from and I think the respect that we had for each other made a heck of a difference as to how we interacted with each other. (Clare, 233-236)

And responding to one another without having to necessarily fulfil a role of uh... of being the professional, being the service user. There was a … there soon emerged a um… a bit of a culture of sharing, having fun, being creative, knowing that um… we were working towards putting together a bid that uh... would be interesting, fascinating, perhaps ground breaking uh and useful in some ways so I think getting to know one another um… was, was the thing that spurred it on in a sense. (Simon, 40-47)

4.4] Stage One narrative and discourse

In this section, the Stage One findings are synthesised and summarised and a collective narrative is identified. Of the seven Stage One participants, five were arts professionals. It is understandable therefore that the data contains much in the way of theory and philosophy. This is however contextualised in very personal accounts including beliefs and motivations driven by personal experience. There exists throughout the data, a language of theory in a context of life experience. Participants therefore offer theoretical constructs of the therapeutic benefits and healing potential of the arts, not necessarily based upon academic understandings but from their own experiences of working in the arts, collectively over many years. There also appears to be a mutual respect between the five professionals and the two non-professionals in the group. Ultimately, the

group shared a vision for a community arts project that united those involved rather than created a forum for competitiveness. Whilst originally, the two local residents felt quite apart from the professionals; the potential divisions were articulated by both Wendy and Rupert:

For me, like, just to, normal, like, sort of guy, walking off the street, like, there's all these professionals, they're all dressed quite well, like, you know what I mean? (Rupert, 74-76)

We were just local residents, you know, trying to be artists, but, we weren't, I didn't feel like I was anything... in particular. (Wendy, 88-89)

The group later claimed a blurring of roles and eventually an absence of a 'us and them' mentality. Wendy and Rupert (interviewed together here) put this down to the 'emotional intelligence' of the professionals:

S1.B   There was an emotional intelligence about these people.

S1.C   That's it. An emotional intelligence, you know.

S1.B   And, an emotional intelligence about you, that I could, I could see.

S1.C   Yeah.

S1.B   Immediately. And about the rest (…)

S1.C   (…)

S1.B   Yeah. You know, I could see that about the group of people, you know, that these, these were all, like, you know…

S1.C   (…) felt it, (…) see it.

S1.B   …probably, pretty like, sort of, successful professional people, but they'd actually sort of, like, had, had insight and awareness and, you know.

(S1.B and S1.C, 1229-1247)

Mental health problems are seen as common, not in terms of frequency and morbidity but rather, common to both artists and people defined as 'service users'. Personal vulnerabilities are identified, not only for people who use services but also amongst the professionals themselves.

In summary, the group shared the understanding that participating in community arts is essentially good for people. Personal experiences are acknowledged as shaping people's beliefs, and those beliefs are responsible for the 'vision' and subsequent 'passion' that was evident to implement such a project. Thus, collaboration became workable because the group felt united by

personal beliefs and motivations. I return to this significant point in the discussion section of this thesis.

4.5] Findings from those who participated in the Lost Artists Club (LAC)

In this section, the findings from those interviewed that participated in the LAC are presented. The LAC was formed by Wendy and Rupert during the period of the development of the proposal for Art in Mind. Over the years, since that time, the LAC has attracted around 60 members. Of the six participants interviewed, five were interviewed three times and one person twice. For each research participant, a vignette is presented giving brief biographical information that became evident from the interview and the subsequent text. Following each vignette an analysis is offered through the various analytic lenses.

S2.G - Mike: A Mental illness narrative

Vignette

Mike is a white male in his thirties. He came to the city in 2000 as a homeless person and was quickly in contact with statutory mental health services. Ten years previously, Mike had dropped out of an art degree course. He describes his past self as "an angry young man". Homelessness, a previously chaotic lifestyle, mental health problems and the arts, all feature strongly in his narrative across the three interviews: February and August 2006, and February 2007. Mike lives in the NDC area. He first came to the area because he was housed in a local hostel for people with mental health problems when he was discharged from an inpatient unit. Although on sickness benefits, Mike is engaged with the local community as a secretary of a local residents' association and has been actively involved in the running of the LAC. Each interview was conducted at the Art in Mind premises, and on each occasion, Mike has taken the time to show me his artwork (some are included in this thesis). Mike is quietly spoken, and some of the narrative was inaudible for transcription.

There is relational significance between Mike and myself as one of the inpatient units where he was previously living is where I worked prior to working full time at the University. Mike has acknowledged this with throwaway comments such as, 'As you will remember…' This previous relationship has not negatively impacted upon the research process. If anything, Mike appears to enjoy relishing in his progress and appears to have enjoyed the opportunity to perform his narrative for me.

Analysis

Mike regards himself as *mentally ill.* Significantly, his illness has prevented him from working and he remains on sickness benefits. Mike's identity is tied up with his history of illness and he labels himself throughout the text:

I mean, I do worry about.. the future (...) maybe that's part of my illness…
(S2.G.01, 389-390)

I think people who are with me can see beyond the illness, with me… (S2.G.01, 456-457)

I don't particularly look mentally ill as such, I think people can see through, beyond that, I think. (S2.G.01, 472-473)

(Concentrating on art works) …is good for somebody who's mentally ill because they can take their mind off whatever crap's going off in their life and just concentrate on something. (S2.G.01, 663-665)

(...) and studio, it's a good thing (...) I'm not necessarily just around mentally ill people.   (S2.G.01, 742-743)

Mike challenges his long established 'illness identity' however with the emerging 'artist identity'.

…my mood's improved and I don't whinge about my illness and things like that. So that's good.   (S2.G.03, 28-30)

I think the recognition is good as well, I mean, everybody looks at me and thinks I'm an artist, anyway… (S2.G.01, 396-397)

I've always considered myself to be an artist. (S2.G.01, 365-366)

I mean, you may not actually enjoy doing the process of producing something but it's, when you're an artist, it's something you have to do. (S2.G.02, 297-299)

One of the most difficult challenges to this changing identity is the difficulty that confronts him coming off sickness benefits:

…it would be great to be able to sell enough work to come off benefits but I've spoken to [NAME] about this and I, I have a situation… and it's the hardest things people like us, is to come off benefits. (S2.G.02, 282-285)

It became obvious throughout the interviews that Mike greatly appreciated the studio space available to him through the project. It was here he could find meaningful activity that reinforced his artist identity*:*

*Well, it's got me working again... I've sold work and I've learned new skills…
I've been offered the studio which is great, been there every day for about
seven hours a day. (S2.G.01, 46-50)*

*But yeah, the recognition is good, I mean, quite, quite prestigious working here,
I think being the first ones as well. Yeah. (S2.G.01, 570-571)*

*…yes, you do feel shit and depressed most of the time but you just get on with
it, you know, you get used to it… Mm. Having the studio takes my mind off
problems I've got. (S2.G.01, 16-20)*

*…but it's like, you know, when you're at home, you just slob out and watch telly
and you don't do it. (S2.G.01, 116-117)*

Contact with other artists has given Mike inspiration, support and friendship:

*… It's, oh, you get influenced by other people. Sort of sharing ideas and things
and it's quite interesting. (S2.G.01, 172-173)*

*Yes, I make new friends as well, I mean, yeah, that's good, yeah. (...) went out
for a drink on my birthday, that was good. (S2.G.01, 234-235)*

Being able to exhibit and sell work is important for Mike:

*I been sort of exhibiting for (...) sort of mental health awareness fortnight will
be a big fortnight for me. An (...) exhibition (...) there but, sort of Waterstones,
yeah. There's a lot happening. (S2.G.02, 217-220)*

*So, at the moment, I just want to produce a lot of work, maybe just exhibit, I
think. (S2.G.02, 286-286)*

*[NAME] says, she says my work's quite commercial, I can sell quite a bit through
[NAME] (S2.G.01, 542-543)*

In the first interview, Mike articulated a number of ambitions that included:
getting back his driving licence, securing his own studio, getting back into
education and succeeding as an artist. To some degree, he achieved all of these
goals within the year. Ultimately, Mike would like to gain full employment
although he recognises the difficulties he may encounter by sacrificing the
security that benefits provide:

*It's just the safety you feel, I mean, once you can like budget on what you get,
it is quite easy. (S2.G.01, 309-310)*

In January, 2007, Mike signed a contract for his studio away from the project.
He continues to see his studio work as his vocation:

*…there is a good kind of working atmosphere, we were, it's kind of, you know,
it's kind of, you know, it's kind of work ethic, and just actually doing it and, and
the kudos of the studio and things. (S2.G.03, 107-110)*

Most poignantly for someone who has experienced homelessness and exclusion for a number of years is the sense of belonging that Mike's involvement in the project has provided. This sense of belonging is not confined to the people in the project:

I think umm it's given me confidence (.) I've developed as a person, sort of, for my own confidence. I feel I can belong, I also, I used to do umm the, I'm chairperson and I do some secretarial jobs for the residents' group thing as well, it's, maybe I'm feeling a belonging. (S2.G.03, 162-166)

Relational analysis

A relational analysis is constructed for each research participant based upon (Riessman, 2001). In this context, the 'narrator' is the participant, and the 'audience' is the researcher.

In what kind of story does the narrator place themselves?

Mike's story is one of being lost and found. As an 'angry young man', Mike faced rejection and his natural development was interrupted through mental distress and being diagnosed with schizophrenia. This is most poignant in relation to having to quit his art college course. Mike has struggled socially and psychologically; his struggles have included cycles of hospital admissions and homelessness. It is only in recent years that Mike has found stability in his life. He attributes this to stable housing and appropriate support, new medication and developed social bonds. With these in place, Mike has been able to successfully express his creativity and resume social roles and responsibilities. Mike has realistic plans for the future that involves work and recreation.

How do they position themselves in relation to the audience?

All three interviews were conducted in the studio space that Mike uses. It appeared that he took pride in being located surrounded by his artwork. Mike spoke to me about specific pieces of work, explaining details behind the work and what the work represents. By the time of the third interview, Mike had secured a new studio and he was keen for me to visit this, which I did. Mike was very happy for me to photograph his work and for these photographs to be included in my thesis. When I first contacted Mike with regards to being interviewed, he remembered me as a nurse from the unit where I previously worked years ago. I sense that there is warmth between us and mutual respect.

How does the audience position themselves in relation to the narrator?

I find Mike an interesting character. He is bohemian in appearance and stereotypically looks artistic. In spite of knowing Mike in a previous role, that of nurse/patient, I actually had little to do with his care. This previous relationship has not negatively impacted upon the research process to my knowledge. I have struggled with Mike's 'mental illness narrative' as this construction grates with my own philosophy and beliefs. I have endeavoured not to let this get in the way of the research relationship. Upon reflection, I was aware that I felt disappointed when I enquired of him to what he attributed his success in life and his response was his success was mainly due to the new medication he has been prescribed.

How does the narrator position other characters in relation to themselves?
There is an absence of immediate family in Mike's narrative. This absence creates a silencing of the past. Family members are positioned out of the scope of the performance narrative. The characters that mainly feature are other Lost Artists and professional workers. Other Lost Artists are referred to as friends and co-workers. There have been complexities in these relationships and Mike's loyalties have been tested. The way he deals with these demands is by assuming a neutral position. Mike respects professional workers that have treated him fairly and with respect. Given his extensive experiences in the psychiatric system and periods of homelessness I am struck by Mike's graciousness and positive view in life.

How do they position themselves in relation to themselves, that is, make identity claims?
Mike does not refer to childhood therefore it is hard to imagine the origins of his personality. As his narrative is located almost exclusively in adulthood from the time when he became unwell, his identity claims are bound up with being an artist and experiencing mental illness and its consequences. Mike's identity therefore is one of an artist who became ill, who became homeless, who became recovered who became an artist again. Although a 'Lost Artist' Mike sees himself as an artist in society fulfilling a social role.

Vignette

I interviewed Sarah twice: February 2006, and January 2007. Sarah is a white female in her forties. She decided on a career in the arts when she was at school and achieved a first degree in fine art. In her twenties, she had her own studio and went on to teach art in a secondary school. She was a teacher for twelve years, during which time she raised a family. In these early years, she experienced a minor breakdown, but has not enlarged upon this. Sarah describes experiencing an estrangement to herself over a period of twenty years that culminated in a major breakdown relatively recently. Following this experience, Sarah has been re-discovering her "true self". Much of this discovery is about establishing herself once again as an artist. Her involvement in the LAC is a significant part of this journey. During the period between the interviews, Sarah had made considerable progress in establishing her identity and role. The content of the two narratives are quite different and are therefore presented separately.

My first ever contact with Sarah was in the context of the mental health NHS trust, perhaps a year previous. I did not recognise her from this context, but Sarah made a point of reminding me that we had previously met. It was apparent that she was proud of her progress and she delighted in talking to me and showing me her work (included in this thesis).

Analysis of interview 1

Sarah's personality and identity are inextricably bound up with her art and she narrates a childhood story of being a sensitive, expressive and creative child that was misunderstood:

But I think I was really quite young when I had my first depression, about eight. I know, when I was in junior school. And it was picked up because my position in the class had taken a dive in the exams and the teacher brought my mum and dad into school and said that I'd been falling asleep in the class, and they managed to get it out of me that I wasn't sleeping at night, I was lying awake at night till really late, and nobody asked me what I was lying awake thinking about, they just gave me some sleeping medicine and got my sleep back into a normal pattern and I got back to my school work and my position in the class went right back up again and I won the school prize for progress. But I hadn't really progressed. I'd progressed in the way that they saw as being progress. But I probably started to bury myself from that point. (S2.L.01, 325-335)

She felt almost punished and 'abused' for being creative, so much so that when she expressed herself creatively she became pathologised by others as ill and this has been expressed through her artwork:

…but I've been shocked at the kind of images, you know, that have come out that are to do with my distress and I describe it as abusive and it's perhaps not in the conventional sense but I felt abused in my childhood because I wasn't allowed to be who I was. To me, that's how I define abuse. (S2.L.01, 316-319)

To this day, she wrestles with critical voices in her mind:

but there's somebody behind me saying, "You shouldn't be doing that, that's not worthwhile and you should be doing proper work, proper things" and that's, that's how I've been brought up and I know I'm starting to feel not very well when I hear the word futile comes into my mind and... "shut up shut up" and I just keep hearing it, "futile, futile" and then I find it such a distraction (.) …that I just have to keep, you know, ploughing on. (S2.L.01, 598-604)

By conforming to social norms Sarah developed an estrangement to herself, leading a life to please others and neglecting her creative self:

…but never, actually, was I at the centre of my life in, twenty years, really, and, I think that's, I'm possibly unique in that because I'm actually coming back to something that was, I'm not discovering something that I never knew existed but I think it's incredible how far we can become removed from our own lives and who we really are, through circumstance and not having opportunities… (S2.L.01, 49-54)

So, I lost myself… I did have... I had a period of time working at [NAME] studios… I'd just really be starting to engage with my work but then other things seemed to take over and take me away from, from my work, you know… (S2.L.01, 71-76)

Following her major breakdown, Sarah lost the friends that she had:

When I had my breakdown, all my friends disappeared. And my family. All of them. Without a trace. And it became apparent to me that they were only interested in me when I was being that pretend person. And that the real me erm, well, they quite simply don't, don't want to hear about, know about, they think it's selfish, they think it's my mental health. They don't want to believe it's the real me. (S2.L.01, 382-387)

The sense of belonging that Sarah has experienced with the LAC has been of utmost significance to her:

…you know, and if we're having a particularly bad time, we can share that with like-minded people 'cos they know what that means. (S2.L.01, 216-217)

And now I'm part of this community and people recognise me through the merit of my work, you know, "I've seen your work, I love it, you're (Sarah), are you?", and, and that, it's the nicest thing. (S2.L.01, 267-270)

Sarah reflects upon missed opportunities and identifies what she lacked in her upbringing:

…if I could have grown up in a community that valued art, I'd be a very different person and I'd be a lot more healthy, mentally. (S2.L.01, 424-426)

Apart from the social benefits, Sarah recognises the intrinsic therapeutic role of art in her life:

I find, when I do art that it's as though I'm balancing my system, when I, when I'm working on a painting and I'm trying to decide is it finished, which bits need changing and which bits need developing and once I get that painting to where I want it to be, I feel very calm and very balanced myself. As though I've been balancing myself externally and then it comes back to me and to be able to give that gift, it's wonderful. (S2.L.01, 436-432)

With, with me, I mean, it does help me to relax but it actually helps me to develop my intelligence because I'm, I'm like, intrinsically motivated and as I discover things about art and learn about art, I become more intelligent and I become more valid and feel that I've got something to offer. (S2.L.01, 493-497)

The identity that Sarah has now established, completes for her, a cycle from childhood:

Well, as though it was all there when I was little, and yet, the journey's just been so hard, just to, just to sustain what was already there from the beginning. (S2.L.01, 591-593)

S2.L – Sarah: The professional artist (Interview 2)

Analysis of interview 2

At the time of interview 2, Sarah was in the middle of conducting research for an Arts Council proposal. This had demanded much reading and writing. Much of this second interview therefore focused upon the use of words and how she had incorporated text in her artwork. However, she describes the year having two phases and the application dominated the second phase. The first phase related to how she had been imaging realisations from her psychotherapy and some of these realisations were shocking to the viewer:

I'd done a very ethereal-looking painting of a child's bedroom, all in pinks and pale blues and things, and then I'd written over the top, "You just kept hitting me and you wouldn't stop and I was only little", and, I found conceptually the way that piece worked very interesting because people would see at first these pretty colours, the pinks and that, and then see the writing, go over and think, "Oh, what does the writing say?" and when they saw what the writing said, they kind of stepped back from it, 'cos it wasn't what they were expecting. (S2.L.2, 80-88)

For Sarah, art can be gut-wrenching if it is truly expressive. She comments upon the sanitisation of art when it is professionally exhibited:

…the chicken that we buy in a supermarket that's wrapped and there's that, the bit about the abattoir that's cut out, you see images of the farm and you see this thing in the cellophane, art's a bit like that, 'cos you see the art in a gallery all painted white and looking slick and glamorous even when the reality of the journey of the artist to that place is a completely different story. (S2.L.2, 96-101)

As the chicken has been slaughtered and packaged in a marketable form, so Sarah has experienced pain and anguish that gives depth to the image. Her self-inquiry during her psychotherapy gives impetus to her work:

I'm mirroring that, I seem to keep mirroring what's happening in psychotherapy in my art, completely, not totally intentionally, not completely unintentionally… (S2.L.2, 310-315)

Sarah acknowledges the biographical element of her art:

…maybe even when I'm in my sixties and my seventies, I'll still be as foxed as I am now in trying to show in pictorial form what my life's been about and what my contribution was meant to be to society. (S2.L.2, 357-360)

What has marked the difference between the first and the second interview is Sarah's focus on how to function as a visual artist. She seems to have moved on from being apologetic to being confident. Most significantly is her confidence in her identity. When talking about her role in the LAC and her relatively still new relationships she identifies her progress towards authenticity:

I always knew people but they only knew that side of me that was allowed, that was permitted, but this side of me is closer to the authentic me, that's more the social me (S2.L.2, 449-451)

She reflects upon alternative futures that she might have experienced had her upbringing been different, and that art might have become less significant to her if she had not experienced emotional and psychological pain:

I did, I did have this wonder about when I was a child and the way it went, that if it hadn't gone that way and if my dad had been the kind of dad who thought everything I did was wonderful and told all his friends, "Oh yes, my daughter, she's going to art college and she's a fantastic artist and I can really see her potential and she's got a bright future ahead of her", what those kind of, what effect would those kind of messages have had on me? Would my life have taken a completely different path and would art have had less significance than it has actually? (S2.L.2, 529-540)

Relational analysis

In what kind of story does the narrator place themselves?

Sarah's story is one of personal redemption through breakdown and creativity. She places herself as one who has discovered her 'true self' having struggled with her identity through childhood experiences and the subsequent compromises made in adulthood. The plot reveals the necessity of breakdown to facilitate redemption and identity integration.

How do they position themselves in relation to the audience?

Sarah narrates a coherent story from childhood to the present day. The story contains a psychotherapeutic interpretation within its commentary and I was expected to appreciate the psychological nuances of the plot. Sarah also appeared to enjoy showing me her art and talking about her work simultaneously. Sarah appeared to want to hear about my appreciation of her work. Sarah was happy for me to photograph some of her work and include it in my thesis.

How does the audience position themselves in relation to the narrator?

I first met Sarah in the context of an arts meeting of the mental health Trust perhaps a year before meeting her again in the community context. I did not recognise her at first but she reminded me that we had previously met in another context. Sarah knew me as mental health professional before my role as researcher. I did not disappoint Sarah in appreciating the psychological emplotment of her story. Neither did I disappoint her in offering appreciation of her skill.

How does the narrator position other characters in relation to themselves?

In spite of telling such a deep story, Sarah's description of her nuclear family life remains unclear. There are roles played by influential characters that remain anonymous. Significantly, Sarah wished that her parents could have appreciated her artistic ability rather than having oppressed her for being creative.

How do they position themselves in relation to themselves, that is, make identity claims?

Sarah's description of herself as a dreamy, creative child is one that represents her authentic organismic self (Rogers, 1951). A self that became buried in order to please her parents and others. Much of Sarah's adult life continues with compromise yet she retained her desire to be creative by becoming an art teacher. Through life experience, and even breakdown, Sarah ultimately rediscovers this authentic self and transforms herself into becoming an artist.

S2.E – Harry: The Outsider Artist, coming in

Vignette

Harry is in his forties. He is white, single and lives in the heart of the NDC area. I would describe him as shy and although very welcoming of me coming to interview him in his home, he struggled with answering my questions and turn-taking in conversation. There was therefore much overlap on the recording and Harry's voice is quiet and at times, words were indiscernible in the transcription process. There was little in terms of narrative in the three interviews, however, Harry has a critical mind and applies this to an analysis of the local community and offers a resident's critique of the NDC implementation.

Having lived in the area for six years, Harry feels quite established and a part of the local community. He reports knowing a lot of people but considers himself outside of the mainstream arts community but is working to 'break into' the mainstream. Harry has had many jobs in the past but has been on sickness benefits for some years. I interviewed Harry three times between February 2006 and January 2007. Harry has been an active member of the LAC. He is multi-talented and has recorded several CD's, written poetry, sings and performs locally, makes masks and works with dance. In spite of his shy persona, Harry is a frequent performer.

Analysis

Harry has established himself as a local artist by engaging in community arts and performing in local pubs:

E.01   Well, I know, well, I, I still, I was always doing gigs before Lost Artists, I suppose.

I   Yeah.

156

E.01   Well, I did have an exhibition as well before I joined them, see…
(S2.E.01, 281-286)

In spite of this, he considers himself 'outside' of the mainstream local arts scene and works towards penetrating the barriers:

But I'm still quite ... I still feel like I'm on the outside… but I'm planning to break into the mainstream… (S2.E.01, 441 and 444)

In spite of being critical of the neighbourhood wardens provided by the NDC, during the period of the three interviews, Harry contributed to the pantomime organised by them. He also arranged a number of gigs in pubs, attended the Edinburgh Festival to busk on the streets and got onto the programme of the Buxton Folk Festival in the summer of 2006 and received a glowing review from a music critic. His telling of this story is tinged with self-doubt:

I got a review from Buxton Festival which, which is really good. I'm not sure how much of it is true. (S2.E.01, 35-36)

Harry identified the benefits of Art in Mind and being a part of the LAC as offering support and creating new opportunities. Significantly, support for funding applications is appreciated:

Well, I suppose I got a lot of support, encouragement (S2.E.01, 22)

Maybe widened the opportunities or something... (S2.E.01, 319)

Just by being in a group, I suppose, you get more done. Just support each other. (S2.E.01, 47-48)

They've given me support that way, I suppose. To help me find funding. (S2.E.01, 81)

Harry, has benefited from having the feedback from other members of the group:

I suppose (.) I think it's nice to have people round that appreciate what you're doing and stuff.   (S2.E.01, 68-69)

Harry has increased his social networks through the LAC:

E.01   [laughs] Yeah, I got to know more peop- yeah, I've made more friends, I suppose, yeah, through people.

I   And how signif-

E.01   I've met more people, I suppose, yeah, and I'm hoping to do some work with some of them, so, this girl called…   (S2.E.01, 222-228)

Of all the participants in this study, it was Harry that offered the most in-depth critique of the NDC area in which he lives. In spite of the negative aspects of the local community (he has been burgled three times and has experienced harassment from local children) Harry feels a part of it:

… I feel like I'm part of the community, I suppose. (S2.E.01, 352-353)

Whilst valuing aspects of the local community he aspires to live elsewhere:

I mean, Ideally I would like to live somewhere a bit more civilised… [laughs] (S2.E.01, 921-922)

He offered an opinion of how the NDC money should have been spent:

Everyone knows about NDC… think it's, they're just frittering the money away and not really doing anything. (S2.E.01, 1086-1087)

…just give everyone a hundred pounds a week extra. (S2.E.01, 1031)

Harry is clear about the personal benefits of creative expression; he loves performing:

It makes me happy (S2.E.01, 503)

…Keeps me happy (S2.E.01, 1244)

I don't know where it comes from, just end up feeling it. Yeah. It's like a high... yeah. (S2.E.01, 515-516)

It keeps me sane. I can only speak from a personal viewpoint… (S2.E.01, 1239)

…gets rid of your bad emotions, instead of keeping them inside, I suppose. (S2.E.01, 1282)

Yeah.   If I don't play anything for a few days, I can feel fed up. (S2.E.01, 1322)

Harry knows what he has to do to get more performance work:

I need to get off my arse and take all my demos round everywhere... [laughs] (S2.E.01, 643-644)

Throughout the interviews, I notice that I reassure Harry that what he is talking about is of relevance to my study and I appear to congratulate him on his contribution:

You're doing great, we've been going for quarter of an hour and you've done really well. (S2.E.1, 561-562)

The second interview ended with Harry apologising for his lack of narrative:

S2.E.02   I'm not very good at interviews…

I   No, you're…

S2.E.02   Not bad.

I   You're fine. I just give you a few prompts.

S2.E.02   Yeah.

(S2.E.2, 1056-1064)

Whilst it is apparent Harry has benefited from Art in Mind and the LAC, it is also apparent from his levels of activity that without them he would continue to be creative and perform and exhibit. During the course of the year he also organised an exhibition in a city centre café and had a video performance displayed at the Arts Cinema. It sounded as though the highlight of his year was the performance in Buxton to an audience of about 30 people.

Although Harry did not speak of the reasons why he received sickness benefits, he identified that he could not be an artist if he had to go out to work:

Well yeah, well, there was a time when I was just working, getting home and watching television (...) working. I didn't do anything for about eight years creative at all. (S2.02, 902-904)

In the final interview, Harry speaks positively about his current and planned activities which included: organising gigs, the Buxton Festival again, a face-casting project, mask video work, designing a website and acquiring funding for producing a CD.

The arts give Harry a focus for his life:

So I suppose, if I didn't have this, I'd go back to that. Just get a job. Otherwise I probably, (...) get bored, really bored. (S2.03, 710-711)

Relational analysis

In what kind of story does the narrator place themselves?
Harry's story includes only scant details of the past. Whilst he engages with the LAC and is appreciative of the benefits of involvement, Harry's life is relatively unchanged by its existence. His story is one of indifference to my questioning.

How do they position themselves in relation to the audience?
Harry is obviously proud of his creative work and was keen to show me his artwork, masks and CD's. Harry is very quietly spoken and there was much overlap between questions and answers. Whilst Harry felt free to talk about his work, he spoke little about himself.

How does the audience position themselves in relation to the narrator?
Because of the lack of flow throughout the interviews, I am aware that I constantly felt awkward with Harry. I do not know how much of this was projection of Harry's discomfort at being interviewed and recorded and how much appealed to my rescuer instinct.

How does the narrator position other characters in relation to themselves?
Harry did not include much reference to others in his narrative. The transcripts reveal little about relational matters except when he talked about being taunted by children. Harry knows 'a lot of people' and appreciates the support that he finds with the LAC.

How do they position themselves in relation to themselves, that is, make identity claims?
Because of the absence of other characters in Harry's narrative, Harry demonstrates a relatively isolated identity. However, this is mediated by the identity of Harry the artist and performer.

S2.F - Larry: The Ascending Artist

Vignette

Larry is a single white man, in his early forties. I interviewed him in his living room, three times between January 2006 and January 2007. His room is replete with his artwork. Larry is an active member of the LAC and has made a number of creative friends within the local community since moving to the city circa 2001. Larry considers himself an artist and a musician. His inspiration first came from his father who demonstrated creative ability. As a child, Larry can remember first drawing with crayons when he was two and in his infant years, he spent much time in hospital, which is where he developed an early interest in art. Having worked in a design studio when he left school, he moved to the city to continue his education in the arts. Since living in the city, his artistic career has flourished; he has artwork hung in a local gallery and regularly sells work. He is also a singer-songwriter. Larry is a philosophical man who has a well-developed ontology about art, creativity and the nature of artistic expression. Larry clearly enjoyed being interviewed (and said he did) and took the interviews as opportunities for performance.

Analysis

Larry makes strong identity claims to being an artist and the following comment was one of the first things he made clear in the first interview:

I'm an artist and musician… (S2.F.01, 32)

This identity is rooted in his history:

I think I've always wanted to be an artist. (S2.F.03, 364-365)

Not only is he an artist, he is also considers himself to be a successful artist with exhibited work and sales in a local gallery:

And since then, I've just been sort of going up and up. And now I actually sell my work in town, in a gallery, provide work to a gallery and they buy my, people, general public will buy my work (S2.F.01, 76-78)

One year later, Larry added to these claims:

…like seven months later, he told me that I was the most successful artist he's ever had in there, I sold more paintings than he did in a couple of the months that I was there. Which is fantastic. (S2.F.03, 485-487)

Larry's work has commercial value and he is confident and ambitious:

I've always been confident about my artwork and confident about being able to

sell it (S2.F.01, 60-61)

He sees the future of his success may depend upon Information Technology:

F.02   Yeah. Trying, just trying to have, if I could have my website then I could have my own gallery.

I   Yeah. Yeah.

F.02   You know, and I would have to advertise in a gallery.

I   Virtual gallery, yeah.

F.02   Yeah. Just have my own virtual gallery.

I   Yeah.

F.02 Then you could probably view my pictures and listen to my music at the same time. (S2.F.02, 696-710)

'Cos you never know, do you? I might get one million clicks. (S2.F.02, 288-290)

Larry has an innate self-belief that began in childhood:

And I think, part of my drive when I was a young lad, part of my drive was to say to myself, well, I'm gonna do this and I'm gonna put my heart and soul into it and I'm gonna be a millionaire. [laughs] You know, and I think that kind of naivety is, that, it's a kind of driving force… obviously, I don't want to be that naïve that I think I'm gonna be a millionaire overnight or something. (S2.F.02, 764-770)

In the course of the year, Larry had commercially progressed with the

opportunity of exhibiting in a venue in London:

Well, yeah, my art has expanded exponentially. I'm still.. got a permanent exhibition in [the city] with [NAME], at his shop and also I have acquired myself a permanent exhibition in London as well. (S2.F.03, 25-27)

His view of his future is optimistic:

I think I'm in prime position to maybe one of those artists who shine… (S2.F.03, 94-95)

…I see myself maybe in two or three years' time, in a professional studio, y' know, painting and getting professional amounts of money for my artwork. (S2.F.03, 220-222)

Larry dreams about where this might lead:

…my dream of having a, living somewhere that's warm instead of somewhere that's cold, and having my own little yacht, that would be fantastic, if I could do that, y' know, you can buy a yacht for fifty grand. It's not much money, is it, really, fifty thousand. (S2.F.03, 534-538)

Larry is a thinker and has much to say about the value of art and creativity and its place in the community, both local and universal, to the extent that he has developed his own philosophy about art and creativity:

…art can help people in many, many ways. From giving them a career to giving them hope for tomorrow. (S2.F.01, 245-248)

…they might go to the art and it might have them thinking about something and they might be doing the art and thinking in that zone where they're completely calm and collected and they, …and all the troubles might dissolve away and then they might see the answer to it. (S2.F.01, 427-431)

I think everyone paints and draws as a child and there's an emotional connection to drawing and enjoying yourself, feeling free, you know, there's that kind of creative emotion that relates itself to kind of freedoms and kind of childhood, to a kind of relaxation. And I think that the impulse for us to get to that same place may be, see, see someone painting and drawing and get inspired by it but we're not necessarily gonna be good or fantastic at doing it but what we do do is we go to that place in our heads. I think that's the important thing for people. (S2.F.02, 437-444)

Seventy thousand years ago. And these people were like, you know, hairy ape men… but, the first thought, I think, I think was, came from art, came from the idea of wanting to express… the way the human brain has developed from a natural aberration and I think art comes from that natural aberration. (S2.F.02, 437-444)

The very fact that we're, that something's gone ping inside us and all of a sudden, we become these dreamers and thinkers, you know, what, why? Why are we dreamers and thinkers? But I think art holds the key to that. (S2.F.02, 508-511)

Yeah. I think, at the end of the day, all I'm trying to say is that, that art permeates absolutely everything. So it ma- art is so, so important and because it permeates everything it's like water in the tap, you can turn it on anytime it comes out, if it doesn't come out, you're annoyed. [laughs] But you don't reali- you don't ever think it's never gonna come out. (S2.F.02, 916-921)

Larry makes claims of how he personally benefits from his art:

I would need to go to that kind of place where I would be concentrating where it becomes relaxing and not troubling, because it, because you've gone through the process of learning and struggling with your media. So then it becomes cathartic and restful. (S2.F.01, 245-248)

We could put it on to a computer, you know, and then they'd be on the website as a creative person, you know, and that way, that can lead to higher esteem of yourself, you know, just the fact that you can say to people, "I'm on the web selling my paintings", you know, or "I'm on the web telling stories or, or writing poetry" or whatever, you know, whatever creativity it is. If you can, if you can say that, then that's, that's just gonna lead to you feeling better about yourself. (S2.F.02, 1008-1014)

The creative 'spark' of inspiration Larry experiences gives 'voice' to his feelings:

Yeah, the spark. Spark. Could be many things, I think, sometimes the spark can be borne out of frustration, not being able to voice what you need to voice, so therefore you grab a piece of paper and a pen and take your frustrations out on a piece of paper. (S2.F.02, 644-648)

Much of Larry's narrative is generalised and theoretical, although he also identifies how he has personally benefited from being creative and being a member of the LAC and living in the NDC area:

I quite like the area, I quite like living amongst people that I know and I can walk across the street over there and I, I'd be on many friends' doorsteps. (S2.F.01, 471-473)

Well, I think, again, we provide a network of support for each other. (S2.F.01, 569)

Ultimately, Larry sees art as a relational process that is not created in a vacuum:

Yeah, because you've communicated with yourself. And other people look at it and, without you having to explain the thing, you've communicated, just by someone saying, "Oh, I like that", you know, bang, instant communication (S2.F.02, 658-661)

…it's all, it's all about, it's all about relationships in a sense, the relationship I have with art and the relationship that I have with the people that are involved with art. (S2.F.01, 210-213)

…someone might ring me up and come round and, you know, from the LAC and I might go round their house and have a cup of coffee and a chat and we get talking and then all of a sudden, I've got this fantastic idea. You know, and whereas you wouldn't have that input normally, you might just be on your own and isolated. (S2.F.01, 587-591)

But I've got [NAME] and [NAME] and [NAME] and everybody at the top of the road that way, and got loads of other friends down that way so, it's a, yeah, it is, it's about, it's about helping each other, about helping each other to move forward, not just with their artwork but with their own confidence within their lives. (S2.F.01,

587-591)

I think I'm going through a process where I'm making some long-term friends, you know, not just people that you casually know. And I think that's mainly through art, you know, interesting people like [NAME] and [NAME] and [NAME] and [NAME], that, that kind of, you know, those kind of people with, with long term artistic, what's the word? [laughs] drives, or, you know, ambitions, long term ambitions for, with art. (S2.F.01, 404-410)

In spite of sounding innately confident and self-assured, Larry acknowledges his need for affirmation from others and the confidence that is gained from positive feedback from others:

I've also had my work up in, the National Health Service have used my work, you know, which is fantastic, I mean, these opportunities wouldn't even arise and it just does so much to boost your, boost your confidence. (S2.F.01, 628-631)

It makes you feel special (S2.F.01, 635-636)

Larry offers a political comment about the temporary nature of funded community arts projects:

Because you have this hand reach down and lift you up and then all of a sudden, there's nothing…it's the fault of society, the fact that there is nowhere for these people to go afterwards. And it's such a shame because there's so much talent and it offers people a lifeline and a kind of stability that they might not have had before that, y' know, so, it's just a shame that there's not more put aside. (S2.F.03, 129-135)

Relational analysis

In what kind of story does the narrator place themselves?

Larry's story is one of aspiration and accomplishment. There is little in terms of human relationships but a great deal of abstraction and philosophy of life. Larry's story is incomplete; he is rising to greater things.

How do they position themselves in relation to the audience?

Larry appears to be a natural performer; he performed a dramatic monologue, with his creative abilities at the centre. Each interview was conducted in his living room surrounded by his artwork and other evidence of a creative inhabitant. Larry speaks confidently of his abilities and his philosophy of life. Knowing that I am studying for a PhD, I wonder if Larry sees me as a sounding board for some of his ideas.

How does the audience position themselves in relation to the narrator?

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I felt privileged to be allowed into Larry's living space, as I would be being invited into a person's studio. I felt very aware of the evidence of Larry's creativity around his flat. I felt that Larry wished to impress me with his artwork and I was suitably impressed.

How does the narrator position other characters in relation to themselves?
Larry is evidently very sociable. He seems to thrive on relationships and feedback from others on his art and his ideas. Larry is respectful of others and values the friends he has made through the LAC.

How do they position themselves in relation to themselves, that is, make identity claims?
Larry makes a strong identity claim as an artist. He sees himself as accomplished, successful and with good prospects for the future.

S1.C/S2.C – Wendy: Recovery, identity and aspiration

Vignette

Wendy is in her early forties and lives in the NDC area. Similar to Rupert, Wendy has been involved in Art in Mind since the original meeting in 2002. She was instrumental in creating the LAC and during the period that the three interviews spanned (April 2005-August 2006), she took a leading role. During the interviews, Wendy had referred to abuse but never elaborated on the issue. However, much of her narrative focuses upon her recovery and how this is bound up with her identity as an artist. After completing an art degree some ten years before the time of interview, Wendy commenced a journey of self-discovery that continued to the then present.

Analysis

Looking back to 2002 to the very first meeting, Wendy describes herself as *a "kind of nothing"* (S2.C.01, 88) compared to the status of the professionals who were present. She goes on to explain that the driving force to form the LAC was to establish an identity:

We were just local residents, you know, trying to be artists, but, we weren't, I didn't feel like I was anything. In particular… And, and, I wanted to find some identity, and I think that's where the Lost Artists, that's why we created the Lost Artists, because…we didn't have an identity, we got, you know, this theatre company and this company and that company…and then, we were just nothing. (S2.C01, 92-111)

…it was like I was nothing, I had no concept of self at all (S2.C03, 554)

And surviving and that's all we were doing (S2.C01, 136)

Thus, identity features as a strong theme throughout the narrative. The period between leaving university and forming the LAC Wendy describes as a journey of self-discovery in the development of her identity:

but there's been this whole journey of finding myself really. (S2.C03, 560-561)

…I went into healing like, like you do a job really (S2.C03, 560-561)

Some of this journey has been discovering the need to trust others:

for me it's a very long journey of trying not to be isolated and to trust people. (S2.C03, 669-670)

Wendy describes an artistic barrenness between finishing her art degree and commencing the LAC:

Before I did the LAC, right, I had more time to do art, but couldn't do it… But, as soon as I did the LAC, it's got my creative juices going, and the two things balance. (S2.C01, 286-294)

Being a part of the LAC has given Wendy a sense of identity:

Now, people say, "what do you do?" I say, "Oh, I'm, you know, I'm part founder of a group called the Lost Artists Club", you know, it's all those kind of social things……that you lose when you're in a workless…it's given us an identity. (S2.C01, 314-342)

This positive identity and role is in stark contrast to what preceded it that often left Wendy silenced by shame:

(People would ask) "How do you make your living?" And because I was unemployed and on the sick and…dealing with my emotional stuff, and it always fell back with, "right now, I'm not doing much of anything"… and, and…you fall back to talking about your emotional traumas is very, very, you know, triggering. You know. And I end up with nothing to say. (S2.C01, 408-429)

…I had an identity as a person on incapacity benefit living really in the gutter with a lot of people who are ill, addicted and stuff like that. (S2.C03, 504-506)

The creation of Art in Mind was a significant event in Wendy's life:

Art in Mind gave us an anchor (S2.C01, 1193)

The project provided a role for Wendy:

At one point, later on, we felt that we were really actually very essential, because of, and that made us feel more important. We felt that we were actually, I mean, all these professionals are important, but we felt that we were actually important in a different way, because it's for us and we were part of it (S2.C01, 1288-1292)

Wendy described how she had developed practical responsibilities organising creative gatherings, newsletters etc. Furthermore, Wendy spent time getting funding into the LAC. She saw her identity change to become both an artist and a businesswoman:

I changed identity, the moment I went on to the small business, despite still having the benefit…I became the worker in the world, that changed again 'cos I know last time I talked, we talked about starting the LAC, now that gave us an identity. (S2.C01, 131-135)

I like the identity of business woman, it's better than being thick or on the dole or mentally ill or something, isn't it, I mean, it's [laughs] you know, I like the, there is some kudos about running the group as well (S2.C03, 688-691)

Becoming this new person has tensions:

I've got loads of abilities, I know I have when I write them down. But it's still kind of, "Wow, is that me?" [laughs] You know, where does all this come from?… I can do Adobe, Photoshop and… all that kind of stuff…(S2.C01, 1216-1223)

This emerging role challenged Wendy's long-standing commitment to the sick-role:

How long can I stay on Incapacity Benefit? (S2.C01, 1499-1500)

At that point, I'd had about ten years of therapy (S2.C01, 1838)

In the end, I want to be a functioning member of society (S2.C01, 1545-1546)

To accept a new role however means having to socially re-integrate:

Yeah. It's about learning how to be in the world, as well, especially when you've been isolated for a very long time (S2.C01, 1838)

And now I'm one of the workforce, and that, I feel really different, you know, I feel incredibly valid (S2.C01, 141-142)

Having spent years a recipient of the benefit system, Wendy revealed her inner feelings whilst visiting the Department of Work and Pensions:

You know when I've gone to the DSS…I know, in the back of my head, that…they can't look down on me as, as being the worklessness… I have felt really crap and I've felt that the people who work there have got a value judgment of me, because I'm there but in the back of my head I knew I was doing this business and therefore they can't, and in the back of my head, I was going, "Well, fuck you"…(S2.C02, 152-167)

Wendy does not wish to be seen as a *nobody:*

…you can't judge me because you can't just think… that I'm one of these dossers, you know what I mean. So you don't realise how much that really affects you until you actually start to face it, until you start changing something, you can live with that kind of emotional squalor for decades, years, your whole life, really and not realise how much it deeply, deeply, affects you. (S2.C02, 176-180)

Wendy aspires to be an established and successful artist:

When I dream about myself, I'm an artist with an easel, with a paintbrush painting, you know, and I want to sell my art and everything (S2.C02, 79-81)

Having spent many years in therapy and recovering, Wendy acknowledges the potential for role-conflict between the sick-role and the artist/businesswoman role:

I've never tried working and dealing with my emotional stuff at the same time, I've always separated it. So that's gonna be an interesting experiment (S2.C02, 520-522)

Apart from the LAC benefiting her in terms of role and identity, Wendy also identifies the social benefits:

And we, and we, in the summer, we went up to the Nine Ladies and spent a day sketching and we went to London… that was group development, we went to see the Frida Kahlo exhibition… (S2.C02, 520-522)

I've got a community of people I can talk to about art and I've got a studio (S2.C03, 770-771)

In the final interview, Wendy described her development as an artist. This included acquiring studio space, completing a teaching course, public exhibitions etc. Most importantly however was her success with business funding that enabled her to come off benefits for the first time in many years. The future however remains uncertain:

And it's kind of coming to terms with that, who I am as a person, what kind of person I am, erm, what are, what are the things that I would trip up on, you know, and it is mostly my emotional stuff, and, and I do wonder whether, you know, I don't know, if I run out of money or whether my emotional stuff will catch up with me. I've got until March, I can still go back on incapacity benefit, up until March, you know, if it all falls apart (S2.C02, 254-262)

Relational analysis

In what kind of story does the narrator place themselves?

Much of Wendy's story is about *struggle.* Whilst Wendy recounts periods of progress, there are inevitable setbacks around the corner. Wendy's story includes her survival through difficulties and ultimately, her drive and determination to succeed in life.

How do they position themselves in relation to the audience?

Throughout the three interviews, Wendy's language was introspective and she found self-disclosure easy. In this sense, the research interview was an

opportunity for a confessional interaction. Wendy explained that she had experienced therapy of various kinds over the years and the interview process may have stimulated a counsellor/client transference which was acknowledged by Wendy at one point.

How does the audience position themselves in relation to the narrator?
Having trained and worked as a counsellor, I was aware of the potential for therapeutic engagement with Wendy although this was resisted. In the first interview, Wendy explained her previous discomfort in relation to me and the other professionals at the early meetings, seeing herself as of lower value or worth. I was aware during the interviews to locate myself in a position of respect for her and specifically her contribution to the project.

How does the narrator position other characters in relation to themselves?
As the first two interviews were shared with Rupert, Wendy's narrative was tied up with his. On occasions, their narrative intertwines and they complete one another's sentences. In spite of no longer being in a relationship, it was evident that Wendy and Rupert were very close. Both Wendy and Rupert, retain a *them and us* relationship between themselves and the professional workers. Much of their narrative includes language of inferiority.

How do they position themselves in relation to themselves, that is, make identity claims?
Much of Wendy's narrative is tied up with identity. Prior to the formation of Art in Mind and the LAC, Wendy and Rupert describe themselves as being quite isolated as artists. Having spent years on a journey of self-discovery and healing, Wendy's identity has adjusted. Furthermore, this transformation comes to light through the telling of the story, i.e. the research process.

S1.B/S2.B – Rupert: An identity narrative

Vignette
Rupert is a white male in his forties. Along with Wendy (S1.C and S2.C), Rupert is a local resident that contributed to the original vision and development of Art in Mind. I first met him and Wendy at the original meeting of people in February, 2002. He has been a committed member of the Steering Group ever since. Rupert has also been involved with developing the LAC and has joined in the AOP. In recent months, he has also been involved with further community arts

projects that have been developed as offshoots from Art in Mind. He has studio space in the building; he paints and plays the saxophone. Rupert has probably been involved with more aspects of the project than anyone else. I interviewed Rupert three times; the first two interviews (April 2005 and February 2006) were together with Wendy. The final interview was with him alone in his flat in September 2006. Rupert has described himself as a long-term drug-user. He has serious health problems as a direct result of his drug use. He is an intelligent and articulate man although his speech was sometimes affected by either drug use or poor concentration. During the course of the project, Rupert has declared his cessation of drug use and directly attributes this to the effect that his involvement in the project has had on his life.

Analysis

Rupert describes an unhappy childhood and an unhappy life that precipitated his emotional and psychological problems that led to his subsequent drug use:

Yeah. Yeah. I mean, like, my school, my school life was a hell, it was a nightmare. (S1.B.01, 1583-1584)

…you know, it was only when I left school and I found out that I couldn't function, in actual fact, I was pretty suicidal, that, like, you know, things started falling apart, you know. (S1.B.01, 1569-1570)

…how come I wasn't happy and what, what had actually gone on with my life and, all that kind of stuff. And, and realising that, like, Hey, you know, I was like, sort of, nineteen year old guy and I was suicidal, man, you know, I was like, walking out into roads and stepping into traffic, you know, with my eyes closed, you know. (S1.B.01, 1822-1828)

Rupert offers a political critique of the period when he left school:

B.03 Yeah, I don't, don't, don't think that leaving school when I did particularly helped and the political climate of the times.

I Yeah. What, what year roughly did you leave school?

B.03 I left school in seventy nine. It was right, you know, the complete, you know, winter of discontent, the, the, the the mass lay-offs, the mass unemployment, the complete, …it seemed that maybe the system was on a breaking point, you know, and it did seem to be a very, very different time in spirit from now.

I Yeah.

B.03 You know.

I What do you think the key differences are, were, you know, between now and then, socially and politically?

B.03   I, I, I think that the key differences are now that the state is aware of the danger from within and has legislated, quite heavily, in its own favour, to basically, destroy civil liberties in this country and through the trickle-down effect, some, actually of the, the, 'cos it's not that the wealthy are any less wealthy, they're just so much more extremely wealthy than we can actually comprehend that some of that wealth is going down to the lower classes and they've been bought off.

(S1.B.03, 45-69)

Rupert continues:

…there is a power elite and they, they sit on top of the pile and they've worked out that if they just about give us enough to keep us happy, they can carry on doing what the fuck they like. You know. And, the history of this world being at war every year since the end of the second world war and our chief manufacturing export being weapons, then, I think, like, you know, totally shames our country, shames our country. (S1.B.03, 91-97)

Rupert soon felt an outcast from society:

Yeah, I, I, I was, I mean, like, you know, I was really traumatised and like, you know, I mean, I didn't see myself as part of the outside world, and I still have trouble find- you know, doing that now, you know…(S1.B.01, 1907-1910)

Rupert has a well-developed critical analysis of how people become excluded and *underclass:*

And, and, and, and, and mental health. It's having a direct effect, you know, no wonder that so many people having breakdowns and shit like that. You know. I mean, I can't cope with the world as it is, just even being on the dole, you know what I mean, like, screws me up, like, sometimes, going out there and it's so fast and tch tch tch tch, you know, oh, ugh, you know, come back here shaking, you know. (S1.B.01, 493-499)

So, it's getting, so, so, from that, you get, like, you need an identity to present to people who are like, you know… (S1.B.01, 514-515)

Like, you know, so, you've got to have some kind of label other than unemployed or, or sick, or whatever, like, than that, because like, they, they, they been so sullied, those ideas, you know, they been so dragged through the mud by the government that, like, you know, the immediate, like, word association kind of thing is like, sort of, like you say, they, they're worthless people, they're empty people, you know, and, and it's, it's very divisive and it's very sad and, and, you know, but it means that, like, if you're in that position, you either, you either sink to the bottom and you go, you go down, and you go under and you go out, and I've known so many friends that have died, because of that kind of stuff, and it gets down to that, the end of the day… (S1.B.01, 521-532)

…they don't feel a sense of self-worth because society doesn't put any worth on them, so……they end up taking, like, loads of narcotics to fucking kill the pain, and they end up like, in some dirty fucking lavatory dying with a fucking syringe in their arm. You know? Durr! What a fucking life, you know! (S1.B.01, 536-544)

Rupert immersed himself into a world of drug-taking for many years, a world in which his identity became lost:

You know. And, I didn't have the support… I had a lot of bad influences, you know, and that's really the story of my life, you know, in, in, in a nutshell. You know. If I'd, if I'd had, now I've been so damaged by the effects of my life, that it's hard to know where the damage starts and I finish, you know what I mean. (S1.B.01, 168-173)

One turning point in his life was the recognition that he was ill. Being awarded Incapacity Benefit rather than unemployment benefit somehow legitimised his experiences:

The big, the big change for me was a long time ago, was like, getting on to incapacity benefit in the first place because then, well, getting on to the disability, you know, that is like…the DLA, it made me sort of like think, Okay, you know, I'm not just a lazy bastard, I've got problems so I can…I can sort of relax a little bit, I can relax a little bit…I don't have to be so scared of the world all the time, and I've been so terrified of the world. So I started to relax, I started to relax and as I relaxed more and more, I started finding that I needed the drugs less and less, I needed the other stuff less and less. . (S2.B.02, 240-263)

Furthermore, being in receipt of sickness benefits helped Rupert find an identity alternative to being a drug addict:

Well, I just, I just think that, like, I would love to have a more solid identity … it's a delicate kind of situation like the, the, the, coming on the benefit, it made me more able to be who I really am, but at the same time, it's like comes along with that, who are you then? And to be quite honest, I don't… I, in a lot of respects, I don't know, still, you know? (S2.B.02, 289-296)

I don't want to go back, you know, so it's like, and it, that, that, (...) us all into the stuff of identity, who am I, what, what is my value as a person, like blah de blah, all very, very salient to the, to, it's a central issue, really, self-esteem. (S2.B.02, 272-275)

I wasn't brought up to be somebody that was, like, living off the state, you know, it's like, it's humiliating, man. You know? It, really, it's degrading, man, you know, it's like, I wasn't brought up like that, I was brought up like in a firm working class environment, you know, and I fully expected that I would be part of that… (S1.B.01, 1564-1568)

The sick-role may have brought its material benefits for Rupert, but it also came with a price:

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I really want the chance to take a bit of control of my own life because that, that is the most frustrating thing about being labelled err… mentally ill or, you know, drug addict or both. You know, as in my case, it's a, you, you get so little actual personal power. You know. You, you, you are stripped away of any real human dignity, you know, you're at these people's beck and call and you know it. You know. And if you're not intelligent person then that's okay but I am intelligent person like, you know, I know that I'm at these people's beck and call. You know, they've got the power. You know, they've got the prescription power. (S1.B.03, 117-126)

When talking about the LAC, Rupert asserts that the group has provided him with a role:

That, that's helped a lot because that's gave me a bit of a role. (S1.B.01, 339)

…at first I found that, you know, yeah, I really enjoyed drawing and painting again, like, you know, that was something I'd forgotten, how much I enjoyed it. And then I realised I'd got ability in those areas and, I dunno, just having like stuff stack up you can feel like, feel good (S1.B.01, 379-382)

…self respect. Self respect. Self identity. Being able to say to somebody I do this. Being able to think, think to yourself, I do this. I am this. You know. (S1.B.01, 553-555)

His involvement with AOP has provided structure to his day and social life. The AOP has also provided an environment where he has grown:

…the Art on Prescription, there's so many different people that, you meet a lot of different people, see a lot of different folks, different viewpoints on life, you know, and that, that helps you sort of like, get a handle on yourself a bit more, you know, so, I don't know, it's kind of like being a very sort of slow kind of change, it's sort of like kind of come on me, in a way, like, it just, it just, having, having that structure's good, you know, having that structure, even if it's just one afternoon a week. That's good. And, the fact is that self-expression, I'm sure is, is definitely a really, really powerful healing tool. (S1.B.01, 385-394)

Yeah. Yeah. Yeah. I mean, for sure. It makes you feel a bit less isolated, a bit less, a bit less like there's only me in this position, you know, which is very easy to get to, to that kind of place, 'cos you don't, I mean, it's like, when, when you're in the world of work and that, you've got structures, you've got an identity there that's like, you know, when you haven't got that, you have to provide your own structures, your own identity, and that, when you're not in a good place isn't easy, you know, so any help from the outside is great. And, that's, that's the Art in Mind thing has been that, in a lot of ways, you know, doing the theatre thing last year was a great confidence boost… (S1.B.01, 400-409)

I feel quite proud of those performances we did. And, I, I feel that we, we worked really well as a team, as a group and, and it was good because like, we were very mutually supportive of each other, and that's, that's something that, I think people maybe tend to forget, like, yeah, like, that I can, it's not just about service providers like giving the care, like the, the, the people there that are

using the service support each other perform that role as well, you know, and, in a way, we're the best people to talk to each other…(S1.B.01, 419-426)

Yeah. Think my confidence has grown (S1.B.01, 593)

Rupert recounts his experiences of Art in Mind as a journey of healing and growth; a journey from his old life to a new life:

You know, and there's a lot of demons that I've had to face over the last few years, but, like… Yeah, I'm actually starting to face them, like, like, that, that, and that's, I don't think that would have happened without Lost Artists either. You know. Or, or, or the Art in Mind thing. (S1.B.01, 1136-1134)

Well, it's like, I mean, I mean, I mean, I've been told by them, like, you know, basically, like, you know, I'm okay on the sick for the rest of my life, really…you know, and so there's, there's no, and that was a big, like, enabler, because, as soon as they said that to me, then, I started to relax, which meant that I could start to develop, you know…I'd just go into this state of blind panic, like, you know, I'd be, oh…   They're gonna send me out there again, I can't stand it out there, you know, I been out there, I can't cope, you know…And it's like, you know, so that, that kept, that kept sort of me quiet, like anchored, but as soon as they took the pressure off the, like, "hey, we don't want you to find a job, (Rupert) we don't want you to do this, that or the other", then, I could sort of like, go, "phew, oh, what, what am I gonna do now then?" You know? (S1.B.01, 1502-1529)

I've sort of like, grown so far away from people that I used to know and I used to hang about with a lot, you know, and, that, and I don't really feel part of that world any more, and I don't want to feel part of that world any more. (S1.B.02, 562-565)

For the first, first time that we actually got influence and were actually part of something that we were important to, you know, it was like, wow, you know, to, to, to me, like, in sort of situation, wow, you know, this is a wild (thing), it looks quite good actually. (S1.B.01, 1331-1334)

And what's good about the LAC is that you get such a mix of people that's like, you know, the arts is such a great umbrella because you know, it's not like a mental health group, it's an arts group, but like, you know, what we've found is so many people are like us, you know, have had histories that have like joined that group…(S1.B.02, 829-833)

You see, the thing is, that, like you… get like people that like, you know, they don't know that…such and such is a schizophrenic or whatever or such and such had a drug problem…or whatever, it's like blah de blah and blah de blah they're people, you know… (S1.B.02, 881-896)

For the first time, Rupert has found a sense of belonging that does not depend upon substance misuse:

Yeah. [laughter] I mean, I feel that like, I, I have some small place in the world for the first time, you know? And that's really good, you know… (S1.B.02, 992-994)

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It's true though, man, it really is true, it's hundred percent, you know, that something that I can actually feel a bit of pride in, that I've been part of and it is good, (...) good… (S1.B.02, 1005-1007)

…and, it's, I think the best thing about the LAC has been that it's been, like, user-lead. It's been like the self-set up, hasn't it, you know. (S1.B.02, 1085)

At the moment they're encouraging arts in the mentally ill, like, you know, I applaud it but it could go and you, you, you know that, man. (S1.B.03, 140-141)

I think that everybody wants to get better. And that's a fundamental belief of mine, everybody really does want, aspire to be a better person than they are. Deep down, maybe, but they do, you know, and given the tools, people will help themselves. (S1.B.03, 200-204)

…I don't want to waste time, you know, I want to be getting into that studio, using that time to produce artwork, to get actually a real style going… and, hopefully, like, you know, sell paintings, you know?... That, that totally legitimises me as a person. And that, that is something that I've never felt as a person, right the way from school days…you know, I was a very lonely child, I was very picked on, I was very isolated, and I never had that feeling of being accepted, you know, I (...) you know what I mean, I wanted, I want somebody to say "yeah, he's an artist, he's pretty good", you know? (S1.B.03, 240-261)

…the feeling that I actually belong, you know, that, that this is a society that I belong to. You know, that I am a part of which is something that I've never had, you know, and, and there's some things about society that I hate, but, like, I'd rather be hated from the inside and try and change it from the inside than ranting and raving from the outside which does nobody any bloody good. (S1.B.03, 277-283)

But, like, you know, I'm ready to take the step now to becoming an insider and trying to help things get, get better. In some small ways. You know? But maybe the Art in Mind, you know, has inspired me in that way, maybe the Lost Artists Club, I don't know but, but, what I do know now is that little people can make a difference. You know? If we stand up, we can make a difference. (S1.B.03, 295-299)

Rupert offers a personal evaluation of the impact of the project on his life:

Oh god… it's been tremendous… like, you know, being in Waterstones, I mean, Jesus, prestige, man, I mean, yeah, I feel quite humbled actually, (...) like it's, it's such a prestigious venue, so yeah. (S1.B.03, 295-299)

And, yeah, you know, it is, it's been a great thing, I'm really glad that it's been there. With Lost Artists 'cos it's been a real great back-up, you know, and just, just the, the being part of that community group is a big lift-me-up, really is a big lift-me-up, you know, and being, being picked out of everyone to be chairman, just even though it was an informal vote was, was so flattering. (S1.B.03, 404-409)

Yeah. So this, this, this whole project has really done me a helluva lot of good, personally, you know, when I, when I think of where I was when I started out, where I am now, so, so much better. So, so much more, just involved and

happier. You know. And that's what counts, isn't it really?... Arts really does reach into a inner world that a lot of the time you can't access yourself, you know, but, but it comes out and it, it's great, you know, so, yeah. (S1.B.03, 421-436)

Relational analysis

In what kind of story does the narrator place themselves?

Rupert's story is one of being a social victim and him subsequently dropping out. Rupert places himself in a sad story, with loss, misunderstanding and drug abuse.

How do they position themselves in relation to the audience?

Rupert has always demonstrated warmth towards me. I have wondered if he sees me as the kind of person he might have become had circumstances been different. Rupert is articulate and his socio-cultural analysis is compelling. He has therefore elicited my respect, but also my pity.

How does the audience position themselves in relation to the narrator?

During each interview with Rupert, I have felt sadness. I identify with the political analysis that he offers that victimises his stunted progress in life. Whilst I have no immediate urgency to rescue Rupert during the interviews I am mindful of thinking that Rupert is the kind of person Art in Mind was designed for (indeed, he appears to have greatly benefited from involvement in the programme).

How does the narrator position other characters in relation to themselves?

During the second and third interviews, Rupert talks about the death of his closest friend and others he has lost to drugs related deaths. Characters in Rupert's narrative are fellow victims or oppressors. Those of us who worked with Rupert are depicted as rescuers thus completing Karpman's drama triangle (Karpman, 1968).

How do they position themselves in relation to themselves, that is, make identity claims?

Rupert claims that he cannot cope with the world and states that he experiences very low self-worth. His identity has been historically tied up with drug abuse and subsequent illness. His dependency on State benefits he finds degrading. Rupert knows that he is intelligent, however this has worked against him because he is aware of the hopelessness of his current situation in the same way he was aware of the hopelessness of his social situation when he grew up.

Rupert makes strong identity claims of being an artist. This is possibly the most positive identity claim Rupert has made in his adult life.

4.6] A collective narrative of people who participated in the Lost Artists' Club

In this section, a collective narrative is identified between the participants of the LAC. I was never given an explanation of how the LAC acquired its name, however an examination of the data supports the concepts the name evokes. The use of the expression 'lost' indicates some form of historical loss of role as 'artist' that is mediated by the formation of a 'club' that retains art as its common focus. As with any club, members share common interests. Whilst membership of the LAC extends beyond the six participants, the data suggests the following commonalities: the Lost Artists interviewed are all white British, in their forties, identify themselves as artists, and for whatever reason, have felt excluded from mainstream society; there is a sense of being misunderstood or outcast for being who they are. Thus, 'Lost Artists'' may also be paralleled with 'outsider artists' discussed earlier. However, not all have constructed an 'illness narrative' neither has all talked about using mental health services. There is some consensus that UK politics of the last twenty years since the participants left school has not supported creative people from lower social classes.

The collective narrative of the LAC is one where art is used to construct an identity whereby people may see themselves as artists. To some extent, the formation of the LAC has legitimised this identity claim. Additionally the provision of studio space and increased opportunities for exhibitions and therefore sales of artworks has reinforced these claims. There is a common understanding that there are personal and social benefits of engaging in art activities. There is a sense of worthlessness attached to being in receipt of State benefits for many years. Creating artwork that is valued by society brings with it a sense of personal worth. Furthermore, the creation of a 'Club' that brings together people seeking this kind of recognition has also provided members with a sense of belonging. Much of the data from the LAC is not only about their personal journeys and experiences but also about their relationships with one another (with their ups and downs). The identity claims therefore are not only personal but also collective. There is a sense that the lost-ness that is shared by the LAC members is recovered through finding one another. This is translated through a common theme of establishing social roles as artists and the value of friendships. The role of artist is the only apparent alternative to the sick-role

previously experienced. People are under no illusions though how difficult it is to earn a living as an artist, thus the role of the artist may be cultivated whilst retaining sickness benefits.

4.7] Findings from those who participated in the Arts on Prescription (AOP)

This section reports the findings from the data that comprised those who participated in the Arts on Prescription (AOP). Again, each person is presented first by means of a vignette and secondly with an analysis.

S2.A – Eve: Recovery and identity

Vignette

I interviewed Eve on three occasions: April and August 2006 and January 2007. The first interview was conducted on Art in Mind premises and the second two at Eve's home. Eve is a white female in her thirties. She has children but has not mentioned a partner. Eve recalls being aged 10 or 11 and attending an art group. She had virtually forgotten the experience until attending the AOP, which reminded her of the joy of this experience. Over the last 20 years, Eve has intermittently perused college prospectuses briefly entertaining the idea of signing up for photography or arts evening classes. She never acted upon these ideas. Previously, Eve worked in the caring profession as a manager. Eve describes the emergence of her 'real self' following the experience of what she describes as a 'breakdown'. Eve accessed AOP having read about Art in Mind in the local news-paper. She made enquiries of her GP, who helped her to access AOP in late 2005. When I first met Eve, she regularly attended both the AOP and the weekly drop-in sessions. During the passage of time between the first and the third interviews, Eve had developed a portfolio and gained a place on an art foundation course at a local college. Eve is very clear that her journey through Art in Mind has given her the confidence to pursue her art and that affirmation of her ability from staff was of vital significance. During the final interview, Eve stated that she hopes to study art at university.

Analysis

Our first meeting included a short exchange that was not recorded. Before we started the interview Eve enquired about my background. I informed her that I had previously worked as a mental health nurse. My concern was that my confession could have elicited a negative transference if she had experienced

bad practice at the hands of mental health services. Her response however was positive and my professional background reassured her and she referred back to my professional status during one interview:

And hopefully, you could understand that, as somebody who's got a nursing background… (S2.A01, 200-201)

Eve performs a strong narrative in terms of plot and emplotment both within each interview and between the three texts. There is a beginning, middle and an end to what I have called Eve's 'Recovery and identity narrative':

Beginning (Abstract, orientation)
I grew up and became estranged to myself

Middle (Complicating Action)
I sought help through art and creativity

End (Result and Evaluation)
I recovered my true self and re-defined my life

(Coda)

Eve's narrative also includes strong relational and socio-political content. Not only did Eve see me as a nurse, but also a significant character in the setting up of Art in Mind. Throughout the text, she refers to taking part in the research in order to help the project, especially to secure future funding.

I do want to explain to you why it is important and why it has been really good, and I'm really glad that I've got this opportunity to tell you. (S2.A01, 85-87)

I think it's really important, I really do want somebody to know how important it's been. (S2.A01, 99-100)

I said to [WORKER'S NAME] Is there anything I can do to help you with funding?… that I would want to do it, because it's a great project… (S2.A01, 394-396)

This is not however for selfish motivations, for Eve sees herself as a temporary participant during her recovery period and is a strong believer in the healing potential of the arts.

Beginning (Abstract, orientation)

Eve describes an alienation from her 'real self' and how she pursued creativity for own healing:

I'd remembered that when I was younger I used to go to an art group, when I was about eleven years old and I really, really enjoyed it and, but I'd like, forgotten all about it. (S2.A01, 110-113)

I remembered how I felt all those years ago when I was ten years old, going to that Saturday morning art class and how, how (...) you know, I remembered a feeling that I hadn't felt or had only felt on small occasions in, through the rest of the time and then I realised that that related to, oh my god, it was like a big penny dropped, god, that related to every time I did something creative, and that was when I was ... but, the voice and, well, it's not just a voice, it was people as well, that kind of kept, put me down, and made me think that that wasn't, I wasn't good enough to do that… (S2.A03, 363-372)

…just battling through life really, just kind of like, [laughs] not being, we didn't realise, not being true to ourselves because we weren't aware of that, (...) for various reasons, that had been squashed and put away and stuff and, or thought we couldn't or we wasn't good enough, or whatever… (S2.A03, 382-384)

Middle (Complicating Action)

Eve eagerly related the plot of her story that pivoted around her reading about Arts on Prescription in the local newspaper:

…a piece in the Evening Post about Art in Mind, so I took that to my GP and said, 'Do you know anything about this? Arts, Arts on Prescription?' and said, 'Do you know anything about this?' (S2.A01, 157-159)

Eve insisted that this scheme would be appropriate for her; she recognised that her involvement was what she needed:

…it gave me an opportunity to just be creative, apart from anything else, I mean, that's what I wanted to do, that was what I was saying to my doctor, I want to do something creative, you know… (S2.A.02, 543-546)

…but it has, it, it, it increased, my self-esteem is really low, but my self-esteem doing something creative is increased, you know, I feel more… feel more able, and that's, that's really important, you know, and that's bound to have a, a knock-on effect (S2.A01, 633-636)

…so, you know, it's great, it's really liberating, and that's come through being able to express myself creatively. (S2.A03, 385-386)

Identity is a strong theme within Eve's narrative and this is most pertinent with her transition from service provider to service user and to artist:

I was the you, the [WORKER'S NAME], the [WORKER'S NAME], the person that was providing the service, and now I'm the user of the service, and it's actually, you know, it's been… no bad thing. (S2.A.01, 410-412)

I'm quite happy to identify myself as somebody that has mental health problems but I don't want it to be, I don't want to have to be shouting out… (S2.A.01, 312-314)

I used to give that service, but now I really, really understand, really, really understand what, the kind of impact they can have because I've… first hand experience of the impact of these services and I always fought for them and I always knew they were important and always was passionate about my job, but can you see how that puts me in quite a unique kind of position. (S2.A.01, 417-423).

End (Result and Evaluation)

Eve feels genuinely grateful for what Art in Mind has provided for her articulates how she has benefited from engagement with the project:

And that was really important for me, to feel safe. (S2.A.01, 17-18)

…because I've made, you know, attachments to the people in the group and you know… and that's just been important to me, you know, just, that's kind of increased my world a bit… (S2.A.01, 264-268)

…you know, that I'm getting better, and sort of more importantly, that, I am sort of recover... I am emerging as me [laughs] (S2.A.03, 135-136)

…means so much to me coming here and it's been really important, it, in, in my recovery really and in my feeling good about myself and, and just doing something that I enjoy, and actually finding out something I want to pursue (S2.A.01, 360-363)

I think I value myself more than I used to and I think by valuing myself a bit more, I think that knock-on effect is that I value others more actually as well. (S2.A.02, 803-805)

Coda

You know, that's what, that's what that, you know, has done. And it's given me.. a direction. (S2.A.02, 582-584)

Eve constructed a deep and emotional narrative told on occasions through tears and smiles. For example, she had tears in her eyes throughout the first interview, as she told her story her voice was unsteady, nevertheless she was insistent to get her message across to me. Eve was eager to tell her story of the significance of creative expression and to give voice to her experiences. Her involvement in the AOP came at a pivotal moment in her life following what she

describes as a 'complete breakdown'. Eve identifies her emerging self as one that was suppressed in childhood. Not only is she now pursuing her art but seeking to complete her education. Throughout her discourse, what also emerges as significant is the value of good positive relationships with workers and participants alike. Ultimately, it was the safety of these relationships and the feedback that she received from people she trusted that facilitated her recovery.

Relational analysis
In what kind of story does the narrator place themselves?
Art and creative expression is central to the plot development of Eve's story. For when she is being creative, Eve is happy. Similar to Sarah, Eve describes the emergence of her 'true' self, following psychological breakdown. Art has been central to her recovery and that discovery. Eve places significance on the fact that she has become an expert from her experience. Having once been a service provider she has become a service user, her story is not finished as she has committed to higher education and she does not know where this might lead.

How do they position themselves in relation to the audience?
As already discussed, Eve was concerned about my professional training and was pleased to know that I had understanding of mental health issues. Furthermore, Eve saw me as instrumental in setting up the Art in Mind project. This however positioned me in a place of power and Eve was very keen to elucidate how worthwhile Art in Mind was. She made it clear however, that this was not for my benefit per se, but for the benefit of my research, as this might help to gain future funding. This short extract from early in our first meeting illustrates Eve's eagerness to participate and the warmth I sensed between us in the relationship:

Eve: I do want to explain to you why it is important and why it has been really good, and I'm really glad that I've got this opportunity to tell you. So, please don't mind if I get a bit upset.

Me: That's okay with me… I'm fine with… the only… practically, I'm just wondering if you need some tissues. [laughter]
(S2.A.01, 85-90)

How does the audience position themselves in relation to the narrator?
Eve cried while she talked through most of the first interview. Other than ensuring the presence of tissues and providing good listening skills, I did nothing to attempt to assist or encourage with her emotional expression. It was evident

that through the tears, Eve had a story to tell and she was determined to tell it. I felt enormous respect for her for this determination. In spite of the potential for a 'mental health nurse' type transference, I believe I maintained the role of research interviewer.

How does the narrator position other characters in relation to themselves?
The significant characters in Eve's narrative were the AOP workers and fellow participants. She saw others attending the AOP as bruised and damaged and the workers are positioned in the role of understanding helpers. During the first interview, these characters sounded idealised. However, during the subsequent interviews they became more down to earth. Seeing me as not only researcher but also in a position of leadership, I also feature as a significant character in Eve's story.

How do they position themselves in relation to themselves, that is, make identity claims?
Eve's identity has changed following life experiences in recent years. There is a sense that she has redefined herself. Until fairly recently, Eve worked in the voluntary sector in roles that involved helping others. Following her 'major breakdown', Eve sees herself, as having been on the receiving end. This has been a positive experience for her as this sense of vulnerability has enabled her to reconnect with her creativity that has lain dormant for a long while. It is through this reconnection that Eve is able to redefine her identity. She has now become a full-time art student and is pursuing this as her chosen career.
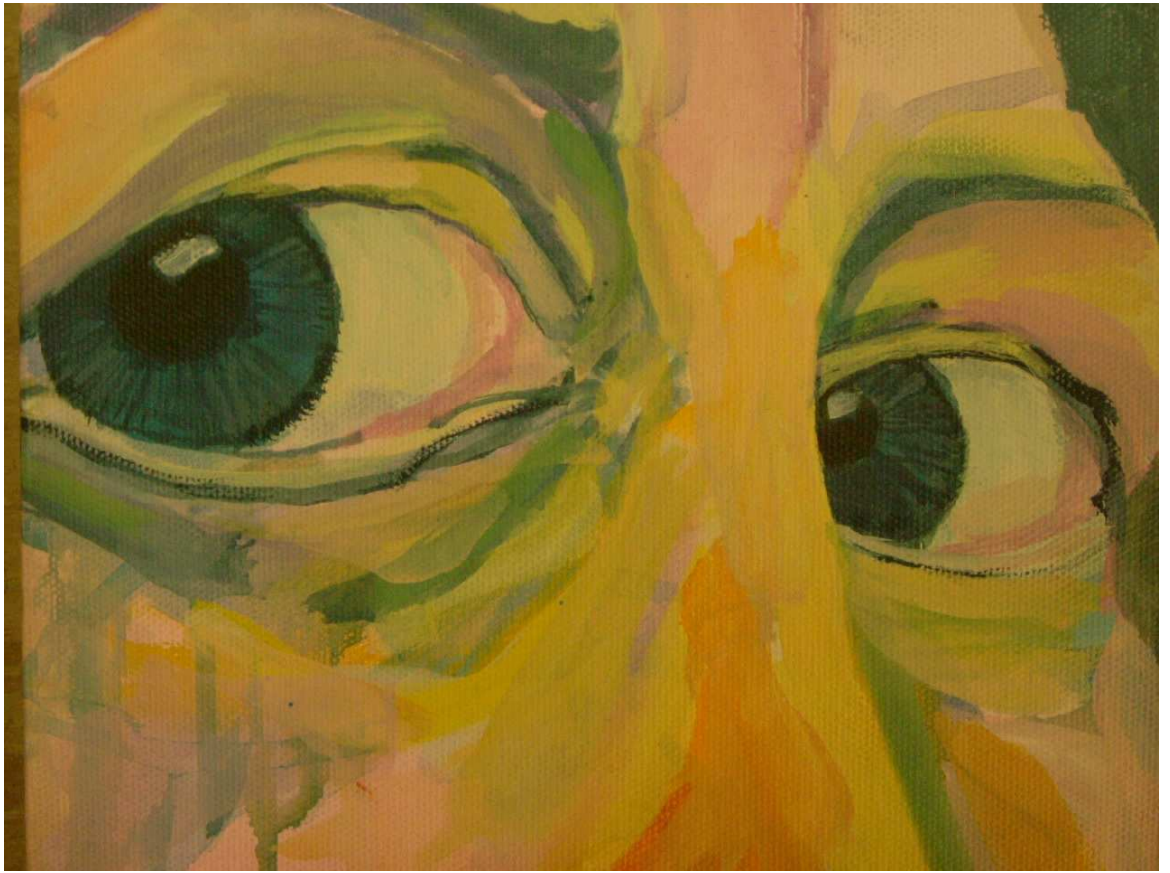
S2.D – Gill: Loss, restoration and service user involvement

Vignette

I interviewed Gill on three occasions: February and July 2006 and January 2007. Gill is a white female. She describes herself as a teacher who took early retirement due to ill health. Gill graduated from university with a degree in music in 1982. The circumstances surrounding her early retirement appear central to her life-narrative and subsequent losses. The plot however, was not fully explained until the third interview. Having worked as a teacher and college lecturer for twelve to fourteen years, two significant events coincided that brought about significant losses. Firstly the illness and subsequent death of her father and secondly, a violent incident that took place while Gill was teaching in a prison. Gill did not recount the details of her 'illness' but this included a spell in an inpatient psychiatric unit. Gill continues to use statutory mental health services. Gill is a unique character in this study as she works for a service user consultancy and was involved with Art in Mind in a paid capacity although she also participated in AOP.

Analysis

The three interviews told three different stories, although progression is discernible as Gill journeys through the project in the year. Read together, the three narratives unfold a plot that becomes manifest towards the end of the final story that includes a dramatic dénouement. The stories are summarised as:

- Story One: The role of the advocate;

- Story Two: The complications of involvement;

- Story Three: Personal restoration.

Story One: The role of the advocate

At the time of the interview, Gill was clearly finding her feet and defining her role within the project. The narrative that Gill developed was a role of advocating the project to the wider mental health community. Gill knew that she had something to offer the project, but was still weighing up what that was:

Okay, what can I do to help them? If anything. If I don't go, then nothing happens (S2.D.01, 64-65)

I've done a little bit here and there, but at least I know I've done a bit.
(S2.D.01, 95-96)

…well, it's, if you've been in hospital or any, any mental health service building where there's staff, I've always felt like it's them and us. (S2.D.01, 527-529)

I'm one for, I like to spread the news you know, and, let people know about things … but when I sat down having coffee with some people, I've said, 'Ooh, that's what I'm working with, you ought to go to it, it's really good', … So we get this conversation going, and, that's…. what I've got one lady who I worked with yesterday, she's interested in coming here, so she's got a leaflet and another lady, I gave her leaflet to and she said, Yeah, she might come too. They might, but at least they know. It's another option.
(S2.D.01, 157-167)

Through the telling of her story, Gill develops a commentary on the aims and philosophy of the project. For Gill, the main aim is about developing skills and moving on. These skills can be acquired in a creative and accepting environment that promotes autonomy and friendship simultaneously. Gill is a staunch believer in the personal and social benefits of participatory arts:

…that is really what it's about, learning new skills, making new friends. And hopefully, that'll open doors into the wider world where they can join, you know, groups in the community, what they call integrate into the community, as opposed to being a closed workshop with people of a similar past experience. (S2.D.01, 124-129)

…anything you've got inside you that you've not expressed verbally or physically, erm, you can express through art. Either with a paintbrush, any sort of thing that you can put in your hand, instead of writing about it, you actually produce something visual, not only that, it takes you away from thinking about things that you've been fretting over. (S2.D.01, 221-226)

Given Gill's teaching background, it is understandable that she acknowledges the educative value of the project:

And, so, that's another afternoon or another two hours out of the day, out of the week where they can again be imaginative and use skills that they've got, 'cos I mean, that's what people like to have, people like to, they like to be taught…
(S2.D.01, 290-294)

It is essential that these activities however are mediated by the right people in the right way:

Yeah. Yeah. They don't ask about your background, they take you at face value. You walk through that door and you're greeted with open arms.
(S2.D.01, 540-542)

There are here, it's brilliant. Everybody is equal. Everybody respects everybody else. You know, it's difficult to know who, who's the, who's the support worker and who's the person on the course. (S2.D.01, 506-508)

Gill identified how she personally benefited. Much of this was to do with her feelings of confidence and in spite of the uncertain start, Gill had gained much confidence being involved:

Personally, it's helped me, it's given me a lot of confidence (S2.D.01, 20-21)

Story Two: The complications of involvement

As much as Gill enjoyed her role within the project, the current news that the Department of Work and Pensions were clamping down on people in receipt of Incapacity Benefit was troubling for her. She felt in a very real dilemma: she loved the work she was doing in the project, but if she did too much she might be assessed as able to return to work. Gill reported the awkwardness she felt representing her organisation; she also felt 'out on a limb'. During this interview, the focus upon benefits in the interview stimulated the illness narrative to emerge. This was absent in this first interview.

'Cos I can't really race about I know that, in the past, I was able to like, do everything, you know, (...) and, you know, I can do it. But now I can't, but I don't have, I don't have the ability any more, so basically, I have to say "Right, I'm gonna do this, gonna do that, gonna do that". That's it. (S2.D.02, 362-366)

Yeah, having keep the balance the whole time, yeah. It's, if I get, if I get stressed, I just get really wiped out. For a few days. And that's not good. …I do push myself too hard and I go over the edge… My whole body slows down and I just stop and I can't move. (...) bit like a tramp and no energy or anything, like, vacant look, been like that a few times. And that's because I've been doing too much. (S2.D.02, 529-544)

Gill also questioned her role as a 'service user' participant:

…you've got service users that are part of a planning group, an on-going working group, so, I don't know when it's been actually written in, what happens to somebody once they've actually ticked all those boxes… Was it just (...) you know, just someone's name on a minute, they turned up, "thank you very much, okay, let's get on with it". Sometimes, you know, you think, "Mm, if that's what it is all about", well, it is what it's about, I know, but, [laughs] can I (...) give more than that? (S2.D.02, 487-496)

Gill mourned the loss of her teaching role and is evidenced in this interaction:

D.02   And, of course, when I was working, I was getting a buzz every sort of every minute I was in the room.

I   Yeah.

D.02   You know? 'Cos I was getting students to do things they'd not done before and you know, individuals (...) were having a brilliant time, you know, and, so I was getting satisfaction out of seeing what, I mean, I didn't do anything, I was just the person steering the group. Obviously without me, there'd be nothing at all.

I   Yeah.

D.02   So I got real, a real buzz out of everybody else having a real buzz.

I   Mm.

D.02   So that was me, you know, being the intelligent person. And that's mainly because I've always had that sort of bouncy energetic personality and also, I got the skill in order to draw the best out of people as well, no matter what their backgrounds and their (...) was like, that's a real skill and so obviously, I haven't got that now. It's like, I was no good at all. 'Cos they came from loads of buzzes down to nothing.

(S2.D.02, 588-610)

Gill reported some positive elements of continued involvement, mostly around her increasing social networks:

So, it's like I'm building up the social friendship group. (S2.D.02, 255)

Because, being on your own, living in your own home and not having a full time job or a particularly regular job, to have daytime friends is important… It's easy to have evening time friends, you just go down the pub. (S2.D.02, 263-269)

Story Three: Personal restoration

At the point in time when the third interview was conducted, Gill no longer contributed to the project in a role as service user being involved. She continued involvement as a participant in a film project. Gill talked at length about how her social networks had increased since becoming involved firstly with the service user organisation and secondly with Art in Mind. During the course of the interview however, it became evident that Gill had numerous circles of friends, in particular revolving around her music. Gill is the music director for a local theatre group. This gives her much satisfaction, and helps her to feel valued:

It's great because you're wanted and people have told me, "You're the best"… Well, unbelievable. "You're the best we've ever had", and it's been going for twenty odd years. (S2.D.03, 667-673)

So I get a load of satisfaction. (S2.D.03, 720)

Gill enjoyed narrating at length her involvement with the theatre group. The group appears to provide her with a valued role and social contact; which is important for Gill since retiring from work. She also narrated at length the story of her 'illness'. The first two interviews were fuelled with tension regarding Gill's role and the implications of the role. In her third interview, Gill related reconciliation and understanding of the losses that she had experienced. I believe this was brought about by the telling of the whole story. Gill knew that this was the final interview and I wonder if she wanted to ensure that I had heard the whole story, from beginning to end. The reading of the three stories remind me of the process of grieving identified by Kübler-Ross (1997): Denial, anger, bargaining, depression and acceptance. The denial was the absence of any mention of illness or struggling in the first two interviews, the anger appeared in the final interview:

I still get angry about the fact that I've lost about fifteen years of my life or whatever it was. And that was the height of my career, and that was when I was really good. (S2.A.03, 528-530)

The bargaining was constant in her frequent reference to loss of role and the gaining of various new roles. The depression featured in descriptions of her occasional inability to move and the acceptance largely through the enjoyment of the various social networks and the fulfilment that the theatre music work provides. The acceptance is evident through her various social roles.

Relational analysis
In what kind of story does the narrator place themselves?
Gill's story slowly reveals a tragedy. This is mediated by the development of a professional role as a service user consultant to the project. Although the story contains loss, and some anger, it is told with hope and restoration.

How do they position themselves in relation to the audience?
Gill is a natural performer. She is outgoing and confident and it is apparent that she enjoys talking. I have worked with her in various capacities in recent years, not only in the Art in Mind context. This meant that my role as research interviewer required a shift in our relationship. Gill has strong beliefs and opinions and is not afraid to voice them.

How does the audience position themselves in relation to the narrator?

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Most of the times I have met Gill over the years, I have been in a leadership role. By interviewing her, I changed this role to one of researcher/listener/audience. In previous encounters, I would have automatically positioned/presented as university lecturer, with all of the power and kudos this brings with it. I wonder if this shift of balance of power enabled Gill to say things she would have previously not have felt at liberty to say.

How does the narrator position other characters in relation to themselves?
As a service user consultant, Gill holds a unique role within the project and this study. She therefore locates other participants of the AOP (of which she attended) as service users and herself, one step removed.

How do they position themselves in relation to themselves, that is, make identity claims?
Gill sees herself very much as an educated and trained professional. She struggles to come to terms with the loss of her vocation and attempts to reconcile this loss with voluntary work with either the service user consultancy, Art in Mind or with the theatre group. This great loss, has affected her identity although she clearly enjoys the various roles she fulfils.

S2.H – Martin: Loneliness through ageing and loss of role

Vignette
Martin was 77 when I first interviewed him in January 2006. I later interviewed him in August and finally in January 2007. Martin retired early aged 60 in order to care for his wife who had Alzheimer's disease; she died in 1998. Prior to retirement, Martin worked as a joiner in one of the local hospitals, he was also an ex-serviceman. Martin only came to a few of the Arts On Prescription sessions but he was keen to be interviewed for my research.

Analysis
Martin lives very close to the project, therefore in the heart of the NDC area. Having no friends or family in the area, and having been burgled four times, Martin paints a bleak picture of the local community:

I think I live in a dangerous bloody place, to tell you the truth. (S2.H.01, 1103)

In the past, Martin had attended a few community meetings, but felt marginalised and ignored:

… 'Cos you don't feel your voice is heard. (S2.H.01, 816)

Throughout the three interviews, the narrative revolved around questions and usually short, but pertinent answers, with the exception of the subject of building repairs. When Martin recounted stories of the ineptitude of workmen, he became an animated raconteur. He described with astonishment and humour his Kafkaesque experiences with a hole in his garden that various workmen and surveyors from the City Council inspected and reported upon over a period of four years. Martin also recounted a story of the incompetence of joiners fixing his door and bricklayers building a wall opposite his house. The narrative compares the ineptitude of contemporary workmen, with the skills of workmen in previous generations, including himself:

I mean, the joiners that I've met from the council here, they wouldn't have lasted five bloody minutes… (S2.H.02, 555-556)

You know. You know. And, I mean, I'm not really bragging but when I was at work and I was getting a job, I did it. (S2.H.02, 464-465)

Martin related how he has become a victim within the community, a victim of violent burglars and a victim of incompetents. He retains his dignity however and stood up to the burglars:

…but, I'm not sure how it happened, I was kicking the bloke out, out the house… (S2.H.01, 1037-1038)

Similarly he stood up to the incompetent workmen through various discussions, telephone conversations and letters.

Martin is also proactive in retaining his skills as he proudly talks about various woodwork projects he has undertaken including a dolls' house, a walking stick, a bird table etc. Although feeling dis-empowered by the local community, Martin clearly gets satisfaction from being productive and creative.

Having taken early retirement to look after his wife, Martin became a full-time carer. When his wife died he no longer had a role:

(...) giving pills out at different times of the day, all that, so I had that for a few years, you see. So, and then when she died, I was left on my own ... like that. (S2.H.01, 973-975)

Furthermore, Martin realised that his life revolved around being a carer, and when his wife died he realised he had been missing out on much of life:

You got all the things that you missed out on this, you missed out on that, you missed out on this, that and the other, you never had time for it, you know, ... you just..., you know, so, that's where, that's when I started to do the water painting. (S2.H.01. 523-526)

Martin acknowledges that bereavement brought loneliness:

…people tend to keep to themselves and might say hello in passing and that's it, you know, and you're more or less on your own… Yeah. That's it. You're on your own. (S2.H.02, 341-347)

Furthermore, Martin saw this as a deteriorating situation within a cycle of loneliness:

H.01 Well, as I say, I'm a one, I'm a lonely person really…

I   Yeah.

H.01   …you know, I don't have all that many friends anywhere and they, so, a thing like that, that, is important, like, you know?

I   Yeah. Yeah. Meeting new people.

H.01 Yeah. Yeah. Meeting new people that, yeah.

I   Yeah.

H.01 You tend to get the... the less people you meet, the more withdrawn you get.

I   Yeah. Yeah.

H.01   The more introvert, it gets worse and worse and worse and worse, you know…

(S2.H.01, 151-170)

Although Martin only attended a few Art in Mind sessions, he became inspired to take up digital photography. In the course of the year that I knew him, he bought a camera and learnt how to download and use the images on his computer. Martin has a number of interests and hobbies and digital photography became another one of them. Unfortunately, he remains socially isolated

although he finds comfort in his relationship with a 'lady friend' and Art in Mind workers, without whom: *"I'm bloody lost to tell the truth"* (S2.H.03, 306-307). Martin acknowledges the safety he found in the Arts on prescription sessions:

H.01   Well, you're mixing with a different kind of people, aren't you?

I   Yeah.

H.01   You're working with decent people.

I   Yeah. Yeah.

H.01   You know, (...) you're not expecting them, somebody to rob you or cosh you over the head with a…

I   Yeah.

H.01   …you know, I mean, you know, (...) you know what I mean; they're a different, different kind of people.

(S2.H.01, 1167-1181)

In the final interview, Martin remains lonely:

I'm okay, I mean, I got no real problems, my biggest problem is being on my own all the time. (S2.H.03, 110-111).

Upon reflection, and recalling the snippets of conversation before and after the recorder was switched on, I believe that Martin engaged in my research process, largely because I would be for him, in some small way, a companion for a few hours.

Relational analysis
In what kind of story does the narrator place themselves?
Martin's story is one of sadness, changing identity and loss. Martin lives in a changing world to which he barely contributes and where he no longer feels valued and has a role.

How do they position themselves in relation to the audience?
Martin enjoyed having me as an audience. The research interviews gave him an opportunity to become centre stage, when he has become used to remaining in the wings. Thus, he positioned himself as one who had years of life experience to share; this was not necessarily for the imparting of wisdom but rather for the purpose of entertainment. Martin was a skilled craftsman and his astonishment at the lack of skill amongst the contemporary workforce, fuelled his narrative.

How does the audience position themselves in relation to the narrator?

After the first interview, I learned that Martin had not returned to the AOP programme. I questioned during the supervision process whether I should exclude Martin from my data set. In some way, this may mirror what happens to Martin in the wider community, and indeed older people in general, that they become excluded and invisible. I contemplated marginalising him in the same way that workmen will have taken no notice of him when he would inform them, in his view, how to properly carry out their work. Furthermore, my willingness to discard Martin from my study could mirror the little respect the burglars put upon his home.

How does the narrator position other characters in relation to themselves?

With the exception of his 'lady friend', Martin positions other characters as either incompetent or hostile. It is a frightening and sad world that Martin inhabits, and he sees himself as the unacknowledged and unvalued expert.

How do they position themselves in relation to themselves, that is, make identity claims?

Martin's identity is tied up in his relationship with his former wife and his former trade as a joiner. Now these are both in the past, Martin's identity has centred on being a victim of both crime and the incompetence of workmen.
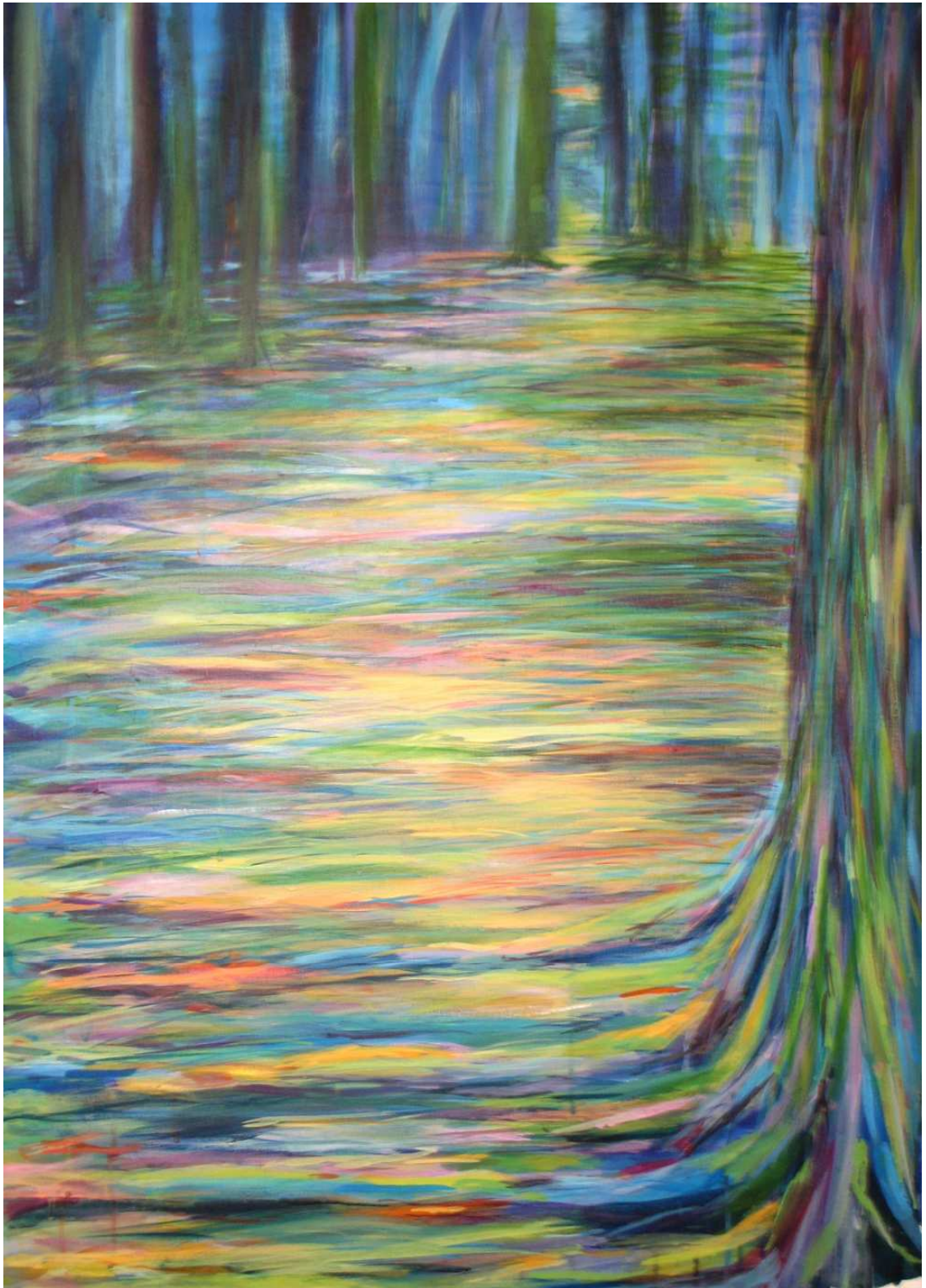
S2.J – Ray: A narrative of social exclusion

Vignette

Ray was interviewed three times between March 2006 and February 2007. He is single and in his thirties. For the period covering the first two interviews, Ray lived very close to the project, therefore in the heart of the NDC area. Prior to the third interview, he moved to a suburban area of the city. Ray was a regular attendee of the Arts On Prescription programme and the weekly drop-in sessions for the best part of two years. Ray described living an isolated, impoverished life. If it were not for his attendance at Art in Mind activities twice a week, Ray would have remained in his flat, on his own and creates a bleak picture:

'Cos I'd only be stuck in my flat, I don't watch telly in the day, I just used to walk around from room to room… (S2.J.03, 362-363)

Analysis

Ray receives Incapacity Benefit and at the beginning of the first interview he confirmed with me that I was not acting as an informant to the Benefit's Agency, and he needed reassurance that taking part in the research would in no way jeopardise his entitlement to State benefits. Throughout the interviews, a strong theme developed relating to employment and benefits. On the one hand, Ray greatly values the State benefits that he receives, on the other hand, he wants to find employment. His sense of social identity is tied up with the kind of work he might one day secure. This is closely related with his involvement with Art in Mind because he sees the potential for gaining new skills to help with future employment. Artistic skills may be one way of not having to do manual work in the future. Having done manual work in the past, Ray knows that he will not survive doing manual work in the future. While he was being productive with his painting, Ray imagined selling his work for profit, when he joined the film group, he imagined the possibility of gaining an Equity card and working as a film extra.

Ray talks freely about the fear that he feels that invariably leads him to social withdrawal:

And I've got a fear of horrible people, you see (S2.J.01, 116)

Coming to the Art in Mind groups provides a safe place and restores his faith in human nature:

I come here, and I meet nice people and then, it, it'll put me back to square one, with all the horrible people. Do you get me? (S2.J.01, 120-122)

Ray does not consider the potential for new friendships to be made, and directly relates this to the fear he experiences living in the area he does:

I'm not bothered at the moment, either way. I don't think about relationships 'cos I live in the red light district… (S2.J.01, 168-170)

Living in the area has a big impact upon Ray's life:

It's a nightmare. Well, sometimes, it's not as bad, but I can't think about that because then something happens, you see. (S2.J.01, 276-277)

…when you live in this area, sometimes you hear a prostitute being attacked and you can hear it, but you don't do anything, 'cos the same prostitutes give you verbal abuse… (S2.J.01, 335-337)

When talking about the local community, Ray feels de-humanised:

…again, I only speak for myself. But, I p'raps feel that I'm just a government statistic. (S2.J.01, 426-427)

Accessing Art in Mind activities has helped Ray in a number ways. It has helped him build confidence:

…but, coming here, … with, when people saying your work's good even though sometimes it might not be, they just say it's good and it gives you confidence… (S2.J.01, 174-176)

Being involved brings purpose:

…it's like a day out for me in a way… It takes up time. And when I go away, I feel as though I've done summat' and I feel… I don't feel depressed. (S2.J.02, 41-46)

I wouldn't have anything to do, you see, if I didn't come here (S2.J.02, 161)

…coming here, makes me get up, you see (S2.J.03, 171)

The activities provided create new opportunities for participants:

And I got all access to things. Internet and photography and it's, it's like a day out (S2.J.03, 270-271)

Being involved, prevents Ray having to entertain the idea of working manually as artistic skills may enable Ray to gain employment in the arts:

I'd end up going down Job Centre and taking a job on a building site, you see. I don't want that. (S2.J.02, 182-183)

…and that's why I don't want to be commercial, but I'm willing to be if you got me a job (S2.J.02, 300-301)

During the third interview, Ray acknowledged that his paintings may not have commercial value and he might use his acting skills to help raise his social status and gain employment in the future:

…no one wants to buy my paintings for like a million pounds plus so gotta' be an actor now (S2.J.03, 19-20)

If he can secure work in the arts, this will raise Ray's social status:

I   So what, what good does it do you being involved in arts projects like this?

J.03   Stops me pretending to be working class, you see.

I   Yeah.

J.03   'Cos I don't want to be there. 'Cos I'll end up on a building site and I don't want to do that.

(S2.J.03, 128-136)

Of all the people interviewed for this study, Ray articulated his dependence upon the project. It gave him a reason to get up in the mornings. Significantly, he was able to see himself through a different lens. Without the arts, Ray would be destined to work on a building site that he knew would fail as it had done in the past. Through the arts, Ray could envision himself as an artist in the future and transcend the pessimism that had gripped him in the past.

Relational analysis
In what kind of story does the narrator place themselves?
Ray's story is bleak. He lives in a threatening world with little opportunity to find either meaningful relationships or meaningful activity. The arts may provide a resolution to his social and vocational problems.

How do they position themselves in relation to the audience?
Ray was suspicious of me from the outset. I had to reassure him that I was not an informant of the Benefits Agency. Ray was not very forthcoming with his

story and I am left wondering why he engaged with my research process other than the incentive of a £5.00 gift voucher.

How does the audience position themselves in relation to the narrator?
I struggled in interviews with Ray, as he was not very forthcoming with answers to my questions. During the third interview, it transpired that he had moved house to a less threatening area. I felt relieved for him as he was clearly having difficulty living where he was. Of all participants, it was Ray that elicited the strongest mental health nurse transference feelings within me and I felt protective towards him. I did not act upon these feelings and retained the role of research interviewer.

How does the narrator position other characters in relation to themselves?
Ray made very few references to other characters in his narrative. When he did, they were threatening. Ray sounded quite isolated apart from the social contact he enjoyed at AOP.

How do they position themselves in relation to themselves, that is, make identity claims?
Much of Ray's narrative was taken up with his thoughts about employment and the complexities of finding work while in receipt of benefits. Ray's work identity had previously been tied up with manual work, which for whatever reason, had failed in the past. Ray aspires to work as an artist or an actor. Other than this, Ray's identity claims are not obvious. His narrative at times reminded me of scenes from 'Waiting for Godot' (Beckett, 1965).

S2.K - Rick: A disability narrative

Vignette
Rick appears to be in his late twenties, he is white British and single. He describes being profoundly epileptic and has learning difficulties. Rick has had a number of jobs but his epilepsy has always prevented his progress. During the three interviews, conducted between January 2006 and January 2007, Rick referred to his experiences at school that have influenced his experiences of socialisation in later life. Rick has a love of the arts and enjoys being involved in anything creative; he has engaged with a number of Art in Mind projects since its inception. Without Art in Mind activities, Rick's daily activities would be very limited. He describes attending a day centre, where staff frequently strap him to

the chair for the duration of a day if he has had a seizure. Apart from Art in Mind, Rick has very limited social contact. He struggles with this as he thrives in social situations.

Analysis

Rick is disabled by his epilepsy and his learning difficulties, furthermore, these problems are multiple and longstanding and have affected his ability to socialise and hold down work:

…not enough teachers actually recognised that I had a learning difficulty until my last two years at school so… (S2.K.01, 970-971)

And my English teacher didn't understand that people with learning disabilities have problems, and need extra help. (S2.K.01, 1052-1053)

I used to get beat up on regular occasions (S2.K.01, 916)

Well, in the drama workshop which we did, that actually was very good 'cos I haven't been able to do drama in a long time because my fits have got worse. (S2.K.01, 139-141)

But, as I been getting older, the fits have been getting worse and worse and worse and, until I couldn't do a lot of the things which I used to like to do like swimming and biking and I like hiking and (...) lot of thing I used to be able to do. (S2.K.01, 153-156)

It's weird how things happen… I mean, I just found my, just found my perfect job and then I got sacked… (S2.K.01, 659-660)

Rick demonstrates what I have interpreted as self-stigmatisation:

And the best to way to actually describe my brain, think of (...) person's brain as being a whole peach, take the stone out the middle, that's my brain, it's hollow on the inside. (S2.K.01, 1091-1093)

Rick gets bored at home and appreciates the challenges of being involved in the various groups:

Well, the thing is, I basically, I get bored at home. I'm sorry, I just can't stand being in the flat on my own. (S2.K.02, 404-405)

…when I'm at home I set my own goals and things like that, and I get it done and I think, well, what's the point? I haven't done it and, I mean, I haven't done particularly anything so… (S2.K.01, 153-156)

Well, it's just gives me something to aim for, really…and something that, like, so, I know it's gonna be used as something afterwards…and I'm not just doing it like… well, I'm not doing, I'm not doing it for anything in particular when I do it on my own… (S2.K.01, 223-237)

Well, it's nice to get together with a group of people, which is an interest. (S2.K.01, 458-459)

Because of his involvement in a number of Art in Mind projects, Rick has made the most of a number of opportunities:

Oh, erm, six performances…we did, we did, actually, brave enough to put on a, on ourselves here, downstairs. (S2.K.01, 1180-1181)

Well, it's certainly given, given me opportunities of, sort of, I wouldn't have had otherwise to do things and things like that. (S2.K.01, 1180-1181)

Rick has experienced social benefits of being so actively involved:

Er, well, it's created a lot of new ones (friends), actually, 'cos all, a lot of my old friends have moved away from the area which they lived at, lived in, and things like that and lost touch, blah blah blah, like you tend to do. (S2.K.01, 631-633)

…you get people together, make friendships blah blah blah blah blah… (S2.K.01, 631-633)

Rick also appreciates the support that Art in Mind staff are able to offer:

And of course there's people, always people there to listen. And also considering the people there have all got different disabilities, I presume they, I think they sort of feel they can talk more to them… (S2.K.02, 139-141)

Having previously been employed, Rick misses having something meaningful to do and the stimulation of being with others. With this in mind, he pursued the possibility of voluntary work:

Yeah. That's why I thought about voluntary work 'cos that's sort of a goal and that's more like a thing I like, I've always liked, I mean, I like goals, gives me something to set me aiming towards. (S2.K.02, 684-686)

Because, basically, before, I was struggling to find things to do. (S2.K.03, 733-734)

During the third interview, Rick expressed his desire to work voluntarily for Art in Mind and soon after, he was successful in getting appointed as a volunteer office worker with the project. During the third interview, Rick talked about developing his portfolio that would enable him to apply for studio space within the project. He was frustrated that he was held back in developing his portfolio because he would need studio space to achieve this. Rick had no shortage of ideas for material for his portfolio; these included paintings of views of the castle, the river Trent, and psychedelic, abstract work.

It is evident that Rick's progress through life has been frequently hampered by his disabilities. He is a creative man with a great deal of creative energy, gifts and abilities. His involvement with Art in Mind has provided a meaningful outlet for him to express himself and find meaningful occupation.

Relational analysis

In what kind of story does the narrator place themselves?

Rick's story is one of ups and downs, fits and starts (mirroring his epilepsy). On the one hand, he might be the 'star of the show' (literally in performance) on the other he is the victim of epilepsy and its physical and psychosocial consequences.

How do they position themselves in relation to the audience?

Rick is a natural performer and finds it easy to tell his stories. He positions himself on a stage with the audience in attendance.

How does the audience position themselves in relation to the narrator?

Because Rick is a natural performer and storyteller, he is easy to interview. During the second interview, Rick experienced a small seizure that did not require him to leave his chair. I felt during this experience that I was a nurse in attendance, other than that I positioned myself as an audience in a one-man show. I felt sadness at the disabling effects, both physically and socially of Rick's epilepsy and admiration for his ability to perform in spite of his disability.

How does the narrator position other characters in relation to themselves?

Rick's narrative is interwoven with characters: family, friends, ex-work colleagues, school friends, workers and acquaintances. All are positioned in relation to Rick's epilepsy and subsequent effects of his illness.

How do they position themselves in relation to themselves, that is, make identity claims?

Much of Rick's identity is tied up with his epilepsy. He has experienced bullying not only as a child but also as an adult. His illness is so much a part of who he is; it is hard to see the man beyond the illness. Most of his narrative revolves around his illness and its effects. However, Rick maintains a desire to work and perform. At the time of the third interview, he was commencing voluntary work with Art in Mind's host organisation.

4.8] A Collective narrative of those who participated in the Arts on Prescription programme

In this section, a collective narrative is identified between the participants of the AOP. This is summarised in three sections: asylum, voice and vocation.

Asylum

Descriptions of the Arts on Prescription programme as providing a psychologically 'safe place' feature in a number of narratives. Staff are seen as supportive, non-judgemental and accepting, fellow participants are identified as supportive. The AOP is seen as a place where new friendships could be made; an oasis in a difficult world. Experiences of schooling feature in the narrative of eight out of the eleven Stage Two participants although this was not brought up in the interview process. Because of the absence of prompts about school and its subsequent appearance in the text, I have interpreted this as a positive transference. This is largely positive because participants recalled art lessons at school as enjoyable. For AOP participants, Art in Mind provides a form of institution. AOP activities are run on set days for set periods. As such, they are timetabled, similar to how activities are timetabled in institutions. Similarly, the sessions are facilitated by experts in the same way lessons are led by teachers in school. Art in Mind is seen as a safe place. It is observed that Art in Mind staff are almost exclusively female (although sessional facilitators are both sexes). Art in Mind may be seen as a safe mother figure that facilitates 'family' type gatherings of vulnerable people. Art in Mind is seen as nourishing and nurturing and offers familiarity. At these gatherings, creative opportunities are offered and it is perceived as a non-threatening place for social engagement and meaningful activity.

Voice

The word 'voice' has featured periodically throughout this thesis as it also features in the narrative inquiry literature. Narrative research encourages people to find and express their voice. There has been a sense throughout the data collection period that people have been keen to participate partly because of a perceived opportunity to give voice to their appreciation of being able to participate in a programme that is dependent upon temporary funding. By giving positive reports of the project, there might be a chance of further funding in the future. Therefore, there is a socio-political motivation to get the message across that the project is working and is of value. Often, comments confirming these motivations were made before the recorder was switched on, or after it were

switched off, thus creating a feeling of collusion (*off the record…*)*.* Once the recruitment process was complete, it was also noticeable that not one participant dropped out of the study. I have interpreted this as a commitment from those concerned to some kind of belief in the work and an opportunity to contribute to its livelihood, furthermore, a number of people made positive comments about being involved. As already recorded, some appeared to enjoy performing for the recorder. To what extent people saw the interview process as having the opportunity to give voice to their thoughts, feelings and beliefs I do not know. Certainly, Eve and Martin were eager to voice their story and to be heard. The notion of *voice* should not be understated in healthcare, especially in mental health where people's voices may have been previously ignored (Hurwitz et al., 2004).

Vocation

For several of the AOP participants, attendance at the AOP workshops has vocational connotations. For Eve, AOP has enabled her to develop a portfolio, access a foundation course and work towards a fine art degree. For Ray, the AOP and the subsequent drop-in has provided a focus for his daily life, without which for him there is a void. For Rick, the AOP has enabled him to engage with various arts projects and secure voluntary work. For Rupert (who also engaged with AOP as well as the LAC) the AOP together with the LAC has given him a focus for his life.

4.9] Conclusion

This Act has reported the findings of both stages of the research process. The full data set for the research is presented that indicates the gender and designation of Stage One participants and the gender of the Stage Two participants together with details of whether they were LAC or AOP members. The themes and subsidiary themes from Stage One of the research have been identified and supported by quotations from each of the participants. A collective discourse has been identified that locates the ideological nature of the motivations of the group. For the most part, participants believe in the therapeutic benefits of art activities. Furthermore, successful funding of Art in Mind could mean paid work for some of those interviewed. The findings from Stage Two interviews are presented firstly as vignettes and secondly with an analysis based upon the analytic process identified in Act Three. Finally, a collective narrative is identified between both the LAC and the AOP members.

Act V - Evaluation

5.1] Introduction

In this penultimate Act, the findings of this research project in the light of the literature previously reviewed is discussed. Firstly, the findings from the Stage One research are considered. Particular attention is given to the role of the 'personal', (beliefs, experience, motivations) and how these may have impacted upon the design and delivery of the project. Next, the discussion focuses upon how the role of creativity in terms of well-being is constructed throughout the research. The discussion then shifts to the community and the role of community arts and how this can become an effective vehicle for promoting mental health and well-being. Finally, the implications of this study are considered in the light of the arts and health research agenda.

5.2] From vision to reality: individual to a co-constructed narrative

In this section, attention is given to the findings from Stage One of the research in the light of the arts and health literature. The findings reveal the personal motivations behind the Steering Group's commitment to develop the programme. The group shared the belief that participating in community arts is essentially 'good' for people. Personal experience was acknowledged as shaping people's beliefs, and these beliefs are responsible for the vision and subsequent passion that was evident to implement such a project. Collaboration therefore became workable because the group felt united by personal beliefs and motivations thus providing common ground. However, this was not without having to mediate conflicts, differences and potentially competing agendas.

Reflections on personal motivations

As a member of the original group and researcher, it is inappropriate for me to separate myself from the Stage One participants; furthermore, it was I that brought them together for the purposes of developing a proposal for the NDC. When I discuss the participants' beliefs, personal experiences and motivations, I acknowledge the similarities between theirs and my own. Therefore, before a discussion is further developed relating to the original Steering Group, I include extracts from the minutes of the inaugural Art in Mind Steering Group and my research diary to consider the ideological motivations and potential material benefits for this group.

The researcher's narrative

The following extract is from the minutes of the very first meeting of a group of people who would later become the Art in Mind Steering Group:

> Today's meeting is a collaboration of artists, service providers and service users to discuss the potential for working together in developing a proposal for an Arts in Mental Health Project for the NDC area over the next two years. The areas we are bidding against are:
>
> Using arts to promote mental health (e.g. Improving self-esteem) - £30,000 p.a.
>
> Combating stigma through education and the arts - £30,000 p.a.
>
> (Extract from Art in Mind minutes, 8th February, 2002)

An extract from my diary reveals my belief that such a project could only function properly if it were to be located outside of the statutory system:

> I believed that mental health care could be better provided outside of statutory services. My observation was that it was the system that prevented good people from doing good. Nurses and social workers were mostly committed to client-centred ways of working but became drained, exhausted and burned out with mounting bureaucracy and reduced resources. I resolved that the system could not change, therefore it was best to work outside of the system.
>
> (Extract from my research diary, 17th September, 2004)

The ideological position I adopted was one of social justice based upon observations of practice within a psychiatric system that had long been accused of oppression. It was relatively easy for me to find people that shared this ideology. The belief that people with mental health problems needed creative approaches was a belief shared by people that I knew both in the arts world and in mental health services. There was also a strong sense of potential for people's recovery through healing and benefiting from positive human relationships. The prospect of securing large amounts of funding also drew the attention of such people. Whilst financial benefits or opportunities for work do not feature in the Stage One findings, such motivations are implicit. Personally, I have not materially benefited from my involvement in Art in Mind although I have benefited in terms of professional responsibility and development. I have

enjoyed the kudos of being the visionary lead of a dynamic project and have had the opportunity to study for a PhD based upon its work.

I have reflected that the Steering Group participants talked about their vulnerabilities in their interviews. Perhaps this was because they were offered the safe space of research interview where anonymity could be ensured. However, this might also indicate that those in the voluntary sector have greater liberty to be wounded healers (Jung, 1966; 1989) than those in the statutory sector. I have latterly reflected that by bringing together the Steering Group and the people who would later form the LAC, I may in fact have been unconsciously bringing together different parts of myself.

Of the seven themes found in Stage One, only two are common with Stage Two findings: "human connection" and "identity". The latter however was identified in only the narratives of the local residents (Rupert and Wendy) who were to be the founding members of the LAC. Therefore, these are more rightly placed in Stage Two findings. Thus, "human connection" is the only Stage One theme that complements Stage Two findings with the exception of "concepts" as this incorporates social benefits of involvement in the arts. The concept of human connection may be closely associated with the sense of belonging found in Stage Two. This is discussed later in this Act.

5.3]   Creativity and well-being

In this section the social and personal benefits of participants' engagement in Art in Mind and subsidiary activities is reviewed in the light of the literature. Particular attention is paid to personal and social identity, and the benefits of friendship. It is argued that the UK benefits system is too rigid to accommodate the social inclusion agenda and perpetuates a dependency on the sick-role previously discussed.

Social and State benefits
Parr (2006b) refers to the potential role of the arts in minimising difference between the mentally ill and the sane (as historically divided). Thus, it is argued, art may unite the work of outsider artists into mainstream society thereby promoting social inclusion. Where once outsider artists were housed in the asylums and their artwork was publicly exhibited (as creations of the mad), the arts in health agenda instead locates the artwork of people with mental health problems under the umbrella of community arts. This is not a simple shift in

social positions, for example, although Harry wishes to break into the mainstream arts world within the city, his being outside is not necessarily related to his mental health problems. There is no sense that Harry is an outsider to anything, although he is unemployed, this is not unusual in an area that experiences one of the highest levels on unemployment in the country. He is not outside in terms of social space and community relationships, but he is outside in terms of economic progress. Those on the inside (in his view) are the artists and performers that are able to earn a living from their art as he intends to do:

But I'm planning to break into the mainstream… (Harry, S2.E.01, 454).

Establishing a role and professional artist identity, whilst desirable, is fraught with state-generated bureaucratic complexity. For example, mental health service users in receipt of disability benefits may freely attend arts facilitation training workshops. Once qualified to effectively teach community arts, the person may then be able to charge £300 per day for training. While this may on the surface sound progressive in terms of social inclusion, the benefits system has insufficient flexibility to allow the person to earn sporadic amounts of money, neither does it accommodate the potential for a person to be very well for one month and perhaps work productively and sell paintings, and the subsequent month need to stay behind closed curtains. Thus, the emerging artist has little choice other than to remain silent about earnings for fear of having benefits withdrawn or decide to earn nothing from their labours. Whilst there are apparent opportunities for social inclusion in terms of employment and earnings, there remain serious limitations caused by these statutory regulations. As various participants alluded to:

And I'm really scared about that… if I want to go and make an appointment with the welfare officer - and that's gonna rock the boat tremendously, so I'm quite scared about… that cos I don't want to lose the benefits I'm on.
(Gill, S2.D.02, 154-157)

At the moment, it would be great to be able to sell enough work to come off benefits but I've spoken to [NAME] about this and I, I have a situation… and it's the hardest things people like us, is to come off benefits. So, at the moment, I just want to produce a lot of work, maybe just exhibit, I think. (Mike, S2.G.02, 282-286)

State benefits in the UK for people with enduring mental health problems (and other problems) have increased significantly under New Labour with the

Disability Living Allowance (DLA) that was first introduced in 1992 (under a Conservative government). Whilst on the one hand this is progress, in that people disabled by mental health problems may have their basic needs met through increased money, on the other hand this has increased dependency on the State and contributes to a disabled identity (Hughes, 2005). Thus fulfilling Foucault's (1979) assertion that the construction of disability is a form of social power. Shildrick, (1997) observes that through the required self-assessment of the DLA, the person turns the medical gaze (Foucault, 1973) upon themselves. Once in receipt of DLA and the material benefits it may provide, there is an understandable propensity towards the sick-role (Parsons, 1951).

At least however, having the basic needs met (Maslow, 1954), people are possibly motivated to aspire towards higher needs, thus enabling the emergence of artistic aspirations. This is complicated however by the simultaneous supervision and surveillance of people with a diagnosis of mental illness and the contemporary drive to get people off Incapacity Benefit and into employment. On the one hand, DLA reinforces an illness and disability identity, on the other; the government calls for a greater commitment to seek work. The emergence of the DLA coinciding with asylum closure could be interpreted as providing the financial structure upon which people with enduring mental health problems could be further institutionalised within the wider community. Whilst on the one hand asylum closure may appear to be the first right and proper move towards citizenship, the benefits system effectively prohibits people from moving on from the sick-role.

Adding to this complication is the recurrent pattern of housing people with mental health problems in deprived, inner city areas (such as the NDC) where unemployment and incidents of ill health are extraordinarily high. Opportunities for personal agency are diminished except for schemes funded by government bodies such as the NDC. The underlying problems of economic inequality and poor housing however remain and programmes such as Art in Mind promote personal agency against this backdrop. Opportunities are provided that would not otherwise exist. While these opportunities may not enable people to rise out of economic poverty and meet the basic needs identified by Maslow (1954) i.e. the physiological, they may promote opportunities for the other needs to be met thus enabling the creative needs to be fulfilled. For as long as the State provides benefits such as DLA, community arts projects promoting mental health, could fulfil the rest of the needs identified by Maslow (1954), i.e. safety, love and

belonging, esteem needs and personal fulfilment. The tension between the disabled identity and the artist identity however remains unresolved.

Mental health policy

Messages of 'getting people into work' are further complicated by the increased messages of dangerousness and risk perpetrated by government. For example:

> Most people who suffer from mental illnesses are vulnerable and present no threat to anyone but themselves. Many of these patients have not been getting the treatment and care they need partly because the system has found it so difficult to cope with the small minority of mentally ill people who are a nuisance or a danger to both themselves and others.
>
> (Department of Health, 1999b:2).

This statement can be found in the introduction of the 'National Service Framework for Mental Health' (NSF) that gave directions for the development of mental health services for the following decade. The statement is in tension with the aims of Standard One of the document contained within it. Standard One seeks to tackle stigma and discrimination, as it may fuel already fearful and intolerable public attitudes towards people with mental health problems (Wells, 1998), which contribute to their social exclusion (Dunn, 1999). However, the language of the Secretary of State for Health is clearly stigmatising and discriminatory by introducing the unnecessary concepts of 'threat', 'nuisance' and 'danger' in the very document outlining the need to reduce stigma and discrimination.

The NSF was later followed by the 'Mental health and social exclusion' report (Social Exclusion Unit*,* 2004) that has a clear emphasis on increasing employment rates amongst this population group and indicates the social exclusion of people with mental health problems is also of interest to policy makers for economic and public health reasons. It is estimated that the annual cost of mental health problems in England is £77.4 billion (Sainsbury Centre for Mental Health, 2003). It is understandable that the government is concerned with increasing productivity among disabled people and in doing so, reducing the cost of disability and unemployment benefits (Sayce, 2000). However, service users have expressed the need to avoid simplistic definitions of what 'productivity' actually is. Additionally, it is asserted that they feel that the consequences of distorted value systems, of seeing people only as economic

benefits or deficits, contributes to an erosion of the concept of mutual support within communities (Dunn, 1999).

Identity: theories and claims

Claims for the significance of identity development, formation or change do not feature in the arts in mental health literature except where participants have issues of social identity relating to minority groups such as ethnicity or sexuality. Therefore, it is significant that identity features strongly in Stage Two of this study and may be largely attributable to the methodology given that identity is key in narrative and discourse theory (Ricoeur, 1981; 1988; Sacks, 1986; Riessman, 1993; Somers, 1994; Wiltshire, 1995; Fairclough, 1995; Brockmeier, 2001; Phillips and Jorgenson, 2002; Williams, 2004; Benwell and Stokoe, 2006). The identity claims identified in this study therefore make an original contribution to the existing arts and mental health research. Some of the identity claims made by participants are as follows:

But like, so, so, the, the quest for identity, it's like the, the…self respect... self identity. Being able to say to somebody I do this. Being able to think, think to yourself, I do this. I am this. (Rupert, S2.B.01, 549-555)

Well, it's got me working again... I've sold work and I've learned new skills… I've been offered the studio which is great, been there every day for about seven hours a day. (Mike, S2.G.01, 46-50)

I'm an artist and musician… (Larry, S2.F.01, 32)

One early theorist of identity was Erikson (1959). He proposed that identity incorporated two developmental components that he called "ego identity" and "personal identity". The former being the knowledge of self derived from the experiences of being a social entity and the latter being the self-perception of sameness over time. Erikson pays much attention to the collective identities developed by cultural groups and their significance for strongly developed individual identities. Thus, Erikson (1980) defines identity:

> …a mutual relation in that it connotes both a
> persistent sameness within one's self (self sameness)
> and a persistent sharing of some kind of essential
> character with others.
>
> (Erikson 1980:109)

Social identity theory was postulated by Tajfel (1982) and a number of contributors in this edited volume. Social identity theory is characterised by

three key concepts: social characterisation, social identity and social comparison. In this theory, the relationship between personal identity and the need for social identity is identified. Social identity is not static, rather, people create multiple 'social identities' in order to accommodate multiple roles. Others have seen multiple identities as 'parts' of the self (Stryker, 1990). These have also been referred to as "polyphonous" (Barrett, 1999). Social identity is the person's self-concept derived from their perceived membership of any social group (Hogg & Vaughan, 2002) and personal and collective comparison within and outside the group. Once a member of a favoured group, a person feels a sense of belonging and loyalty to that group. Being interviewed together, Rupert and Wendy recount how a group identity was strengthened through the hard work of putting on an exhibition:

Wendy: I mean, the, the exhibition and everything, I mean, that kind of just took over, you know, I was working so many hours into the night, it was very, very stressful.

Rupert: Yeah. It was stressful for all of us.

Wendy: We both started smoking again.

Rupert: But, yeah, I mean, we managed to get through that test and I think we're a bit, we felt a lot stronger as a group after we'd done that, you know, like, we got a more of a group identity, (S2.B01, 2086-2096)

Thus the formation of the Lost Artists Club, over a period of time, enabled the potential for membership of a socially positive group identity compared with a negative and highly stigmatised identity as 'mental health service user' or 'mental patient'. Tajfel (1982:2) places emphasis upon the "value and emotional significance" that people place upon their social group according to their personal identity. If one is a member of a group that increases self-worth, there is potential for personal affirmation and a sense of belonging. Tajfel and Turner (1986), further propose that the group's quest for 'positive distinctiveness' creates a favoured 'in-group' that is referred to as 'we' and often, an 'out-group' is identified that is not 'we' or 'us' but 'them'. Further research would need to be conducted to find out if this becomes true of members of the LAC. Rupert acknowledges the need for identity at the time of setting up the LAC:

And, and, I wanted to find some identity, and I think that's where the Lost Artists, that's where we created the Lost Artists, because…we didn't have an identity (Rupert, S2.B.01, 97-103)

In his final interview however, Rupert appraises the nature of developing a sense of social belonging in a society whose values he struggles with:

B.03   *…the… recognition… the feeling that I actually belong…that this is a*
          society that I belong to. That I am a part of which is something that I've
          never had… and there's some things about society that I hate, but… I'd
          rather be hated from the inside and try and change it from the inside
          than ranting and raving from the outside which does nobody any bloody
          good.

I   *And that's what you have done in the past?*

B.03   *Yeah.*

I   *So have you considered yourself an outsider?*

B.03   *Very much so, yes, Theo, very much so.*

I   *Yeah.*

B.03   *But, like, you know, I'm ready to take the step now to becoming an*
          insider and trying to help things get, get better. In some small ways…
          But maybe the Art in Mind, you know, has inspired me in that way,
          maybe the Lost Artists' Club, I don't know but, but, what I do know now
          is that little people can make a difference… If we stand up, we can make
          a difference. So, yeah… I've got… a new faith in community action… I
          believe in community action, you know, I think… it's a powerful tool, it
          can… produce results.

 (Rupert, S2.B.03, 277-303).

In his social treatise 'The Sane Society', Fromm (2002) connects the need for
identity with the maintenance of sanity:

> As with the need for relatedness… this need for a
> sense of identity is so vital and imperative that man
> could not remain sane if he did not find some way of
> satisfying it
>
> (Fromm, 2002:59)

Furthermore, Fromm blames the lack of social identity on the failure of modern
society (Fromm wrote in the 1950's) to embrace the utopia of individualisation
and its failure to acknowledge the place of the clan or the family in social
identity. A strong sense of identity is developed in a culture where one feels a
sense of belonging. What the Lost Artists have achieved is a sense of belonging
to a group where individual members feel valued by other members of the
group. As Mike expressed: *"I think umm it's given me confidence (.) I've*
developed as a person, sort of, for my own confidence. I feel I can belong"
(Mike, S2.G.03, 162-164). Fromm (2002) further argues that unless a genuine
social identity is formed, one is invariably forced into an identity of conformity.
Thus the 'service user' or 'mental patient' identity, although has benefits,

invariably involves conformity to the socially constructed and applied identity that holds negative connotations. Although Fromm refers to this as a 'conformed identity' that is illusory, the social consequences of such an applied identity are anything but illusory.

It is interesting to note that Storr (1972) asserts that the motivation towards creativity is the need to assert one's identity. It is argued that while one is being labelled a "writer", an "artist" a "poet" or a "musician" for example, the person is not being labelled anything more negative such as "mentally ill". The artist identity implies that the person so identified is making a contribution to society whereas the "mentally ill" person may be regarded in a more negative light both socially and economically. Storr (1972) also suggests that problems with identity formation are more likely amongst creative people as demonstrated by greater access to different parts of themselves when inspired or emotionally challenged. Extreme forms of mental ill-health are associated with problems of identity and therefore, the causal relationship between identity, creativity and mental health problems is inevitable.

Goffman (1963) points out that the effects of stigma are inevitably deleterious to ones' identity. However, stigma may be 'actual', that which exists in reality such as the stigma associated with physical disfigurement, or 'virtual', that which is created in people's minds through stereotypes and prejudices. Either way, the person is made to feel excluded because of their difference. Either the stigmatised person accepts their lot and exploits their position for secondary gains (and, in the process, self-stigmatise) or they may resist stigmatisation and attempt to rise above it. Either way, the result of stigma is increased feelings of worthlessness and loss of a positive social role. For some people with physical disabilities, positive media images of events such as the Para Olympics, may help to de-stigmatise this group of people. It is hard to imagine such high profile events for people with mental health problems, although what has become evident from the findings of this study, is that having one's work publicly exhibited or performed is of great satisfaction to the artists concerned, presumably as Outsider Art once did. A number of participants referred to the Waterstone's exhibition organised by the Arts Co-ordinator of the Mental Health Trust. Art in Mind was involved in supporting this event (which has become an annual event). Whilst this is highly valued by the exhibitors and the performers, there remains a question of whether or not such an event satisfies the inclusion agenda by exhibiting service users' work in a high street location, or sets

contributors apart because the exhibition is specifically of the work of service users. Furthermore, does this sort of exhibition, help public attitudes, thus de-stigmatising mental health problems, or is the work being paraded as "art work by the mentally ill" as Outsider Art once was? Only further research will answer some of these questions. It is asserted that the statutory health discourse turns people into patients (Smith, 2002), in community arts projects people become artists (Argyle and Bolton, 2005). The resolution to the questions posed may be provided by more community based arts projects away from the institution of psychiatry and mental health altogether.

More than any of the participants in this study, Sarah narrated stories from early childhood and how her experiences distorted her 'true identity':

And it became apparent to me that they were only interested in me when I was being that pretend person. And that the real me… they quite simply… didn't want to hear about, know about, they think it's selfish, they think it's my mental health. They don't want to believe it's the real me. (Sarah, S2.L.01, 384-387)

In Goffman's (1963) theory of 'spoiled identities', people's identities become spoiled by society. While people may have to cope with experiencing mental health problems such as hearing voices and deep depression for example, these may be more manageable than the subsequent effects of stigmatisation and discrimination. Thus by creating a collective artist identity, a social answer is developed to counter a social problem. If it is society that can spoil a person's identity because of 'virtual' stigma, then collectively people with mental health problems can find a social answer to a social problem through re-defining themselves as artists and restore their identities. Not only are the Lost Artists enjoying a state of social belonging, they are also asserting their 'actual' social identity.

As identified in an earlier section, the limited demographic information I deduced from the Stage Two participants indicates that most of them reached adolescence when Margaret Thatcher was Prime Minister. It is Erikson that identifies the psychological tension in this developmental stage as "identity versus role confusion" (Erikson, 1995:234). These creative intelligent people, mostly (from what I have deduced or speculated) from working class backgrounds, may well have felt misfits at a time when they should have been developing social roles and identities. Rupert's bleak picture speaks volumes of this period when he refers to the year he left school "*…winter of discontent, the, the, the the mass lay-offs, the mass unemployment, the complete, …it seemed*

that maybe the system was on a breaking point, you know". And Sarah not being appreciated for being the artistic creative person she was: "…*I felt abused in my childhood because I wasn't allowed to be who I was...*" Rupert has worked out for himself his own need for a respectable identity:

> "…*So, it's getting, so… like, you need an identity*
> *to present to people who are like, you know…*
> *Like, you know, you've got to have some kind of*
> *label other than unemployed or, or sick, …those*
> *ideas, you know, they been so dragged through*
> *the mud by the government…".*
>
> (S1.B.01, 509-512)

Sarah's version of her identity being repressed is not dissimilar to Storr's account (Storr, 1988) of the experiences of Beatrix Potter who encoded her journal so that her parents could not discover (and so disapprove of) the true nature of her individuality. It is asserted that her 'secret world' was essential for the maintenance of her identity.

The subsequent stage to Erickson's (1995) theory of development is one of the tensions between intimacy and isolation. If the previous stage was interrupted by problems with identity formation, this stage is unlikely to be successfully completed. Whilst issues of loneliness are identified in the literature, one of the issues often ignored in the social inclusion agenda is the person's need for intimate relationships and sexual expression. It is noteworthy, that several intimate relationships have been formed throughout the Art in Mind project. Further research would need to be conducted to establish the benefits of intimate relationships participants might enjoy whilst engaging in a community arts programme.

In the latter half of the last century, and building upon the foundational work of thinkers such as Erikson, Fromm and Tajfel, the concept of identity has become enshrined in social practices (Foucault, 1984; Fairclough, 1989; Phillips and Jorgenson, 2002). Together with widespread acceptance of constructionist concepts of self, people are seen to construct their identities as a continual process of development. Life events are considered significant in this process and people can perform or re-present various identities according to social roles. As time progresses, the LAC is developing a strong group identity. At the time of writing this final Act (July 2007), six or seven members of the LAC have rented studio space in a building away from the Art in Mind offices and away from the

NDC area. Whilst this move was primarily for practical reasons, this re-location is a significant shift both in terms of social inclusion and in terms of the group's identity. Although they rent studio space individually, they have decided to re-locate together. The formal link with a 'mental health promotion project' (Art in Mind) is now gone. Perhaps this group autonomy that retains a healthy interdependence, is the greatest compliment the LAC could give to the project, that is, it is no longer needed. Ultimately, over a period of five years, the LAC as a social group has been facilitated into existence, supported and now moved on and no longer dependent upon the project. It might be said that the LAC has developed a sustainable identity (Law et al., 2002).

This discussion raises the question about the social identity of those participants who were recruited from the Arts on Prescription (AOP) programme. This group is still constantly changing and success is informally measured by the Art in Mind staff, not so much by continued membership but by becoming less dependent upon the group. The notable success story is Eve who progressed from the AOP to a foundation arts course, to commence a part-time fine art degree. Rick has also progressed to part-time voluntary work. Gill has added AOP into her repertoire of interesting activities she pursues. Rupert, Rick and Ray all benefit from attending AOP activities and subsequently formed theatre groups and so on. Art in Mind therefore has offered opportunities not only to develop artistic skills but also social and vocational activities. It is through these social opportunities and an infrastructure to support them, that people may also take the opportunity to form new social and personal identities. The identity of a community artist is in contrast to the identity of mental health service user imposed by the dominant social discourse. There are many benefits to the artist identity, not least of which is that it gives permission to be 'different' in how the self is presented in society. Whilst to the external world little may have changed, to the person, the internal change may be enormous as one engages in an artistic community that validates their artist identity. Ironically, as already identified, the single biggest threat to that identity is the threat of losing one's State benefits that enables an adequate amount of economic liberty to maintain the artist identity. This perceived threat is not without foundation as it is clear from Government discourse on social inclusion that there is indeed a drive to get people off Incapacity Benefit and into employment (BBC, 2006).

There is less a social group identity with the AOP than the LAC, although subsidiary groups have since sprung out of the original AOP group. AOP has

provided refuge (asylum) and something meaningful to do for people who have become socially disenfranchised. Those who continue with the AOP are maybe those who years ago would have found a strong sense of identity within the walls of the asylum. At the time of writing (July 2007) there is a national move towards closing day centre provision for this group of people in favour of more 'socially inclusive' models. Only time will tell if British society has made significant gain or loss for some of its most vulnerable people in the name of social inclusion. Whatever the outcome, there is a need for society to acknowledge its responsibility towards the 'Ricks, Martins and Rays', of this world, who years ago, would have found asylum and some kind of social position within the walls of the mental institution.

Friendship

Factors that compound the exclusion of people with mental health problems include the effect on the person of mental health services and those individuals working within them (Sayce, 2000; Repper and Perkins, 2003). Admission to a psychiatric ward may lead to erosion of all roles other than that of 'mental patient'. Lengthy and repeated admissions have been found to lead to diminished social networks, comprising fewer friends and relatives and increased numbers of contacts being made with professionals and fellow service users (Holmes-Eber and Riger, 1990). It is the quality of friendship that helps people to develop and sustain personal and social identities.

When friendship is reduced to quasi-friendships of contact with healthcare professionals, there remains the potential for a person to accept their own identity in relation to statutory healthcare provision. Campbell et al. (1999), believe the position of people with a diagnosis of mental illness in society is not just to do with mass media exploitation of madness and violence, but is also a result of an accumulation of messages, attitudes and dis-empowering practices that have emanated from mental health care professionals over a long period. Dunn (1999) attributes this to the medicalised nature of addressing mental health issues at the expense of addressing social and economic issues. Furthermore, Sayce (2000) maintains that by not thinking of mental health service users in terms of citizens in the wider community, mental health practitioners condemn them to a marginalised social role of outcast, reinforcing the stigma and discrimination prevalent in society. In other words, by maintaining the worker/client relationship, statutory workers may inadvertently be reinforcing negative stereotypes and challenging the development of personal identities away from the identity of "service user". Social inclusion therefore, is

so much more than helping people to integrate into society, it is also about acknowledging the potentially damaging roles of the very people whose role it is to "promote inclusion". Similarly, superficial strategies that might aim to develop social capital are limited if they do not take into account broader sociological difficulties. This is further complicated by British mental health policy that promotes social inclusion on the one hand (Social Exclusion Unit, 2004) and promulgates the dangerousness of the mentally ill on the other thus reinforcing stigma (this is beautifully illustrated in the wording of the introduction to the national Service Framework for Mental Health discussed earlier (Department of Health, 1999b)).

Whilst much has been achieved by protecting the rights of adults who are physically disabled, the rights of people with mental health problems continue to be challenged. The implementation of the Disability Discrimination Act (1995) has outlawed discrimination against disabled people in employment. However, over the past decade the proportion of people with mental health problems of working age that are actually working has consistently remained at below 20%, which is the lowest rate for any group of disabled people (Bates et al., 2002). As Peter Campbell observes:

> The great irony about service user action over the past fifteen years is that while the position of service users within services has undoubtedly improved, the position of service users in society has deteriorated.

> (Campbell, 2000: 88).

There may however be benefits in maintaining an essentialist notion of identity for political benefit. For example, some community arts funders will only make grants to bodies that are run by the service users. Thus, a collective service user identity may open doors that would otherwise remain closed. In mental health circles, this position is epitomised by the radical group Mad Pride. Their insistence upon retaining the language of "madness" flies in the face of contemporary liberal linguistics that would assert more politically correct labels. They would argue however, that they, and not psychiatrists, have the right to define themselves; ironically it was a psychiatrist who warned that we should define ourselves otherwise others would do it for us (Szasz, 1961). This radical position is academically argued by Campbell (2006) who advocates service user action (as opposed to involvement) for a multiplicity of reasons; not least, that more can be accomplished by actors than subjects. This is supported by Stickley

(2006) who argues from a critical realist perspective that involvement reinforces the power of the dominant discourse. Nevertheless, the opportunity to perform and exhibit artwork has been a significant factor in the Stage Two discourse. The social recognition and the sense of belonging to a productive group continue to provide a social identity for its members whether essentialist or constructionist, perhaps in their eyes my critique is purely academic.

Social capital and inclusion
Whilst the arts in health literature and policy rhetoric promulgate the notion of engagement in arts activities to promote social capital, there is scant research evidence that this is the case. Parr (2006) is a rare example. The study recognises the potential for arts activities for people with mental health problems, to fulfil the bonding element of social capital theory at the expense of the bridging. By this she means it is perfectly possible for people to attend for example closed art groups with other service users and feel improved self-esteem, benefit from peer support and so on but remain isolated from the wider community. In her study of 35 people engaged with mental health promotion through community arts, Parr (2006) recognises the phenomenon of people identifying themselves as artists, but as outsiders to mainstream society. Furthermore:

> Artistic communities can be places where unusual working schedules and extreme emotional behaviours and experiences might be tolerated or even celebrated as an alternative 'way of being'.
>
> (Parr, 2006: 25).

There are two links here with this study, firstly with Outsider Art and secondly with the Lost Artists Club. As previously identified in this thesis, Outsider Art originated in the mental asylums in the early twentieth century. Naturally, with the de-institutionalisation programme in the latter half of the century, Outsider Art as a movement, too became de-institutionalised. The Internet is awash with websites that contain examples of both historical and contemporary Outsider Art. Furthermore, I speculate that part of the role of the Lost Artists Club (and other self-developed community arts projects who prefer to remain on the fringes of society) is to provide a platform for a community version of Outsider Art. Thus, Foucault's (1972) discursive production of the subject, i.e. the politically positive construction of collective identity, or the "ideological constitution of the self" (Howard, 2000: 385) becomes efficacious. The 'Lost' or

'outsider' identity unites those who prefer to remain on the fringes and the collective identity of outsider legitimises the personal artist identity.

Members of the LAC shift their identities from an essentialist socially determined role of mental health service user ('Subject' in Foucault's (1972) language) or 'outsider artist' to a co-constructionist identity of 'artist'. Thus establishing a sense of belonging as well as a sense of agency, i.e. they have defined themselves as artists: *"I've always considered myself to be an artist".* (Mike, S2.G.01, 365-366); "We were just local residents, you know, trying to be artists" (Wendy, S2.C.01, 92); "…and that has definitely become a thing that has happened within the last six, seven months, that… now… I am a painter, you know, I'm a visual artist… I always have been and if not for circumstances, would have been one, (Rupert, S2B.03, 25-28). This artistic identity is validated by one-another to become a social identity. This social identity is consistent with social identity theory (Tajfel, 1982) that recognises the needs of certain groups to identify themselves as groups in order to gain recognition. However, applying Lave and Wenger's (1991) Communities of Practice theory, we could also speculate that the LAC members' coming together is less to do with agency or emancipation but more to do with community arts simply filling a social gap. Parr (2006b) argues that involvement in arts activities for people with enduring mental health problems, might involve the possibility of situated belonging, a form of social attachment. This may contribute to the social bonding as described in the social capital literature, but does little for the social bridging component. Thus, even though people with enduring mental health problems may enjoy social benefits of engaging with arts activities, this might be wrongly referred to as promoting social inclusion. What such activities may establish is greater inclusion not into mainstream society but into institutional arts-based communities and potentially reinforcing the outsider identity.

Belonging

A sense of belonging has been proposed to be a basic human need (Maslow, 1954), and deficits in a sense of belonging have been linked to problems in both psychological and social functioning. There are surprisingly few mental health research studies on the psychosocial influences of a sense of belonging although a number of studies exist, mainly in relation to displaced people (Hendry and Reid, 2000; Hagerty et al., 2002; Prince and Prince, 2002). Young et al (2004) assert that a sense of belonging is closely related to a sense of safety. Furthermore, positive mental health is related to a sense of belonging (Bailey

and MacLaren, 2005). Halpern, (2005) has identified what has become known as group density effect, where mental health may improve where people have a sense of belonging in a minority group that achieves some identity within the group, and, furthermore, he asserts that as a general rule to be a member of a group, there is psychological advantage. For people with mental health problems, it is argued that rates of admissions to hospital is reduced. Again, further longitudinal research is required here as membership of a group limited to those who use mental health services may also increase experiences of stigma and discrimination (Sayce, 2000).

5.4]   The 'Community'

In this section, social and economic inequality is considered in the light of the findings, especially in the context of the NDC area. The psychological effects of living in the area are considered in terms of shame and self-esteem. The significance of social class is also discussed.

Poverty, housing and high crime

Poor and deprived areas exist because of the fabric of society and how it has evolved (Wilkinson, 2005; McKenzie and Harpham, 2006). For example, while it might be argued that poverty and inequality affects people's mental health, it would be wrong to hastily assume this is the prime reason for high levels of ill-health in the researched area. It is observably evident that the area is replete with statutory and voluntary sector housing projects for people with mental health problems, people who are homeless and people who have addiction problems. Furthermore, the City Council often offers housing in the area to people being discharged from psychiatric inpatient units. Thus, such statistics may be helpful for studying health epidemiology but not necessarily aetiology on a local basis. My estimate is that of the eleven participants in Stage Two of this study, six were 'housed' in the area by the local authority. The impact of living in an area of high crime was referred to by a number of participants. Between them, Martin and Harry have been burgled seven times:

Twice I've been followed. I didn't realise I was being followed. When I opened the door, they come from somewhere and push their way in. One went in, one stood at the door… and I had, I had to jump over the fence and make for the public phone... I mean, I'm, at my age… and they'll use violence to get what they want. (Martin, S2.H.01, 1220-1226).

In an area of high crime, renowned for drug dealing and prostitution, vulnerable people may easily feel threatened. The following extract in the first interview with Ray depicts a bleak picture of the local environment and its subsequent affect on him:

*I   Mm. Mm. (.) I'm thinking there's quite a lot being said at the moment
         about the stigma that people with mental health problems experience
         and, you know, stigma and discrimination and people feeling excluded
         from, you know, ordinary life or whatever, I was just wondering if you've
         got any comments about that?*

*J.01   I don't know because… (Pause) …again, I only speak for myself. But, I
         'praps feel that I'm just a government statistic.*

I   Mm. Mm.

J.01   Which is (.) considering I'm not allowed to work while I'm in that flat…

I   Yeah.

J.01   …it suits me.

*I   'Cos that description, a government statistic, feels really quite
         dehumanising.*

*J.01   But perhaps, if you're in this area… you have to be dehumanised to
         survive round here.*

(S2.J.01,420-453)

Social class

It was stated earlier that participants in this study were generally from working
class backgrounds. Although class differences are less obvious in many respects
in the twenty first century, nevertheless, the existence of poverty, and more
significantly, the increasing gap in difference between the haves and the have-
nots, reinforces sharply the fact that class distinction is as real today as it ever
was (Charlesworth, 2000).

*…you know what I mean, it's like… to my way of thinking… I always thought that
the establishment used people like us to… scare people like you… and other
people… toeing the line and staying in work, and, you know, 'cos, watch out, you
might end up like them, and they're the underclass, nobody touches them with a
barge-pole.* (Rupert, S2.B.01, 461-467).

As Rupert evaluates his own experiences however, he is optimistic that maybe,
children are treated better today than he ever was:

*…especially, especially… you used to hear a lot of the Tories going on about stuff
like this, but, you, you hear Labour people saying this kind of stuff now… They'd
talk about people on the sick, or whatever, I mean, and Incapacity, as if they
want to be there… as if it's like something like, we're all ganging up to like, jump
on this fucking like boat, like… and it's not like that at all, because… I never, I
wasn't brought up to be somebody that was, like, living off the state, you know,
it's like, it's humiliating, man. You know? It, really, it's degrading, man, you
know, it's like, I wasn't brought up like that, I was brought up like in a firm*

working class environment, you know, and I fully expected that I would be part of that… it was only when I left school and I found out that I couldn't function, in actual fact, I was pretty suicidal, that, like, you know, things started falling apart... And, because the, the schooling system completely failed me… and, I'm not, I'm not too sore about that, because it was the, it was a dual thing, you know, I rejected them as well… I've got a strong feeling that that kind of thing wouldn't happen now, you know, that, like, you know, people in education and that, seem to be a lot more sensitive to the needs of individual children, and that, and the fact that some children just don't like, you know, go for this one size fits all, you know what I mean? (Rupert, S2.B.01, 1557-1579)

For Sarah, her working class background prohibited her parents from accepting her strong desire to become an artist and the subsequent tensions heralded ongoing psychological problems:

…but when it actually came to fighting my corner and wanting to go on and go to university to study art, it met up with a lot of conflict, "This is an insecure path to take, it's not a good route for a working class child" at least, "you'll end up poor, your life will never amount to anything, you'll be starving and poor" and my mum said I'd [laughs] be a drug addict… because I wanted to go to art college, and the fears and the anticipation that they had, I can't say, you know, I mean it completely rocked my boat enough to completely wobble and come off my path, or partially. I went into teaching art but, I had to get hold of what my original desires had been, because I talked to my mum about this yesterday, I said, I didn't have the words at that time to tell you why it had to be this way, it was like a calling, it was like something that pulled me from my stomach, I can feel it now as I'm thinking about it, I can tap right into it, I had no choice, it was, I was compelled to do art, everything else paled into insignificance. A bit like walking into a crowded room and seeing the person you love and everybody else is invisible, they're just not there, just that one person is there and it was as clear as clear as that… When my dad was saying, "No, no", everything in me was saying "Yes" but there were no words. But, there was just confusion, just how can I feel like this, but somebody else is emphatically telling me, "No, no, no, no, no". And, it really helped me understand how my personality became split because part of me couldn't ignore what my dad was saying about a career and a profession and everything would be all right, you know, you'll be able to live and all that, but there was this other stuff that was so alive in me that I didn't know what I, just, even to this day, I don't quite know what to do with that dichotomy and I feel like I'm in that dichotomy… (Sarah, S2.L.03, 224-267)

Morbidity of disease has always favoured the wealthy at the expense of the poor. Income itself is not the determinant to health, but rather, income in relation to others in the same society. The poor in the UK for example may be wealthier than in some other countries, yet their health may poorer because the 'wealth' of the poor is relative to the wealth of the wealthy (Wilkinson, 2005). This is acutely illustrated by the work of McCord and Freeman, 1990) who reveal that during the 1980's death rates at most ages in Harlem were lower than in rural Bangladesh. The NDC area in this study is the city's equivalent of Harlem. Although the area has undoubtedly benefited from the NDC funding, it continues to experience the social problems it has endured for decades. Harry and Mike

both reported repeated burglaries and Ray regularly encountered drug dealers, pimps and prostitutes on his door-step; experiences that seriously frightened him and threatened his sense of well-being.

Although it was 30 years ago that Scull (1977:153) observed that during the early programme of asylum closure, those with enduring mental health problems were "…herded into newly emerging deviant ghettoes", the ghetto-isation of people with enduring mental health problems continues to exist in the same way that social and economic inequality continues to exist. There are clearly no easy answers to promoting social inclusion and developing social capital for disadvantaged groups when socio-economic forces determine the bigger issues such as who lives where and which areas qualify for regeneration investment.

Inequality and self-esteem
Twenty years on, if it were not for the neighbourhood programme, the NDC area may well have continued in its neglect. Nevertheless, the area continues to house disadvantaged groups such as the elderly, ethnic minorities, those on benefits including those with enduring mental health problems. People who feel in some way discriminated against may understandably feel angry and may develop ways of coping that may, on the surface, sound as if they see themselves as having raised self-esteem. This 'self-inflation' may be an understandable ego-defence against feelings of inferiority (Wilkinson, 2005). May (1974) endorses this position and asserts that people who feel inferior wishing to assert their significance in society often perpetrate acts of violence. Some may argue that a measure of self-esteem is noteworthy in poor districts. Emler (2001) reveals the opposite may sometimes be true and contests this simplistic approach. It is well documented that generally, social relations are worse where differences in income are the greater. The reason for high crime rates and incidence of violence in the poorest areas is, according to Wilkinson (2005) understandable from a psychological perspective. In situations where people are constantly being reminded of their worthlessness and inferiority, an angry response to the shame that is felt is to be expected (Scheff, 1990). This interpretation helps to contextualise the riots in the area in previous years. There is also the possibility that the dangerousness associated with the 'mentally ill' is more to do with a kind of social frustration than to do with irrational acts emanating from mental disturbance.

Whilst self-esteem indicators have been widely employed and, in particular, where low self-esteem is indicated with mental health problems, there are problems with the methods determining self-esteem. In this study, self-esteem did not feature widely although Gill and Harry refer to the 'buzz' or 'high' that is felt when they receive positive feedback about their work. Similarly, Rupert and others are rightly proud of their work being exhibited at Waterstone's bookshop gallery.

Shame

Even though the poor in the UK may have consumer goods that are the envy of poor people in other countries, it is thought that it is the impact of the stigma that surrounds poverty in the UK that does the psychological damage (Wilkinson, 2005).. The NDC area that is the focus of this study, although rich in ethnic culture is poor in almost every other respect (as the 2001 census confirms). The area has been historically neglected by lack of investment until the neighbourhood renewal scheme that introduced the NDC. It is the one area of the city that experienced riots in the early 1980's. Of all the areas in the City, this area is the one that would feel the 'shame' of poverty that economic inequality produces. Arguably, the NDC funding might however be scratching at the surface of the area's economic problems.

5.5] Mental health promotion

In this section, the question is asked whether Art in Mind promoted mental health according to the mental health promotion agenda. The entire Art in Mind programme has been funded under the umbrella of 'mental health promotion'; however as discussed in section 2.4, the concept of mental health itself is a contested concept and therefore, promoting mental health is also a contested concept. It was previously argued that mental health is inseparable from physical or social health and a holistic understanding is required.

Art in Mind as a mental health promotion project

In order to provide meaningful mental health promotion, it has been argued in this thesis that we need to understand the psychosocial influences upon health as demonstrated through mental distress, fatigue or disturbance. Health, once explained purely through reductionist methods, needs to be understood in terms of social identities, well-being, emotions and people's subjective experiences of life. Whilst physical causes of ill health obviously matter, we should not be over simplistic in our interpretation of how these causes affect health. Damp walls for

example may cause respiratory problems and inhalation of tobacco smoke may exacerbate this but it is not just the constellation of physical causes to blame. The sense of low self-worth and inferiority of being for example unemployed may be a greater detriment to health than the physical factors alone. Furthermore, a damp house is better than no house at all. Any health promotion that fails to take into account the psychosocial will inevitably fail. For example, an initiative that encourages poor people to take up exercise may be futile without an understanding of the psychosocial needs of the person. Running around a park may be the last thing a person feels like doing whilst being consumed with a sense of hopelessness and loss of purpose. Maslow (1954) understood this well with his theory of motivation. Furthermore, if a person is feeling a sense of hopelessness, and is told by a health professional that this sorry state is bad for their health, this may merely serve to increase their miserable state. Maslow's theories of motivation have been referred to a number of times in this thesis and they might well be a realistic framework for mental health promotion as the framework is not reductionist in its construction, neither does it separate mental health from any other sense of well-being. Furthermore, Maslow appreciated the need for self-expression and creativity for identity fulfilment:

> We become much more free of other people,
> which in turn means that we become much
> more our Real Selves… our real identity

> (Maslow, 1973:67)

In recent times however, this notion of 'real selves' has of course been contested and that identity is as much about the relationships we maintain with others as it is about our inner experiences (Elliot, 2005).

While the talking cures (and indeed, art therapy) may alleviate stress by providing some form of understanding and empathy, the psychosocial causes of psychological ill-health are less easily dealt with. Any health promotion that does not acknowledge the impact of inequality upon health might be considered inadequate. This may be understandably compounded when the health professional is perceived as being wealthy and socially successful. Furthermore, in the period of New Labour government, services have become more divided in spite of the rhetoric of more joined up government. There has been an inability of services to deal adequately with the complex, multi-layered issues addressed in this thesis. The result of such 'Balkanisation' of government services has

produced a negative effect of telling people they have legal rights while not permitting them any practical ways to realise them.

Perhaps the greatest advantage Art in Mind has enjoyed is its freedom from statutory health services and its subsequent freedom to develop according to the wishes of its participants. It has been able to offer practical ways for people to realise their goals and aspirations. Whilst there may be many informed, caring and insightful mental health care professionals who would like to develop creative approaches in community health care, the statutory agenda for mental health is fixed (Department of Health, 1999b) and with limited resources.

A cursory analysis of the opportunities for participants reveals little overtly about 'mental health'. What people have benefited from however is the fact that the opportunities are there, and pursuing these opportunities were deemed to be intrinsically good for people. Furthermore, in the light of Rogers' theory of creativity (Rogers, 1970), these opportunities were offered in a context of non-judgemental human acceptance and understanding within the programme. Opportunities do not exist without context and the philosophy of the project ensured that people also had opportunity to maximise their potential through creativity. Although this has never previously been overtly stated, Art in Mind employed a humanistic philosophy to its work. This has been evidenced in its inclusive approach that never required people to be labelled by their diagnosis, neither were formal referrals or risk-assessments required. Eve identified the significance to her of this philosophy and approach:

I just feel accepted, just for being Eve but also there's an awareness that I have, I do have mental health problems… and that's like a given. It's like a given here rather than it might be something that I might feel anxious about that somebody might not understand about me and it's not something certainly that I want to be as my label as first and foremost… I'm quite happy to identify myself as somebody that has mental health problems but… I don't want to have to be shouting out... (Eve, S2.A. 01, 304-317).

It is asserted therefore, that Art in Mind and subsequently the LAC, has been able to promote mental health in a non-stigmatising was because it the project has been located outside of the statutory healthcare system. In the next section, the declared benefits of the project are summarised.

5.6] Stage Two commonalities and differences

In this section, the findings from Stage Two are tabulated to allow comparison between the two groups. Although united by community arts, the activities of the Arts on Prescription and the Lost Artists Club are fundamentally different, notable in terms of ownership, funding and leadership. Whilst the AOP is institutionally based, the LAC is not tied to any one institution.

Comparison between the two groups

Domain	Lost Artists Club	Arts On Prescription
Membership	Anyone who fits in	Those using mental health services or referred by primary care
Facilitation	Shared	Professional artist
Funding	Piecemeal, mainly through fund-raising	Arranged by the organisation
Rules	Mutually agreed	Prescribed by the organisation
Venue	Originally provided by the organisation, latterly in studios and in members' homes	Provided by the organisation
Access	By word of mouth	Through referral
Prime activities	Creativity, art-making	Creativity, art-making
Identified benefits	Support, friendship, identity, Opportunities for performances, exhibitions, sale of artwork and further opportunities for community arts	Support, friendship, meaningful activities, performances, exhibitions and further opportunities for community arts and voluntary work

The notable difference between the two groups is in terms of ownership and organisation of the activities. The LAC is friends-based (peers) and the AOP are professional-based. Either way, they are both dependent upon positive human relationships. What is most significant to the project as a whole is that the LAC was not the main activity of Art in Mind. The LAC was created by the vision of the local residents and enjoyed none (or very little) of the NDC funding. What is

also significant is that the LAC was supported (but not controlled) by the project. Ultimately, the LAC has become more sustainable than the AOP, as the latter is dependent upon professional arts facilitators that are in turn dependent upon successful future funding. Arguably, one of the key factors in the success of the LAC was the availability of studio space, which is paid for by individual artists. What the LAC has been able to create is its own community of artists. In terms of community empowerment (Taylor, 1995) the LAC has achieved a sustainable identity through both its autonomy and control.

Summary of benefits to participants over a two-year period:

Name	LAC* or AOP*	Benefits
Eve	AOP	Eve found understanding and companionship in a 'safe place'. She recovered from her breakdown, developed a portfolio of artwork and commenced a foundation course to enable access to a fine arts degree programme.
Gill	AOP	Gill added the AOP to her numerous creative pursuits. She enjoyed the increased social network that the scheme provided.
Rick	AOP	Becoming involved with AOP, a whole array of new activities became available to Rick. He went on to become heavily involved in community theatre, film-making and voluntary work.
Martin	AOP	Martin only engaged with the programme for six weeks and continues to lead a lonely life.
Ray	AOP	Without the AOP, Rick would have led a solitary, lonely existence. The programme has given him something meaningful to do during the day.
Rupert	LAC/AOP	Rupert engaged with both AOP and the LAC. During the period, although he did not entirely abstain from drug-taking, his dependency on substances was reduced. Rupert declared that for the first time in his life, he felt a sense of social belonging. He has continued to be involved in numerous projects including acquring a studio, community theatre, film-making, exhibitions and performances. Becoming an

		'artist' has given Rupert a much-needed identity.
Sarah	LAC	Through the LAC, Sarah came into contact with people who were like-minded. During the research period she recovered from her 'serious breakdown' and fully enaged with becoming an accomplished artist. Sarah also benefited from relationships within the group. She has her own studio and regularly exhibits and sells her work.
Wendy	LAC	Much of the energy to set-up and sustain the LAC was due to Wendy. She went on to raise funds and for six months came off benefits and set up in business to run the LAC. Wendy established a firm role within the group and has seriously developed her art; she has her own studio and regularly exhibits and sells her work.
Harry	LAC	Harry has enjoyed the friendships that he has developed within the group. He has increased his performances, although these may not be attributable to his continued egnagement with LAC.
Larry	LAC	Larry has benefited from the new relationships he has developed by being in the LAC. His artwork sells well and is exhibited in galleries in the city and in London.
Mike	LAC	The period of Mike's involvement with the LAC has seen him change from being quite inactive to becoming a fully active artist in the community and went on to become chairperson of the LAC. Mike now spends most of his time at his studio developing his artwork and has commenced a fine arts degree.

In summary, the following statements are true for the participants of this research. People have claimed benefits of:

- increased social contact
- having something meaningful to do with their time
- having a 'safe place' to come to
- gaining a sense of belonging
- making new friends
- being able to develop an identity as an artist

- a sense of feeling valued through exhibition and performance
- opportunities for selling work
- opportunities for future education and work
- increased opportunities for intimate relationships
- facilitated workshops
- studio space
- a non-threatening and non-judgemental environment
- help with portfolio development
- small amounts of funding
- use of facilities and resources
- information for further courses
- opportunities for volunteering

According to Spencer and Pahl's (2006) thesis, people with strong 'friend-like personal communities', are those who are middle-class, educated and geographically mobile. What has been achieved through this project has been the development of such a community as the LAC members have established strong friendships (with one another). It is highly likely that it is their similarities that have drawn them together. Demographic data that emerged from the analysis, reveal that participants have much in common. Of the six LAC participants:

- none are originally from the city (therefore mobile)
- all were born in the 1960's
- all reported education/career prospects had been hampered by emotional/psychological difficulties
- all have felt on the margins of society
- five now live in one of the poorest areas of the city
- five have used or continue to use mental health services
- all have a long-standing commitment to art
- all find a sense of belonging and identity being a part of the LAC

What the project has achieved therefore is a coming together (through the vehicle of community arts) of quite a homogenous group of people. These commonalities would make friendship almost inevitable. This phenomenon has been referred to as homophily (McPherson et al., 2001) where like-minded people are drawn together for a common goal or purpose. The Lost Artists Club may not fulfil much of the social capital objectives (bridging between groups,

civic responsibility and so on), but it certainly fulfils personal capital objectives, the bonding of friendships. Furthermore, within this bonding is the development of personal and social identity.

5.7]   Issues raised relating to researching the arts and mental health

In this section, issues of methodology are further discussed in the light of the completed research. These reflections are stimulated largely by the current attempt of the DCMS research team to measure the effectiveness of engagement with the arts of people with mental health problems. Having conducted this research study, I have wrestled with the notion of measurement in relation to the benefits of participatory arts and observe the clash of competing epistemologies.

Methods

Health research often utilises standardised outcome measures to determine the efficacy of various treatments and interventions. This approach, borrowing from the reductionist paradigm has inevitably influenced and impacted upon research into the health benefits of the arts. This is evidenced by some of the published research literature (Geddes, 2004; White, 2004). Developments of these approaches to arts and health research is understandable, given that those who provide health services hold the purse strings, therefore, the arts will need to deliver in terms of health improvement. However, reductionist approaches to research do not fit well with the experiential world of participatory arts. Generally, the research that has been conducted that demonstrates the health and psychosocial benefits of the arts is far more suited to a qualitative paradigm (e.g. Fisher and Specht, 1999; Reynolds, 2000; Reynolds and Prior, 2003; Reynolds, 2005; Parr, 2006). In examining such reports, what impacts upon the reader are the narratives of those involved.

The Health Development Agency (HDA) (2002) state it is inappropriate, and even dangerous, to try to reduce evaluation of the complex quality of life issues, addressed by art activity in mental health, to some kind of rating scheme. It is thought that an over-emphasis on reductionist approaches may limit the attention paid to variables that are a central focus of this humanistic practice. Furthermore, the application of measures to evaluate the significance of art activities has been criticised due to its potential to inhibit creativity (White, 2004).

Many reports express deep misgivings and worries that their work will be compromised, or even negated, by political demands. There are concerns that attempts to meet these requirements are liable to destroy the very things that are attempting to address (HDA, 2002). In journals devoted to the creative and expressive therapies, there are increasing examples of research projects being carried out that attempt to meet established scientific methodology. Whether the studies are quantitative or qualitative in nature, they follow procedures that are methodically established.

Randomised controlled trials
Geddes (2004) argues for the need to develop randomised controlled trials (RCT's) to support the arts in mental health. There are numerous problems with his thesis. Firstly, Geddes introduces his subject by drawing attention to the claimed benefits of art activities for people with mental disorders as promoting social inclusion and developing social networks. However, the argument that he develops in supporting the development of RCT's is a model of art as therapy (with a professional art therapist). Odell-Miller et al., (2006) reports on a study that incorporated a RCT within an art therapy environment and their findings are inconclusive. While it is widely acknowledged that community arts may promote social networks and so on, there are no claims that art as therapy achieves these goals. RCT's conducted amongst people using art as therapy would do nothing to support the argument for the kinds of art activities that would promote social inclusion and help people develop social networks (e.g. as described by Parr, (2006) and is described in this study of Art in Mind). Furthermore, by using the medical language that describes people as having mental disorders, Geddes is committed to a medical concept of mental illness. While this language may be appropriate for people on the receiving end of therapy, it is far less savoury for people who are feeling excluded by language such as that; it is partly language that creates the exclusion.

In the same volume White, (2004) also calls for a paving of the way for RCT's however, this is balanced with discussion of the philosophical complexities that such an initiative would incur. White however sees no problem with utilising the Clinical Outcomes in Routine Evaluation (CORE) system that would later be used by the Department of Culture Media and Sport (DCMS) team researching the arts and mental health nationally. Staricoff (2006) who argues for the need of both qualitative and quantitative research in evaluating the efficacy of arts in health initiatives also acknowledges the practical difficulties of establishing

satisfactory control groups. Furthermore, in mental health settings where positive outcomes are less measurable than in physical healthcare, results from controlled trials could only be subjectively determined.

It has been recognised that questionnaires can be intrusive, stress inducing and at odds with the individual expression (Anand and Anand, 2001). Furthermore, it is felt by some that art involvement does not need any further justification if the people who engage in it, value it (Mental Health Foundation, 2006). There is extensive concern that the work itself could be affected or even led by the requirements of evaluation (HDA, 2002). There are concerns that attempts to meet these requirements are liable to destroy the very things that are addressed (HDA, 2002). In the arts literature, examples of effective arts and health initiatives abound and seek to establish the legitimacy of arts interventions and seeks to be accorded a place at the table of mental health interventions (McNiff, 2004).

There is a growing demand for the use of standardised outcome measures for the assessment of the health benefit of arts activity to people who use mental health services (White, 2003; Hacking et al., 2005; Hacking et al., 2006). However, the very nature of art demands the focus of enquiry to be upon the individual's personal experiences, perceptions and unique expression of their inner world. Creativity and mental health have been linked in one way or another throughout history. The last two hundred years have seen the medicalisation of mental distress and although it is evident that people want services that are more hopeful and creative, the notion of providing mental health care that focuses less upon medical interventions and more upon creativity is complex. While mental health care remains dominated by reductionist science, researching the arts creatively will inevitably be sidelined and marginalised. For those services that are committed to promoting mental health through the arts, there is the need for enough flexibility to work in genuine partnerships with those who are already succeeding in the field of work. Although statutory services may provide limited creative therapy, the voluntary sector, free from policy directives has provided numerous examples of excellent work, largely based in the community.

To research the arts in mental health practice, perhaps researchers of the future need to be prepared to experiment with creative methodologies and have the faith that the imagination can inform us, that art is not non-cognitive but that it

binds together both feeling and form in a way that can reveal the truth of the individual's expression. Attempting to understand the essence of researching participatory art requires the capability of being open not only to scientific cognition but also to artistic imagination. While it is recognised that offering evidence for the need for the arts and the efficacy of creative expression for well-being, it is argued that it may be ultimately counter-productive for those involved in the arts to aspire to the demands of the holy grail of evidence-based practice.

I have quoted the findings of Parr (2006) a number of times, as it is one of the few studies that specifically set out to discover the efficacy of mental health promotion through community arts. For many of Parr's 35 participants, engagement with the arts activities provided stability for their lives and contributed to social well-being in terms of forming and sustaining relationships with other participants in the same way that this study has found. Such findings may well say as much about social participation as it does about art. This socio-cultural approach that emphasises the user's voice in arts in mental health work is central to its evaluation. Research of this nature will involve sophisticated assessment of qualitative evidence rather than short-cut analysis of cost efficiency alone (White, 2004).

By developing the argument in the context of health benefits, (as do most other authors on the subject) so Schmid (2005) confines the justification of the benefit of the arts and creativity to conform to the language of statutory services provision. Thus, what is developed is an articulation of the relevance of the arts and creativity to public health and health promotion. This commodification of the arts for 'good health' or 'well-being' may strengthen the argument for public funding of the arts in health promotion but further entrenches control of the 'product' in the hands of those who manage public spending. Ultimately therefore, power remains with healthcare providers as it is they that have the duty to protect the public, not artists. Again, with others who engage with these debates, Schmid uses traditional models of health promotion to justify the use of the arts. Macnoughton et al., (2005) highlight the tension between what they refer to as the instrumental approach that further commodifies arts activities as an instrument for the fulfilment of the funders' agenda and the transformational approach that trusts in the intrinsic benefit of the arts delivered in a health-promoting context. Two examples of this relate to concepts central to the

findings of this study: identity and belonging. The concepts are virtually absent in the research literature and the canon of arts and health policy.

Proving outcomes

As already discussed, this study has found that for the eleven Stage Two participants, all have benefited in various ways from engagement with the project. Although levels of well-being have not been measured, it is evident that people have benefited. It might be possible to measure reductions in medication or hospital admissions and so on. However, this does not still "prove" the effectiveness of engagement in community arts over and above any other social type intervention, for example sports, religious practice or bird-watching. To make this study in any way an attempt to "prove" the efficacy of the programme through measuring outcomes, would compromise the philosophy of the programme and the research.

Transformational outcomes

Although the longitudinal component of this study is limited (up to two years, but mostly one year), transformational claims have been made. Eve has moved on from the AOP towards a fine arts degree, Wendy has come off benefits to start her own business, Rupert has (nearly) come off drugs, Sarah, Wendy, Larry and Mike have become accomplished artists, Rick has gained voluntary work and so on. Whilst these are material outcomes, what has also happened that is too difficult to quantify is the sense of social belonging and social identity that many of them have experienced. People have indeed experienced some transformation in their lives. For them, Art in Mind offered something that was in the right place at the right time.

During the final stages of the writing up of this thesis, one of my supervisors asked me about the transcendent and transpersonal nature of the work. I had to admit (with a sense of shame) that I had given little attention to this aspect of my study. In my defence, because my approach was a narrative inquiry I suggested that there was little in the findings to suggest much in the way of transcendence. In hindsight, I now realise that transformation of identity and a sense of human belonging is sublime. For it is in this realm, that people find meaning to life (Baumeister, 1991; Flanagan, 1995; Davis, 2003).

5.8]   Conclusion

The key findings in Stage Two of this study: social and personal identity and human belonging have been discussed in the light of the relevant literature. The therapeutic value of art that was espoused by the Steering Group did not emerge strongly in the Stage Two narratives. This may well indicate the presence of 'instrumentalist' rhetoric in the language of the arts providers. The concept of social and personal identity is absent in the findings from this group that is strong in the participants' narrative. The commonality of 'human connection', 'concepts' and belonging however, might be explained by the widely held view that involvement in community arts is of social benefit. What this study has revealed is the nature of that benefit, i.e. through the development of personal and social identity and the value of a sense of belonging.

These findings will undoubtedly resonate with those who either engage with or provide community arts. However, this language does not suit the instrumentalist agenda. Health funded researchers will continue to seek to quantify the health benefits of engagement of arts activities and before long, results from a randomised controlled trial will inevitably be published. What I would assert in this study however is that the benefits of a community arts programme promoting mental health are to be found in the intangible arena of human emotions and human relationships. This is not simply about "developing social capital" or people becoming "socially included"; it is also about good human relationships between participants but also relationships between them and workers. The findings from Stage Two of this thesis can be understood in the psychological and the sociological literature as described in this section, it is asserted therefore that any understanding of the benefits of promoting mental health through community arts needs to be understood on a psychosocial level through a critical socio-economic lens.

Act VI – Coda

6.1] Introduction

In this final Act, as I draw my narrative to a close, I return to the present and consider the future. I seek to identify that which is original in my study and summarise the contribution this research makes to the existing body of research concerning mental health promotion through the arts. Limitations to this study and some suggestions for future research are identified. Holloway and Freshwater (2007:45) assert that conducting narrative research is an opportunity to learn about oneself and to "…engage in a transformatory process". Some account of my learning and personal transformation is attempted. Some final reflections are offered and the reader is invited to draw their own conclusions from the conclusions that are offered.

6.2] Identifying the original

This research seeks to make two distinct contributions to the body of existing research concerning the arts and mental health. To date, there are no examples in the literature of evidence of the reasons why arts and health practitioners should initiate an arts and mental health promotion project for reasons other than policy directive. Furthermore, there is little evidence of this work being done collaboratively between professional arts providers with local residents and service users. The single published study that comes closest in terms of method and findings is the work of Parr (2006) in Scotland.

The first stage of this research focused upon the original Steering Group that met together for three years prior to the funding award being granted. Seven people were interviewed and were asked about their motivation for being involved and how, in their view, the group successfully worked together in spite of their differences. The findings from these interviews revealed intensely personal motivations grounded in the participants' life experiences and beliefs. Existing research does not recognise the place of personal experience in the process of establishing a community mental health project. The Stage One results fall into three broad headings: The benefits of creativity, the significance of personal experience and effective collaboration. Whilst the Steering Group espoused a philosophy of the healing nature of participation in the arts, the key findings of: identity, belonging and friendship that were found in Stage Two were not specifically alluded to in Stage One interviews, only through theoretical jargon such as "social capital" and so on. This might indicate that although the

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Stage One Steering Group knew instinctively and intuitively that participation in the arts would be healing and therapeutic, how in practical terms that would transpire was unforeseen.

Stage Two research focused upon people who were participants of the Art in Mind project. Half the sample (five) was drawn from the Lost Artists Club, the other half (five) were drawn from the Arts on Prescription programme. One further participant accessed both. Eleven people who had participated in Art in Mind therefore were interviewed. Each was interviewed three times over an eighteen-month period, with the exception of one participant who was interviewed twice. The findings in this research are presented as a case series. To date, there is no evidence of longitudinal or case series research examining the impact of community arts activities upon people who use or have used mental health services. Furthermore, there is no longitudinal evidence in the research literature of the efficacy of mental health promotion through community arts. This study contributes to this field of knowledge through both its design and its findings. Whilst this study may not qualify as longitudinal in some people's view due to the shortness of time between first and third interviews, the study is presented as a "case series" i.e. a presentation of a study of group of people, as opposed to a "case-study" or "case report" on an individual.

Stage Two participants have recorded personal and social benefits of engaging with Art in Mind. Much of this is not through dependency upon the project, rather through increased opportunities being afforded to them. Perhaps what has been most efficacious in terms of project delivery is the provision of opportunity rather than anything more overtly therapeutic. The study has attributed the therapeutic benefits of the project to its humanistic philosophy, therefore the role of positive human relationships should not be minimised. Ultimately, the project has indeed been greatly beneficial for those who participated, however, the therapeutic benefits with community arts should not be exaggerated as they may well have been equalled by engagement with sports, church or other types of social engagement.

6.3] Limitations to the study

This study has been limited by its lack of focus upon the nature of human relationships. I was rightly and properly informed by theory in the design and implementation of this research, however, if I were to conduct a similar study in

the future I would place greater emphasis on the significance of human relationships and their role in the development of the sense of well-being. Whilst theories of social capital and social inclusion may be useful constructs for sociologists and policy-makers, in retrospect, a focus on psychological frameworks would have perhaps added psychological depth to the concepts of identity and belonging developed in the discussion section. In terms of the potential for combining narrative and grounded-theory, for future study I would indeed begin with these rather the sociological theories. Furthermore, in this study I have paid little attention to personal transformation. Whilst I have been able to list note-worthy narratives of 'progress' that people have reported, simple questions such as; "what has improved?" and "what has contributed to that improvement?" may have given greater opportunity for people to reflect upon personal progress. This kind of inquiry may have brought a greater depth also in terms of potential for the transpersonal.

As discussed earlier, a narrative approach has numerous limitations especially where scientific outcomes are desired or where research results are used as representative or generalisable. Whilst this study seeks to make no such claims, it does claim 'trustworthiness' (Sandelowski, 1993) in that the analysis conducted, although interpretive by nature, respects the content of the original narrative and has been constantly referred to. Perhaps the greatest possible limitation of the use of narrative research in this study is the blurring of boundaries between researcher and participants. The relationships between researcher and participants has been ongoing over a period of several years. For some participants, their political will for the project to survive and attract further funding has affected their desire to be involved in the research. There is the potential therefore for interviewees to over-state the benefits of the project. Finally, because I have been so involved in the project from the outset, I cannot judge the extent of how my own unconscious processes have impacted upon the research process. I have countered this through reflective processes such as maintaining a research diary and supervision, furthermore, I have shared transcripts and analyses with participants; nevertheless, this thesis remains as my limited interpretation of what I have set out to study.

6.4]   What is left undone

Further research would need to be conducted to establish whether the co-constructed artist identities of the LAC are recognised as social identities by other groups. Furthermore, what would also be worthy of note is statutory

workers' perceptions of the displayed identities and whether or not these multiple or "polyphonous" identities are considered as substantial or tokenistic. Whilst group identities of race, culture, religion and so on are generally considered permanent, only a longitudinal study would establish the permanence of the service user to artist identity. Furthermore, as social identities are judged by other social groups according to collective beliefs, the potential prejudice by healthcare workers could be tested against the success or otherwise of the LAC and other such groups. I suspect there will always be the need for some kind of institutional support that the AOP has provided, although the efficacy of self-help arts projects that evolve from such schemes also warrants further research inquiry. Elliott (2005:179) observes that there are few empirical studies that: "fully embrace the concept of the narrative construction of identity". If given the opportunity, I would like to take up this challenge in relation to the arts and well-being. Continuing to develop research in this area, would mean paying more attention to personal and social identity construction. The literature review would concentrate more upon the psychological than the social, and then more upon the meaning people ascribe to the construction of their identities, for example examining the work of writers in the field of the transpersonal such as Carl Jung, Ken Wilber, Victor Frankl and John Rowan. I would also like to investigate the relationship between theories of multiple identities with theories of multiple selves, in particular psychosynthesis and the work of Assiagioli.

6.5]   Final reflections on the contribution of the research to the body of existing knowledge

Questions regarding the relationship between madness and art are not new; they have been raised throughout history with the earliest possibly in Plato's Phaedrus. In the modern era, the likeness between the artworks of the avant garde and those produced within the asylums have been variously noted. However, these similarities have normally been dismissed as atavistic or primal rather than in any way meaningful. Whilst it might be possible to identify some emerging themes from modern philosophy and culture that relate to the experience of psychosis, it is too varied to make sweeping generalisations. What also needs to be highlighted is the misery of many whose lives are wrecked by mental distress. Whilst feelings of detachment for example may parallel the angst of modern philosophy and art, for the person who cannot experience their own body or mind, there may be no pleasure to be found and life may become utterly miserable in a constant state of existential despair brought on by not only

mental health problems, but also the social consequences of being labelled and treated.

It is difficult to summarise in a few words what I have learned and how I have changed through the years of both my engagement with the project and conducting this research. At one point in this thesis, I have speculated that by bringing the required people together to create Art in Mind, I was unconsciously bringing together different parts of myself. If this is the case, then conducting this research and writing this thesis has not only been a narrative construction but also a way of consciously acknowledging that integration of myself to myself. I could assert that not only participation in community arts is therapeutic but researching it is too. During the period of my research, I have developed various roles as previously discussed. Importantly, I have grown in my identity as an academic researcher and a champion of the arts in health. I have edited a special edition of an international journal devoted to the arts and mental health, I have been successful in being awarded a contract by the National Social Inclusion Programme to develop and deliver mental health awareness training for Museums and Galleries. During this period, I have become established as an expert in the field. Art in Mind has now constituted itself as a voluntary sector mental health promotion organisation and I continue to lead its development. I feel a sense of belonging to an academic community and an arts community. I belong and that belonging is important to me. I have been fortunate; I grew up in a family and community where I felt I belonged. Had I not, I have a strong sense that I would have been a "lost artist" for the last few decades. Such is the significance of human bonds to me. In conclusion, I have established my identity as an academic with a specialist interest in mental health and the arts.

When I commenced this research journey, I naively held quiet ambitions to 'prove' the efficacy of mental health promotion through community arts. At the close of this narrative, I acknowledge that people have indeed benefited from engagement with the project; however, this 'proves' no more than these people generally speaking, benefited from this particular project at this particular time. Community arts projects may have some intrinsic worth, but I am left wondering if they are little more than sticking plasters on a society sick with social injustice and economic inequality. One of the things I have learned therefore is a growing awareness of the scale of the social impact upon psychological well-being and a deeper understanding of the need for a sociological context for understanding mental health problems. A differentiation needs to be made between equality of

opportunity as a principle for access to education and work, and equality of outcome as a political aim (Wilkinson, 2005). Furthermore, in spite of the implementation of the Disability Discrimination Act (1995), there is still a long way to go in terms of the '*demos*' in British society; not only does inequality need to be politically dealt with, so do the rights of people need to be protected by law. I conclude therefore that if the '*demos*' is dealt with, the '*ethnos*' will follow in the same way that progress has been made with racial integration since the implementation of the Race Relations Act (1976). Under the Race Relations Act, it is unlawful to discriminate against anyone on grounds of race, colour, nationality (including citizenship), or ethnic or national origin. All racial groups are protected from discrimination (Commission for Racial Equality, 2007). Until this can be said for people with mental health problems, stigma and discrimination, I believe, will continue unabated.

6.6] Conclusion

As this Coda is drawn to a close, fidelity to my methodology insists that the reader draw his or her own conclusions. In the constructing of this "conclusion", the reader will already be reconstructing through their own reflections and their own personal narrative account of that which has been narrated. So, narrative continues through both time and space. Whilst this paragraph brings to a close this academic narrative, so it also heralds a new beginning in my career and my life. When I consider the complexities of the issues I have grappled with both theoretically and methodologically over the last six years I would like the final words of this thesis to be from Eric Fromm who offers a fitting summary for my work:

> Mental health is characterized by the ability to love and to create, by the emergence from incestuous ties to clan and soil, by a sense of identity based on one's experience of self as the subject and agent of one's powers, by the grasp of reality inside and outside of ourselves...

> (Fromm, 2002:67)
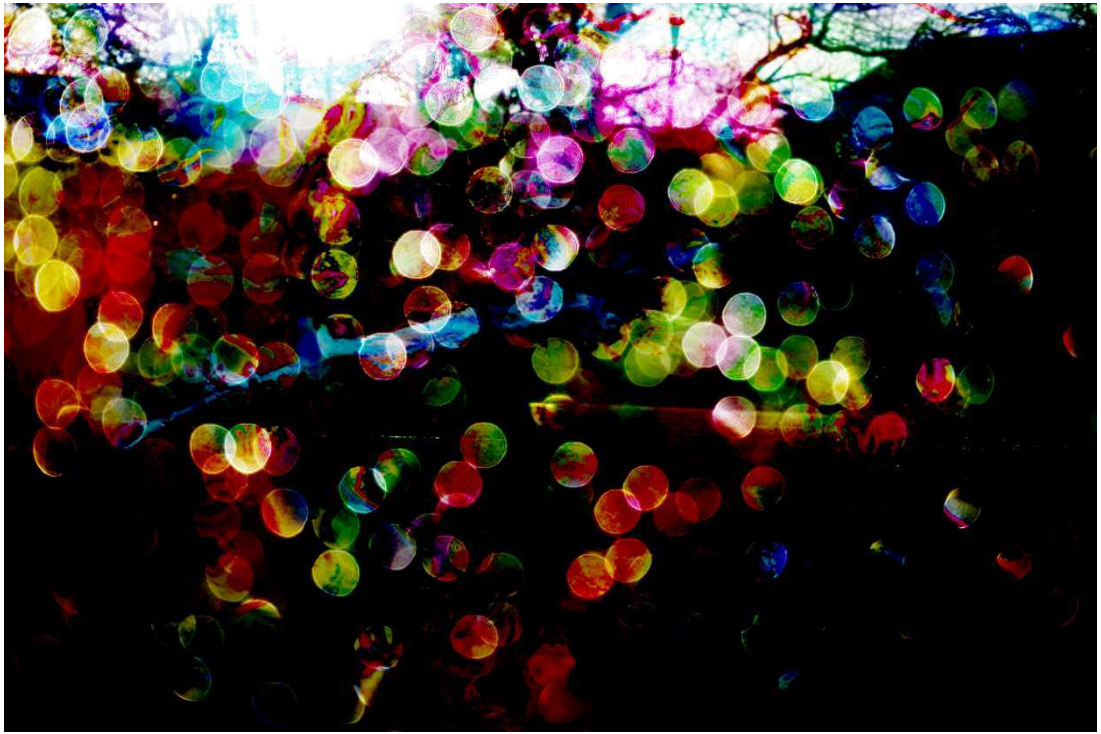
References

Allan G (1998) Friendship, Sociology and Social Structure, *Journal of Social and Personal Relationships*. 15, 685–702

Albrow G (1996) *The Global Age: State and Society Beyond Modernity.* Polity Press, Cambridge

Allison-Bolger, V (2004) "Self infliction, social adaption or biological destiny?" (188-192). In: A Crisp (Editor) *Every Family in the Land: Understanding prejudice and discrimination against people with metal illness.* The Royal Society of Medicine Press Ltd, London

Anand A and Anand A (2001) *Music For Health-An Evaluation*. Gurukul, Newcastle

Antonovsky A (1987) *Unraveling the mystery of health: How people manage stress and stay well.* Jossey-Bass, San Francisco

Antonovsky A (1996) The salutogenic model as a theory to guide health promotion. *Health Promotion International.* 11 (1), 11-18

Argyle E and Bolton G, (2005) Art in the Community for Potentially Vulnerable Mental Health Groups. *Health Education.* 105 (5) 340-354

Arts Council England (2000) *Social Exclusion: a response to Policy Action Team 10 from the Arts Council of England*. Arts Council of England, London

Arts Council England (2003). *Corporate plan 2003-06*. London: Arts Council England http://www.artscouncil.org.uk

Arts Council England (2007) *Arts, Health and Well-Being.* Arts Council England, London

Atkinson P (1997) Narrative turn or blind alley? *Qualitative Health Research.* 7, 325-344

BAAT (2007) http://www.baat.org/ accessed: 10 July 2007

Backos A K and Pagon B E (1999) Finding a voice: Art therapy with female adolescent sexual abuse survivors. *Art Therapy: Journal of the American Art Therapy Association*, 16, 126-132.

Bailey M and MacLaren S (2005) Physical activity alone and with others as predictors of sense of belonging and mental health in retirees. *Aging & Mental Health*. 9 (1), 82-90.

Baldwin C (2004) "Narrative analysis and contested allegations of Munchhausens Syndrome by Proxy" (Pages 205-222). In B Hurwitz, T Greenhalgh and V Skultans (Eds.) *Narrative research in health and illness.* BMJ Books, Blackwell Publishing, Oxford

Bailey PH and Tilley S (2002) Storytelling and the interpretation of meaning in qualitative research. *Journal of Advanced Nursing.* 38 (6), 574-583

Balint M (1959) *The doctor, the patient and his illness.* Pitman, London

Ball B (2002) Moments of change in the art therapy process. *The Arts in Psychotherapy.* 29 (2002), 79-92.

Barker P (1999) *The Philosophy and Practice of Psychiatric Nursing*. Churchill Livingstone, Edinburgh

Barrett R (1999) "Indexing polyphonous identity in the speech of African American drag queens" (313-332). In M Bucholtz, A C Laing and L Sutton (eds.) *Reinventing identities.* Oxford University Press, Oxford

Barthes, R (1977) "Introduction to the structural analysis of narratives", (79-124). In: *Roland Barthes, Image-Music-Text* (trans. Stephen Heath). Collins, Glasgow

Bates P, Sayce L, Friedli L, Gale E, Perkins R, and Repper J (2002) Anyone who has a life. *Mental Health Today.* May, 21-24

Baumeister R F (1991) *Meanings of life*. Guilford press, New York

BBC http://news.bbc.co.uk/1/hi/scotland/5219810.stm

Becker G (2000) The association of creativity and psychopathology: its cultural –
historical roots. *Creativity Research Journal.* 13, 45-53

Beckett S (1965) Waiting for Godot: a tragicomedy in two acts. (2nd
ed.). Faber and Faber, London

Behar R (1996) *The Vulnerable Observer. Anthropology That Breaks Your Heart.*
Beacon Press, Boston

Belfiore E (2006) *Culture Vultures. Is UK arts policy damaging the arts?* (Edited
by M Mirza) Policy Exchange, London

Bender A and Ewashen C (2000) Group work is political work: a feminist
perspective of interpersonal group psychotherapy. *Issues in Mental
Health Nursing.* 21, 297-308

Benediktson D T (2000) *Literature and the visual arts in ancient Greece and
Rome*. University of Oklahoma Press, Norman, Oklahoma

Benwell B and Stokoe E (2006) *Discourse and identity*. Edinburgh University
Press, Edinburgh

BERA (2004) *Revised Ethical Guidelines for Educational Research.* British
Educational Research Association, Southwell

Berger P and Luckmann T (1966) *The Social Construction of Reality: A Treatise
in the Sociology of Knowledge.* Penguin, Harmondsworth

Berkman LF and Kawatchi I (2000) *Social Epidemiology.* Oxford University
Press, New York

Bertaux D (1981) *Biography and society: the life history approach in the social
sciences*. Sage, London

Blair T (2003) http://www.number-10.gov.uk/output/Page4644.asp

Accessed 06/09/2005

Boal A (1992) *Games for Actors and Non-Actors.* Routledge, London.

Bochner A P (2001) Narrative's Virtues. *Qualitative Inquiry, 7,* 131-157

Bochner A P and Ellis C (2003) An introduction to the arts and narrative
    research: Art as inquiry. *Qualitative Inquiry, 9,* 506-513

Boden D (1994) *The Business of Talk: Organisations in Action,* Polity Press,
    London

Boler M (1999) *Feeling power: Emotions and Education.* Routledge, New York

Bourriaud N (2002) *Relational Aesthetics.* Presses du Réel, Paris

Bracken P and Thomas P (2001) Postpsychiatry: a new direction for mental
    health. *British Medical Journal.* 322, 724-727

Brighton A (2006) *Culture Vultures Is UK arts policy damaging the arts?* (Edited
    by M Mirza) Policy Exchange, London

Brockmeier J (2001) *Narrative and Identity. Studies in Autobiography, Self and
    Culture.* John Benjamins Publishing Company, Philadelphia

Brody H (2003) *Stories of Sickness*. Oxford University Press, Oxford

Brown G and Yule G (1983) *Discourse analysis*. Cambridge University Press,
    Cambridge

Bruner J S (1990) *Acts of meaning.*   Harvard University Press, London

Bryman A (2001) *Social Research Methods.* Oxford University Press, Oxford

Bucholtz M (2001) Reflexivity and Critique in Discourse Analysis. *Critique of
    Anthropology.* 21 (2), 165-183

Byrne D (1999) *Social Exclusion*. Open University Press, Buckingham

Cambridge English Dictionary (2007) Online:
http://dictionary.cambridge.org/define.asp?key=4112&dict=CALD
Accessed: 15/06/2008

Campbell P (2000) The role of users of psychiatric services in service
　　　　development: influence not power. *Psychiatric Bulletin.* 25. 87-88

Campbell P (2006) Changing the mental health system - a survivor's view
　　　　Journal of Psychiatric and Mental Health Nursing 13 (5), 578–580.

Campbell C, Wood R and Kelly M (1999) *Social Capital and Health*. Health
　　　　Education Authority, London

Cape J, Barker C, Buszewicz M and Pistrang N (2000) General practitioner
　　　　psychological management of common emotional problems (II): A
　　　　research agenda for the development of evidence-based practice.
　　　　British Journal of General Practice. Vol. 50(454)(pp 396-400)

Cardinal R (1972) *Outsider Art*. Studio Vista, London

Carey J W (1989) *Communication as Culture: Essays on Media and Society.*
　　　　Unwin Hyman, Boston

Carey J (2005) *What Good are the Arts?* Faber and Faber, London

Carnegie Council (1985) *Arts and Disabled People: The Attenborough Report.*
　　　　Bedford Square Press, London

Carpenter M (2000) "It's a small world". Mental health policy under welfare
　　　　capitalism since 1945. *Sociology of Health and Illness.* 22, (5), 602-
　　　　619

Casement P (1990) *On learning from the patient*. Routledge, London

Cattell V (2001) Poor people, poor places, poor health: the mediating role of
　　　　social networks and social capital. *Social science and medicine* (52)
　　　　1501 – 1516

Cattell V (2004) "Social networks as mediators between harsh circumstances of people's lives, and their lived experience of health and well-being". (142-161). In: C Phillipson, G Allan and D Morgan (2004) *Social Networks and Social Exclusion.* Ashgate, Aldershot.

Cattell V and Evans M (1999) *Neighbourhood images in East London: Social Capital and Social Networks in Two East London Estates.* Joseph Rowntree, York

Charlesworth S J (2000) The Phenomenology of Working Class Experience, Cambridge University Press, Cambridge

Charmaz K and Mitchell R (1997). "The myth of silent authorship: Self, substance, and style in ethnographic writing" (193-215). In R. Hertz, (Ed.), *Reflexivity and voice.* Sage, London

Chase SE (2005) "Narrative Inquiry: Multiple lenses, approaches, voices". In Norman K Denzin and Yvonne S Lincoln (editors), *Qualitative Research* (3rd edition). Pages 651-679. Sage, London

Chesler P (1972) *Women and madness.* Avon Books, New York

Clarke C (2004) Outsider Art: Lessons Form the Folk World. *Asylum*. 14 (1), 11-14

Clift S (2005) Guest editorial. *Health Education*, 105 (5), 328-331

Coates E (Ed.) (2005), *Creative Arts and Humanities in Health Care*, The Nuffield Trust, London, available at: www.nuffieldtrust.org.uk (accessed 19 April 2005)

Cobley P (2001) *Narrative.* Routledge, Oxford

Coffey A (1999) *The ethnographic self:* Fieldwork and the Representation of Identity. Sage, London

Cohen S, Doyle W J, Skoner D P, Rabin B S and Gwaltney J M (1997) Social ties and susceptibility to the common cold. *Journal of the American Medical Association.* 277, 1940-1944

Coles P (1983) *Art in the National Health Service.* DHSS, London

Commission for Racial Equality (2007) http://www.cre.gov.uk/legal/rra.html. Accessed 15/06/2008

Cowling J (2004) *For Art's Sake? Society and the Arts in the 21st Century.* Institute for Public Policy Research, London

Creek J (2002) *Occupational Therapy and Mental Health.* Churchill Livingstone, London

Crisp A (2004) (Editor) *Every Family in the Land.* The Royal Society of Medicine Press Ltd, London

Critical Psychiatry Network (2006)
http://www.critpsynet.freeuk.com/antipsychiatry.htm
Accessed 20/09/2006

Crow G (2004) "Social Networks and Social Exclusion: an overview of the debate" (7-19). In: C Phillipson, G Allan and D Morgan (2004) *Social Networks and Social Exclusion.* Ashgate, Aldershot.

Curtis T, Dellor R and Esther L (2003) *Mad pride: A Celebration of Mad Culture.* (2nd Edition) Chipmunka Publishing, London

Czarniawska B (2004) *Narratives in Social Science Research.* Sage, London.

Davies B and Harré R (1990) Positioning: The Discursive Production of Selves. *Journal for the Theory of Social Behavior*, 20 (1), 43-63.

Davis J (2003) *The Theory of the Individual in Economics: Identity and Value.* Routledge, London

Department for Culture Media and Sport (1999) *Arts and sport: Policy Action Team 10. A report to the Social Exclusion Unit* (1999). Department for Culture, Media and Sport, London

Denshire S (2005) "Integrating the firelight of creativity", (148-166) In: Therese Schmid (Ed.) *Promoting health through creativity*. Whurr, London

Denshire S and Ryan S (2001) "Using Autobiographical Narrative and Reflection to Link Personal and Professional Domains". (149-160) In: J Higgs and A Titchin, (eds.) *Professional Practice in Health, Education and the Creative Arts.* Blackwell Science, Oxford

Denzin N K (2000) "The practices and politics of interpretation" (897-992). In: N K Denzin and Y S Lincoln (Eds.), *Handbook of qualitative research* (2nd ed.) Sage, London

Denzin N K (2001) The reflexive interview and the performative social science. *Qualitative Research.* 1 (1) 23-46

Denzin N K and Lincoln Y S (2003) *The landscape of qualitative research: theories and issues*. (2nd ed). Sage, London

Department of Health (1999a) *Saving Lives: Our Healthier Nation*. The Stationary Office, London

Department of Health (1999b) *National Service Framework for Mental Health*. The Stationary Office, London

Department of Health (2001) *The Expert Patient: A new Approach to Chronic Disease Management for the 21st Century.* DH, London

Department of Health (2004), *Choosing Health: Making Healthy Choices Easier*, HMSO, London

Department of Health (2007) *Report of the Review of Arts and Health Working Group.* Crown, London

Derrida J (1976) *Of grammatology*. Johns Hopkins University Press, Baltimore

Derrida J (1981) *Dissemination*. University Press, Chicago

De Silva M, McKenzie K, Harpham T and Hutley S (2005) Social Capital and Mental Illness: A systematic review. *Journal of Epidemiology Community Health.* 59, 619-627

Digby A (1985) *Madness, Morality, and Medicine: a study of the York Retreat, 1796-1914*. Cambridge University Press, New York

Dingwall R (1976) *Aspects of illness.* Martin Robinson, London

DIPEx (2006) www.dipex.org accessed: 19/05/2006

Dissanayake E (1995) *Homo aestheticus: where art comes from and why*. University of Washington Press, London

Dissanayake E (2000) *Art and Intimacy: How the Arts Began*. University of Washington Press, London

Dose L (2006) National Network for the Arts in Health: lessons learned from six years of work. *Journal of the Royal Society for the Promotion of Health.* 126(3), 110-112.

Doyal L (1979) *The Political Economy of Health*. Pluto Press, London

Dunn S (1999) *Creating Excepting Communities: Report of the Mind Enquiry into Social Exclusion and Mental Health Problems*. Mind, London

Durkheim E (1951) *Suicide.* Free press, New York

Edgley A, Stickley T and Masterson S (2006) Whose Right? *Journal of Mental Health,* 15(1), 35–42

Edwards D (1997) *Discourse and cognition*. Sage, London

Edwards D and Potter J (1992) *Discursive Psychology.* Sage, London

Elliott M (2000) The stress process in its neighbourhood context. *Health and Place.* 6, 287-299

Elliott J (2005) *Using narrative in social research: qualitative and quantitative approaches*. Sage, London

Ellis C (2004) *The Ethnographic I.* AltaMira Press, New York

Ellis C and Bochner A (2000) "Autoethnography, personal narrative, reflexivity: Researcher as subject", (733-768). In N K Denzin & Y S Lincoln (Eds.), *Handbook of qualitative research* (2nd ed.) Sage, London.

Emden C (1998) Theoretical perspectives on narrative inquiry. *Collegian* 5, 30-33

Emler N (2001) Self-esteem: the costs and causes of low self-worth. York Publishing Services for Joseph Rowntree Foundation, York

Erikson E (1959) *Identity and the life cycle: Selected readings.* International Universities Press, New York

Erikson E (1980) *Identity and the life cycle.* W.W. Norton, London

Erikson E H (1995) *Childhood and Society.* (2nd Ed.) Vintage, London

Fairclough N (1989) *Language and Power.* Longman, London

Faris R E and Dunham H W (1939) *Mental Disorders in Urban Areas: An Ecological Study Of Schizophrenia and Other Psychoses.* University of Chicago Press, Chicago.

Faulkner A and Thomas P (2002) User led research and evidence based medicine. *The British Journal of Psychiatry.* 180, 1-3

Fisher W R (1984) Narration as a human communication paradigm: the case of public moral argument, *Communication Monographs*, 51: 1— 22.

Fisher B and Specht D (1999) Successful aging and creativity in later life. *Journal of Aging Studies.* 13, 457-472

Flanagan O (1995) *Self Expressions: Mind, Morals, and the Meaning of Life.* Oxford University Press, Oxford

Foucault M (1965) *Madness and Civilisation.* Vintage, New York

Foucault M (1972) *The Archaeology of Knowledge.* Tavistock, London

Foucault M (1973) *Birth of the Clinic*. Tavistock, London

Foucault M (1979) *Discipline and Punish: The Birth of the Prison.* Allen Lane, London

Foucault M (1984) "On the genealogy of ethics: an overview of work in progress" *The Foucault Reader* (340-372) IN: P Rabinow (Ed) Chicago University Press, Chicago

Foucault M (1984b) *The history of sexuality.* Penguin, Harmondsworth

Frank A W (1995) *The Wounded Storyteller: Body, Illness, and Ethics.* University of Chicago Press, Chicago

Freeman B (1992) *Biographies of Outsider Artists*. Princeton University Press, Los Angeles

Freidson E (1970) *Profession of Medicine: A Study in the Sociology of Applied Knowledge.* Dodd, Mead & Co., New York

Freshwater D and Rolfe G (2004) *Deconstructing evidence-based practice*. Routledge, London

Freud S (1917) *Delusions and Dreams in Jensen's Gardiva.* Moffat, New York

Frid I, Ohlen J and Bergbom I (2000) On the use of narrative in nursing research. *Journal of Advanced Nursing* 32, 695–703

Fromm E (2002) *The Sane Society.* Routledge classics, Routledge, London

Fryers T, Melzer D and Jenkins R (2001) *Mental Health Inequalities Report 1: A Systematic Literature Review.* Department of Public Health and Primary Care, Cambridge University, Cambridge

Furth G M (2002) *The secret world of drawings.* Inner City Books, Toronto

Gabriel Y (2004) "The voice of experience and the voice of the expert – can they speak to each other?" (168-185). In B Hurwitz, T Greenhalgh and V Skultans (Eds.) *Narrative research in health and illness.* BMJ Books, Blackwell Publishing, Oxford

Gadamer H G (1976) *Philosophical Hermeneutics.* University of California Press, London

Geddes J (2004) "Art and mental health: building the evidence base" (64-74). In: Jamie Cowling (ed) *For Art's Sake? Society and the Arts in the 21st Century.* Institute for Public Policy Research, London

Gee J P (1985) The narrativization of experience in the oral style. *Journal of Education.* 167, 9-35

Geertz C (1973) *The interpretation of cultures.* Basic Books, New York

Gergen K J (1999) *An invitation to Social Construction.* Sage, London

Gergen K and Gergen M (1988) "Narrative and the self as relationship". (17-56). In: L Berkowitz (ed) *Advances in experimental Social Psychology.* Academic Press, San Diego

Gergen M M and Gergen K J (2003) "Qualitative Inquiry: Tensions and Transformations" (575-610). In: N K Denzin and Y S Lincoln, *The landscape of qualitative research: theories and issues*. (2nd ed). Sage, London

Gershuny J (2003) Web use and the net nurds. *Social Forces* 82 (1) 141-168

Gilbert G N and Mackay M (1984) *Opening Pandora's Box: A Sociological Analysis of Scientists' Discourse.* Cambridge University Press, Cambridge

Ginn J and Arber S (2004) "Gender and the relationship between social capital and health". (133-156) In: Health Development Agency, *Social capital for health: issues of definition, measurement and links to health.* HDA, London

Ginsburg F D (1989) *Contested lives: The abortion debate in an American community.* University of California Press, Berkeley

Goffman E (1959) *The presentation of self in everyday life.* Penguin Books, London

Goffman E (1961) *Asylums.* Anchor Books, New York

Goffman E (1963) *Stigma: Notes on the management of spoiled identity.* Simon and Schuster, New York

Goffman E (1972) *Encounters: Two Studies in the Sociology of Interaction.* Routledge, London

Goldie P (2004) "Narrative, emotion and understanding" (156-167) In: B Hurwitz, T Greenhalgh and V Skultans (Eds.) *Narrative research in health and illness.*). BMJ Books, Blackwell Publishing, Oxford

Graef R (*2001)* "The Value of Arts in Prison" (26-54). In: *Including the arts: The route to basic and key skills in prisons*. The Home Office Standing Committee for Arts in Prisons, London

Graham H (2001) *Understanding Health Inequalities.* Open University Press, Buckingham

Gramsci A (1971) *Selections from the Prison Notebooks* New York: International Publishers

Greaves C J and Farbus L (2006) Effects of creative and social activity on the health and well-being of socially isolated older people: outcomes from a mutely-method observational study. *Journal of the Royal Society for the Promotion of Health*. 126(3), 134-142

Grimmett P P and Mackinnon A M (1992) "Craft knowledge and the education of teachers". (385– 456). In G. Grant (Ed.), *Review of research in education* American Educational Research Association. Washington DC

Gubrium J F and Holstein J A (2000) "Analyzing interpretive practice". (487-508). In: N K Denzin & Y S Lincoln (Eds.), *Handbook of qualitative research* (2nd ed.) Thousand Oaks, Sage

Gubrium J F and Holstein J A (2003) *Postmodern Interviewing.* Sage, London.

Guimón J (2006) *Art and Madness.* Davies Group Publishers, Aurora, USA

Hacking S, Secker J, Kent L, and Shenton J (2005) *Mental health, social inclusion and arts: the state of the art in England*. The APU/UCLAN Research Team, University of East Anglia

Hacking S, Secker J, Kent L, Shenton J and Spandler H (2006) Mental health and arts participation: The state of the art in England. *Journal of the Royal Society for the Promotion of Health. Vol. 126(3)(pp 121-127*

Hagerty B M, Williams R A and Oe H (2002) Childhood antecedents of adult sense of belonging. *Journal of Clinical Psychology*. 58(7), 793-801

Halpern D (2005) *Social capital*. Polity Press, Oxford

Hamel J, Dufour S and Fortin D (1993) *Case study methods*. Sage Publications, Newbury Park

Hardy J (1987) *Psychology with a Soul.* Arkana, London

Hardy S, Garbett R, Titchen A and Manley K (2002) Exploring nursing expertise: nurses talk nursing. *Nursing Inquiry.* 9 (3), 196-202

Hardy S, Titchen A and Manley K (2007) Patient narratives in the investigation and development of nursing practice expertise: a potential for transformation. *Nursing Inquiry.* 2007; 14: 80 –88

Harper R (2001) *Social Capital, A review of the literature*. Office of National Statistics, Crown London

Harper R (2002) *The measurement of Social Capital in the United Kingdom*. Office of National Statistics, Crown, London

Harper D (2004) "Storying Policy: Constructions of risk in proposals to reform UK Mental health legislation", (397-413). In B Hurwitz, T Greenhalgh and V Skultans (Eds.) *Narrative research in health and illness.* BMJ Books, Blackwell Publishing, Oxford

Harré R and Gillett G (1994) *The discursive mind.* Sage, Thousand Oaks

Hartt F (1976) *Art: a history of painting, sculpture, architecture*. Thames and Hudson, London

Healthcare Commission (2005) *Count me in, the first national census of inpatients in mental health hospitals and facilities.* Healthcare Commission, London

Health Development Agency (2000) *Art for health,* Health Development Agency, H.M.S.O., London

Health Development Agency (2002) *A review of evaluation in community-based art for health activity in the UK.* Health Development Agency, London

Health Development Agency (2004) *Social capital for health: issues of definition, measurement and links to health.* HDA, London

Health Education Authority (1999) *Mental Health Promotion and Young People Factsheet,* HEA Publications, London.

Heartfield J (2006) *Culture Vultures Is UK arts policy damaging the arts?* (Edited by M Mirza) Policy Exchange, London

Helman G (2000) *Culture, Health and Illness* (4th edition). Arnold, London

Hendry L B and Reid M (2000) Social relationships and health: the meaning of social "connectedness" and how it relates to health concerns for rural Scottish adolescents. *Journal of Adolescence*. 23, 705–719

Herxheimer A and Ziebland S (2004) "The DIPEx project: collecting personal experiences in illness and healthcare", (115-131). In B Hurwitz, T Greenhalgh and V Skultans (Eds.) *Narrative research in health and illness.* BMJ Books, Blackwell Publishing, Oxford

Hilbert R A (1990) The efficacy or performance science: Comment on McCall and Becker. *Social Problems* 37, 133-135

Hinchman L and Hinchman S (1997) *Memory, Identity, Community: The Idea of Narrative in the Human Sciences*. State University Press, Albany

Hinshelwood R D (1994) *Clinical Klein,* Free Association Books, London

Hogan S (2001) *Healing Arts: The History of Art Therapy.* Jessica Kingsley Publishers, London

Hogg M A and Vaughan G M (2002) *Social Psychology* (3rd ed.) Prentice Hall, London

Holloway I and Freshwater D (2007) *Narrative research in nursing*. Blackwell Publishing Ltd, Oxford

Hollway W and Jefferson T (2000). *Doing qualitative research differently: Free association, narrative and the interview method*. Sage, London

Holmes-Eber P and Riger S (1990) Hospitalization and the composition of mental patients' social networks. *Schizophrenia Bulletin,* 16, 157 -164

Holt N L (2003) Representation, Legitimation, and Autoethnography: An Autoethnographic Writing Story, *International Journal of Qualitative Methods* 2 (1)

Holt J (2004) Anthropologists of the Mind. *Asylum*. 14 (1), 9-10

Hooyman NR and Kiyak HA (1999) *Social Gerontology: A Multi-Disciplinary Perspective.* Allyn and Bacon, Needham Heights

Hoppe K D and Kyle N L (1990) Dual brain, creativity and health*. Creativity Research Journal.* (3) 150-157

Horrobin D (2001) *The Madness of Adam and Eve.* Corgi Books, London

House J (2001) Social Isolation Kills, But How and Why? *Psychosomatic Medicine.* 63, 273-274

Howard J (2000) Social psychology of identities. *Annual review of Sociology.* 26, 367-393

Hughes B (2005) "What can a Foucauldian analysis contribute to disability theory?" (78-92). In S Tremain, *Foucault And The Government Of Disability.* University of Michigan Press, Michigan

Hurwitz B, Greenhalgh T and Skultans V (2004) *Narrative research in health and illness.* BMJ Books, Blackwell Publishing, Oxford

Hutson S and Clapham D (eds.) (1999) *Homelessness: Public Policies and Private Troubles.* Continuum, London

Huxley P (2001) "Rehabilitation: the social care dimension". (2-3). In *Proceedings of the 'Reinventing Rehabilitation'.* Health Advisory Service Rehabilitation Good Practice Network Conference, London

Huxley P, Rogers A, Evans S, Thomas R Robson B, Gately, C and Stordy J (2001) *Evaluating the impact of a locality based social policy intervention on mental health.* ESRC, London

Isenalumhe A (2000) Using therapeutic support: my hands-on experience as a psychiatric nurse. *Journal of Psychosocial Nursing.* 38 (1) 23-26*.*

Jacobs M (1998) *The presenting past: the core of psychodynamic counselling and therapy. 2nd ed.* Open University Press, Buckingham

Jaynes J (1990) *The Origin of Consciousness in the Breakdown of the Bicameral Mind.* London, Penguin.

Jenner A (2004) Editorial. *Asylum*. 14 (1), 3

Jermyn H (2004) *The art of inclusion.* Arts Council England, London

Jones K (2006) A Biographic Researcher in Pursuit of an Aesthetic: The use of arts-based (re)presentations in 'performative' dissemination of life-stories. *Qualitative Sociology Review*, II (1), 66-85

Jones L and Bunton R (2004) "Wounded or Warrior? Stories of being or becoming deaf". (189-202).In B Hurwitz, T Greenhalgh and V Skultans (Eds.) *Narrative research in health and illness.* BMJ Books, Blackwell Publishing, Oxford

Jung C G (1966) *The spirit in man, art, and literature.*   Routledge & Paul London.

Jung C G (1989) *Memories, dreams, reflections*; recorded and edited by Aniela Jaffé ; translated from the German by Richard and Clara Winston. Vintage Books, New York

Karpman S (1968) Fairy Tales and Script Drama Analysis, *Transactional Analysis Bulletin*. 7(26), 39-43

Kawachi I, Kennedy BP, Lochner K and Prothrow-Smith D (1997) Social capital, income, inequality and mortality. *American Journal of Public Health.*

Kazdin A E (1993) Adolescent mental health: Prevention and treatment programs. *American Psychologist*, 48, 127-141

Kendall R E (2004) "Why stigma matters"*. (*Foreword, xxi - xxiii). In: *Every Family in the Land.* In: A Crisp (Editor) The Royal Society of Medicine Press Ltd, London

King M and Bartlett A (1999) British Psychiatry and Homosexuality. *The British Journal of Psychiatry*. 175, 106-111

Kleinman A (1988) *The illness narratives: Suffering, healing and the human condition.* Basic Books, New York

Koch T (1998) Story telling: is it really research? *Journal of Advanced Nursing.* 28 (6), 1182-1190

Krieger S (1991) Social science & the self: Personal essays on an art form. Rutgers University Press, New Brunswick

Kreitler H and Kreitler S (1972) Psychology of the Arts. Duke University Press, Durham

Kübler-Ross E (1997) *On death and dying: what the dying have to teach doctors, nurses, clergy, and their own families*. Simon & Schuster, New York

Labov W (1972) *Language in the inner city: Studies in the Black English Vernacular*. University of Pennsylvania Press, Philadelphia

Labov W (1972a) *Sociolinguistic patterns.* University of Pennsylvania Press, Philadelphia

Labov W and Waletzky J (1967) "Narrative analysis: Oral versions of personal experience". (12-44). In J. Helm (Ed.), *Essays on the verbal and visual arts*. University of Washington Press, Seattle

Laing R D (1960) *The Divided Self.* Penguin Books, Harmondsworth

Lane RE (1994). The road not taken: friendship, consumerism and happiness. *Critical Review*, 8, (521-554)

Langellier K M and Peterson E E (1992) "Spinstorying: An analysis of women storytelling", (157-180). In: E Fine and J Speer (Eds.), *Performance, culture, and identity* Praeger, Westport

Laurence J (2003) *Pure Madness: How fear drives the mental health system.* Routledge, London

Lave J and Wenger E (1991) *Situated learning. Legitimate peripheral participation.* Cambridge University Press, Cambridge

Law B, Meijers F and Wijers G (2002) New perspectives on career and identity in the contemporary world. *British Journal of Guidance and Counselling*, 30http://www.informaworld.com/smpp/title~content=t713406946~db=all~tab=issueslist~branches=30 - v30 (4), 431 – 449

Lehmann-Haupt C (1984) Books of the times. *New York Times.* http://query.nytimes.com. Accessed 14/06/2005

Lewin R (1998) *Origins of the modern humans*. Scientific Library, New York

Licoppe C (2004) Connected Presence: The Emergence of a New Repertoire for Managing Social Relationships in a Changing Communication Technoscape, Environment and Planning. *Society and Space.* 22, 135–156.

Link B G, Struening E L and Rahav M (1997) On stigma and its consequences : evidence from a longitudinal study of men with dual diagnoses of mental illness and substance abuse. *Journal of Health and Social Behaviour*, 38,177-190

Lofland J and Lofland L H (1995) *Analyzing social settings: A guide to qualitative observation and analysis* (3rd ed.). Wadsworth Publishing Co. Belmont, CA

Lomas D (2001) "The Preface" (13-16). In: Hogan S *Healing Arts: The History of Art Therapy.* Jessica Kingsley Publishers, London

Lubben J and Gironda M (2004) "Measuring Social Networks and Assessing their Benefits", (20-34).   In: C Phillipson, G Allan and D Morgan (2004) *Social Networks and Social Exclusion.* Ashgate, Aldershot.

Lynch J (1997) "Spaces Between Buildings in the Health Care Estate", (79-104) In: C Kaye and T Blee, *The Arts in Health Care: A Palette of Possibilities..* Jessica Kingsley, London

Lyotard J-F (1979) *The postmodern condition: a report on knowledge*. University of Manchester Press, Manchester

Macintyre S (1993) Housing tenure and care access. *Journal of Epidemiology and Country Health.* 55 (5) 330-331

Macnaughton J, White M and Stacy R (2005) Researching the benefits of arts and health. *Health Education.* 105 (5)332-339

Malan DH (1995*) Individual psychotherapy and the science of psychodynamics.* 2nd ed. Butterworth-Heinemann, Oxford

Margison F (2003) Evidence Based Medicine in the Psychological Treatment of Schizophrenia. *The Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry.* 31 (1), 177-190

Marshall C and Rossman G B (1995) *Designing Qualitative Research.* (second ed.). Sage Publications, Thousand Oaks

Martin P (1997) *The Sickening Mind.* Harper Collins, London

Maslow A H (1954) *Motivation and personality*. Harper & Row, New York

Maslow A H (1973) *The Farther Reaches of Human Nature.* Penguin, Harmondsworth

Matarasso F (1997) *Use or Ornament? The Social Impact of Participation in the Arts.* Comedia, Stroud

May R (1974) *Power and Innocence: A Search for the Sources of Violence.* Souvenir Press, London

MacGregor J (1989) The discovery of the art of the insane. Princeton University Press, Princeton

McCord C and Freeman H P (1990) Excess Mortality in Harlem. *New England Journal of Medicine.* 322, 173-177

McCulloch A (2003) An examination of social capital and social disorganisation in neighbourhoods in the British household panel study. *Social Science and Medicine*, 56 (7), pages 1425-1438.

McKenzie K and Harpham T (2006) *Social Capital and Mental Health.* Jessica Kingsley, London

McNiff S (2004) *Art Heals. How creativity cures the soul.* Shambhala, London

McPherson M Smith-Lovin L and Cook J (2001). Birds of a feather: Homophily in Social Networks. *Annual Review of Sociology*. 27:415-44

McQuillan M (2000) *The Narrative Reader*. Routledge, London

Mellars P and Stringer C (1989) *The human revolution: Behavioural and biological perspectives on the origins of modern humans.* University Press, Edinburgh

Mental Health Foundation (2006) *Creative Connections: Promoting mental Health and Well-being through Participatory Arts.* Mental Health Foundation, London

Miller G (2006) China: Healing the Metaphorical Heart *Science*. 311 (5760), 462-463

Mirza M (2006) *Culture Vultures Is UK arts policy damaging the arts?* Policy Exchange, London

Mishler E G (1986) *Research Interviewing: Context and Narrative*. Harvard, Cambridge, USA

Mishler E G (1995) Models of narrative analysis: A typology. *Journal of Narrative and Life History, 5* (2), 87- 123.

Mishler E G (1999) *Storylines: Craft artists' Narratives of identity.* Harvard University Press, Cambridge, USA

Mishler E G (2006) "Narrative and identity, the double arrow of time", (30-47). In: *Discourse and identity*,. Edited by Anna De Fina, Deborah Schiffrin, Michael Bamberg. Cambridge University Press, Cambridge

Mohan J, Barnard S, Jones K and Twigg L (2004) "Social capital, geography and health: developing and applying small-area indicators of social capital in the explanation of health inequalities", (83-111) In *Social capital for health: issues of definition, measurement and links to health.* HDA, London

Molloy D, Woodfield K and Bacon J (2002) *Longitudinal Qualitative Research Approaches in Evaluation Studies.* Crown, London

Moon G (2000) Risk and Protection: the Discourse of Confinement in Contemporary Mental Health Policy. *Health & Place*, 6, 239-250

Morrow V (1999) Conceptualising social capital in relation to the well-being of children and young people: a critical review, Sociological Review vol.24 no.4 (pages 744-766).

Moss L (1988) *Arts and Healthcare,* Department of Health, London

Muir Gray J A (1997) *Evidence Based Healthcare: How to make health policy and management decisions.* Churchill Livingstone, New York

Mumby D K and Clair R P (1997) "Organizational Discourse", (181-205) In: T A Van Dijk (ed.) *Discourse as Social Interaction*. Sage, London

Munro R (2000) The Soviet Case: Prelude to a Global Consensus on Psychiatry and Human Rights *Columbia Journal of Asian Law*, 14 (1)

Muntaner C, Eaton W W and Chamberlain C D (2000) Social inequalities in mental health: a review of concepts and underlying assumptions. *Health.* 4, (1) 89-109.

Nash V (2004) "*Public Policy and Social Networks: Just How Socially Aware is the Policy Making Process?",* (219-235). In: C Phillipson, G Allan and D Morgan (2004) *Social Networks and Social Exclusion.* Ashgate, Aldershot.

Nettle D (2001) *Strong Imagination.* Oxford University Press, Oxford

Nightingale D J & Cromby J (1999) *Social Constructionist Psychology: A Critical Analysis of Theory and Practice.* Open University Press, Buckingham

The Nursing & Midwifery Council (2004) *The NMC code of professional conduct: standards for conduct, performance and ethics.* The Nursing & Midwifery Council, London

Odell-Miller H, Hughes P and Westacott M (2006) An investigation into the effectiveness of the arts therapies for adults with continuing mental health problems. *Psychotherapy Research.* 16 (1) 122-139

Office for Health Economics (1992) *Compendium of Health Statistics.* OHE, London

Office for Health Economics (1993) *Briefing: The impact of unemployment on Health*. OHE, London

Office for National Statistics http://www.statistics.gov.uk/ accessed 15th October 2005

OPM (2006) Office of the Prime Minister: http://www.number-10.gov.uk/output/page2857.asp#content) accessed 25th September 2006

Pahl R and Spencer L (2004) Capturing Personal Communities. In: C Phillipson, G Allan and D Morgan (2004) *Social Networks and Social Exclusion.* (Pages 72-96). Ashgate, Aldershot

Parker I (1992) *Discourse Dynamics.* Routledge, London

Parker D (2004) Outsider Art: A Brief Account. *Asylum*. 14 (1), 5-7

Parr H (2006) Mental health, the arts and belongings. *Transactions of the Institute of British Geographers*. 31 (2), 150-166.

Parr H (2006b) *Arts and Social Capital.* Mental health today. June, 2006, 23-25

Parsons T (1951) *The Social System*. RKP, London

Parsons T (1954) *Essays in Sociological Theory*. Free Press, New York

Peplau H E (1952) *Interpersonal relations in Nursing.* G Putnum's Sons, New York

Pevalin D (2004) "Intra-household differences in neighbourhood attachment and their associations with health", (69-87) In: Health Development Agency, *Social capital for health: issues of definition, measurement and links to health.* HDA, London

Pevalin D and Goldberg D P (2003) Social precursors to onset and recovery from episodes of mental illness. *Psychological Medicine.* 33, 299-306

Philipp R (2002), *Arts, Health and Well-being*, The Nuffield Trust, London

Phillips N and Hardy C (2002) *Discourse analysis. Investigating processes of social construction*. Sage, London

Phillips L and Jorgenson M W (2002) *Discourse Analysis.* Sage, London

Phillipson C, Allan G and Morgan D (2004) *Social Networks and Social Exclusion.* Ashgate, Aldershot

Philo G (1996) The media and public belief. In: Philo, G., (Ed.) *Media and Mental Distress*. London: Longman

Plummer K (1995) *Telling Sexual Stories: Power, Change and Social Worlds.* Routledge, London

Polkinghorne D E (1987) *Narrative Knowing and the Human Sciences,* State University of New York Press, Albany

Porter R (2002) *Madness: A Brief History.* Oxford University Press, Oxford

Porter R (2004) "Is mental illness inevitably stigmatising?", (3-13) In: *Every Family in the Land* (Edited by Arthur Crisp), The Royal Society of Medicine Press Ltd, London

Potter J (1997) "Discourse analysis as a way of analysing naturally occurring talk", (144-160). In: D Silverman(ed), *Qualitative Research: Theory, Method and Practice.* Sage, London

Potter J and Wetherell M (1987) *Discourse and Social Psychology: Beyond Attitudes and Behaviour.* Sage, London

Potter J and Wetherell M (1994) "Analysing Discourse", (47-66). In: A Bryman and R G Burgess (eds), *Analysing Qualitative Data.* Routledge, London

Potter J and Wetherell M (2004) "Analysing Discourse", (246-261). In: S J Yates, *Doing Social Science Research*. Sage, London

Prince P N and Prince C R (2002) Perceived stigma and community integration among clients of assertive community treatment. *Psychiatric Rehabilitation Journal.* 25 (4), 323-331.

Putnam R (2000) *Bowling Alone: The Collapse and Revival of American Community.* Simon and Schuster, New York

Reed-Danahay D (1997) *Auto-Ethnography*. Berg, New York

Reeves M (2001) *Measuring the economic and social impact of the arts: a review.* Arts Council England, London

Repper J and Perkins P (2003) *Social Inclusion and Recovery*. Balliere Tindall, Edinburgh

Reynolds F (2000) Managing depression through needlecraft creative activities: a qualitative study. *The Arts in Psychotherapy.* 27, 107-114

Reynolds F (2005) "The effects of creativity on physical and psychological well-being: current and new directions for research", (112- 131). In: Therese Schmid (Ed.) *Promoting health through creativity*. Whurr, London

Reynolds F and Prior S (2003)   'A lifestyle coat-hanger': a phenomenological study of the meanings of artwork for women coping with chronic illness and disability. *Disability & Rehabilitation*. 25 (14), 785-794

Richards R (1999) "Everyday creativity", (683-689). In: M A Runco and S R Pritzker (eds.) *Encyclopaedia of Creativity*. Academic Press, London

Richardson L (1990) Narrative and sociology. *Journal of Contemporary Ethnography* 19 (1): 116-135

Ricoeur P (1976) *Interpretation theory: discourse and the surplus of meaning.* Texas Christian University Press, Fort Worth

Ricoeur P (1981) "Narrative Time", (165-186). In: *On Narrative.* W J T Mitchell, (ed.). The University of Chicago Press, Chicago.

Ricoeur P (1981b) *Hermeneutics and the human sciences: essays on language, action and interpretation.* Cambridge University Press, Cambridge

Ricoeur P (1984) *Time and narrative*. (Volume 1) University of Chicago Press, London

Ricoeur P (1986) *Time and narrative*. (Volume 2) University of Chicago Press, London

Ricoeur P (1988) *Time and narrative*. (Volume 2) University of Chicago Press, London

Ricoeur P (1991) *From text to action: Essays in Hermeneutics.* Athlone, London

Riessman CK (1993) *Narrative Analysis.* Sage, London

Riessman C (2001) "Analysis of personal narratives", (695-710). In: JF Gubrium and JA Holstein, *Handbook of Interview Research.*. Sage, London

Riessman C (2004) "A Thrice-told tale: New readings of an old story", (309-324). In: B Hurwitz, T Greenhalgh and V Skultans (Eds.) *Narrative research in health and illness.* BMJ Books, Blackwell Publishing, Oxford

Riessman C (2006) "Narrative Analysis", (186-189). In V Jupp (Ed.) *The Sage Dictionary of Social Research*. Sage, London

Riley D (2006) http://www.blogherald.com/2005/04/14/number-of-blogs-now-exceeds-50-million-worldwide/ accessed 24/05/2006

Riley T and Hawe P (2005) Researching practice: the methodological case for narrative inquiry. *Health Education Research* 20 (2) 226-236

Roberts B (2002) *Biographical Research.* Open University Press, Buckingham

Robson C (2002) *Real World Research* (2nd Ed.) Blackwell, Oxford

Rogers C R (1951) *Client-centered therapy: its current practice, implications and theory.* Houghton Mifflin, Boston

Rogers C R (1961) *On Becoming a Person.* Constable, London

Rogers C R (1970) "Towards a theory of creativity" (reprinted from the 1954 original), (137-151). In: *Creativity*. P E Vernon (Ed). Penguin, London.

Rogers A and Pilgrim D (2001) *Mental Health Policy in Britain: a Critical Introduction. 2nd ed.* Palgrave, Basingstoke

Rogers A and Pilgrim D (2003) *Mental Health and Inequality*. Palgrave MacMillan, Basingstoke.

Rohter L (2006) http://www.nytimes.com/2006/04/27/world/americas/
        accessed 24/05/2006

Rosenhan D L (1973) On Being Sane in Insane Places, *Science*, (179), 250-258.

Rosenthal G (2004) "Biographical research", (64-68). In: C Seale, G Gobo, J
        Gubrium, D Silverman (eds) *Qualitative research practice*. Sage,
        London

Ross CE (2000) Neighbourhood disadvantage and adult depression. *Journal of
        Health and Social Behaviour.* 41, 177-187

Rowan J (1993) *Discover your subpersonalities: our inner world and the people
        in it.* Routledge, London

Rowe D (1998) *The Real Meaning Of Money*. Harper Collins, London

Rubin J A (2005) *Artful Therapy.* Wiley, Chichester

Ryan T (1998) Perceived risks associated with mental illness: beyond homicide
        and suicide. *Social Science & Medicine.* 46(2): 287-97

Sacks H (1986) Some consideration of a story told in ordinary conversation.
        Poetics. 15, 127-138

Sackett D L, Rosenberg W M C, Gray J A M, Haynes R B and Richardson W S
        (1996). Evidence Based Medicine: What it is and what it isn't. *British
        Medical Journal.* 312, 71-72

Sainsbury Centre for Mental Health (2003) *Policy paper 3: The economic and
        social costs of mental illness.* S.C.M.H., London

Sampson R J (1988) Local friendship ties and community attachment. *American
        Sociological Review.* 53, 766-779

Sandelowski M (1986) The problem of rigor in qualitative research. *Advances in
        Nursing Science* 8, 27–37.

Sandelowski M (1993) Rigor or rigor mortis: the problem of rigor in qualitative research revisited. *Advances in Nursing Science* 16 (2), 1–8.

Sass L (1992) *Madness and Modernism.* Basic Books, New York

Sayce L (2000) *From Psychiatric Patient to Citizen: Overcoming Discrimination and Social Exclusion.* Macmillan Press, London

Sayce L (2001) Social inclusion and mental health. *Psychiatric Bulletin* 25: 121-123

Scheff T J (1990) *Microsociology: Discourse, emotion and social structure.* University of Chicago Press, Chicago

Schmid T (2005) *Promoting health through creativity*. Whurr, London

Schwant T A (2003) Three Epistemological Stances for Qualitative Inquiry. In: *The landscape of qualitative research: theories and issues*. Edited by Norman K. Denzin, Yvonna S. Lincoln. 2nd ed. Pages 292-331. Sage, London

Scott J (2002) *Social Networks: Critical Concepts in Sociology.* Routledge, London

Scull A (1977) *Museums of Madness.* Penguin, Harmondsworth

Scull A (1993) *The most solitary of afflictions: madness and society in Britain, 1700-1900.* Yale University Press, New Haven

Seedhouse D (2003) *Total health promotion: mental health, rational fields, and the quest for autonomy*. John Wiley & Sons, Chichester

Seeman T E (2000) Health promoting effects of friends and family on health outcomes in older adults. *American journal of Health promotion* 16 (6) 362-370

Selwood S (2006) *Culture Vultures Is UK arts policy damaging the arts?* (Edited by M Mirza) Policy Exchange, London

Senior P (1997) "The Arts in Health Movement", (21- 23). In: C Kaye and T Blee, *The Arts in Health Care: A Palette of Possibilities.* Jessica Kingsley, London

Shildrick M (1997) *Leaky Bodies and Boundaries: Feminism, Postmodernism and (Bio)ethics*. Routledge, New York

Shkedi A (2005) *Multiple Case Narrative: A Qualitative Approach to Studying Multiple Populations.* John Benjamins Publishing Company, Amsterdam

Silver E (2000) Race, Neighbourhood, disadvantage, and violence among persons with mental disorders: the importance of contextual measurement. *Law and Human Behaviour.* 24, 449-456

Silver H and Miller SM (2003) Social Exclusion: The European Approach to Social Disadvantage. *Indicators* 2 (2) 5-21

Silverman D (2006) *Interpreting qualitative data: methods for analysing talk, text and interaction.* (3rd ed.). Sage, London

Silvers A (1995) Reconciling disability equality to difference: caring for justice for people with disabilities. *Hypatia, 1*0(1,)

Simmie S (1998) *Out of Mind.* The Toronto Star, Canada

Simonton D (2000) Creativity: cognitive, personal, developmental, and social aspects. *American Psychologist* 55, 151-158

Smith C (1998) *Creative Britain.* Faber and Faber, London

Smith R (2002) Spend (slightly) less on health and more on the arts. *British Medical Journal.* 325, 1432-1433

Snow D A and Morrill C (1995) Ironies, Puzzles, and Contradictions in Denzin and Lincoln's Vision for Qualitative Research. *Journal of Contemporary Ethnography.* 24 (3) 358-362

Social Exclusion Unit (1999) *What's it all about?* Cabinet Office Website. Social Exclusion Unit [Online] Available www.cabinet-office.gov.uk/seu/index/faqs.html [July 2003]

Social Exclusion Unit (2004) *Mental Health and Social Exclusion.* Office of the Deputy Prime Minister, Social Exclusion Unit. Crown, London.

Social Exclusion Unit (2004b) *Action on Mental Health.* Office of the Deputy Prime Minister. Crown, London.

Somers M (1994) The narrative constitution of identity: a relational and network approach. *Theory and Society.* 23, 605-649

Sparkes A C (2000) Autoethnography and narratives of self: Reflections on criteria in action. *Sociology of Sport Journal, 17,* 21-41.

Spencer L and Pahl R (2006) *Rethinking friendship: hidden solidarities today*. Princeton University Press, Oxford

Stafford M, Bartley M, Marmot M, Boreham R, Thomas R and Wilkinson R (2004) "Neighbourhood social cohesion and health: investigating associations and possible mechanisms", (111-133). In: Health Development Agency, *Social capital for health: issues of definition, measurement and links to health.* HDA, London

Stansfield S (1999) "Social support and social cohesion", (155-178). In: *Social Determinants of Health,* Eds. M Marmot, and RG Wilkinson, Oxford University press, Oxford

Staricoff R L (2004) *Research report 36. Arts in health: a review of the medical literature*. Arts Council England, London

Staricoff R L (2006) Arts in health: the value of evaluation. *Journal of the Royal Society for the Promotion of Health.* 126(3), 116-120.

Steptoe A (2004) "Genius and the mind", (299-304). In: A Crisp (Editor) *Every Family in the Land. Understanding prejudice and discrimination*

against people with mental illness Royal Society of Medicine Press, London

Stevenson C (2004) Theoretical and methodological approaches in discourse analysis. *Nurse Researcher*, 12 (2)17-29

Stickley T (2006) Should service user involvement be consigned to history? A critical realist perspective. *Journal of Psychiatric and Mental Health Nursing.* 13 (5) 570-577

Stickley T and Freshwater D (2002) The art of loving and the therapeutic relationship. *Nursing Inquiry*, 9, (4), 250-256

Stickley T and Freshwater D (2006) The art of listening in the therapeutic relationship. *Mental Health Practice.* 9(5) 12-8.

Storr A (1972) *The Dynamics of Creation.* Penguin, London

Storr A (1988) *Solitude*. HarperCollins, London

Storr A (2002) *The art of psychotherapy.* 2nd ed. Arnold, Oxford

Storr A (2004) "Art and mental illness", (305-308). In: A Crisp (Editor) *Every Family in the Land. Understanding prejudice and discrimination against people with mental illness* Royal Society of Medicine Press, London

Stryker S (1990) "Symbolic Interactionism: Themes and Variations", (3-29). In: M Rosenberg and R H Turner (eds.) *Social Psychology.* Transaction Publishers, London

Szasz T (1961) *The Myth of Mental Illness.* Harper and Row, London

Tajfel H (1982) *Social identity and intergroup relations*. Cambridge University Press, Cambridge

Tajfel H and Turner J C (1986) "The social identity theory of intergroup behaviour", (7-24). In: S Austin and W G Austin (Eds.), *Psychology of intergroup relations.* Nelson Hall, Chicago

Tannen D (1994) *Gender and discourse*. Oxford University Press, Oxford

Tannen D (2003) *I only say this because I love you*. Virago, London

Taylor M (1995) "Community work and the state: The changing context of UK practice", (140-153). In: G Craig and M Mayo, (Eds). *Community Empowerment: A Reader in Participation and Development.* Zed Books, London

Tellis W (1997) Introduction to Case Study. *The Qualitative Report*, Volume 3, Number 2, http://www.nova.edu/ssss/QR/QR3-2/tellis1.html accessed: 05 July 2004

Thatcher M (1987) Interview in *Woman's Own* (October 31st 1987).

Toolan M J (2001) *Narrative: A Critical Linguistic Introduction.* Routledge, Florence, KY, USA

Torrey E F (1980) *Schizophrenia and Civilisation*. Aronson, New York City

Veenhoven R (1999) Quality of life in individualistic society: A comparison of 43 nations in the early 1990's. *Social Indicators Research,* 48, (157-186)

Vernon M (2005) *The philosophy of friendship*. Palgrave MacMillan London

Wells J S G (1998) Severe Mental Illness, Statutory Supervision and Mental Health Nursing in the United Kingdom: Meeting the Challenge. *Journal of Advanced Nursing*, 27, 698-706

Welsh I and Lyons C M (2001) Evidence-based care and the case for intuition and tacit knowledge in clinical assessment and decision making in mental health nursing practice: an empirical contribution to the debate*. Journal of Psychiatric & Mental Health Nursing.* 8 (4), 299-305

Wengraf T (2001) *Qualitative research interviewing: biographic narrative and semi-structured methods.* Sage, London

Wetherell M Taylor S and Yates S J (2001) *Discourse theory and practice: A reader.* Sage, London

White H (1973) *Metahistory. The Historical Imagination in Nineteenth Century Europe.* Johns Hopkins University Press, Baltimore

White M (2003) *Arts and Adult Mental Health Literature Review.* www.dur.ac.uk/cahhm Accessed: 25/10/2006

White M (2004) "Arts in mental health for social inclusion: towards a framework for programme evaluation", (75-99). In: Jamie Cowling (ed) *For Art's Sake? Society and the Arts in the 21st Century.* Institute for Public Policy Research, London

White M (2006) Establishing common ground in community-based arts in health. *Journal of the Royal Society for the Promotion of Health.* 126 (3) 128-133

White M (2006b) Spotting the Vultures. *Mailout.* July 26th, Chesterfield

Wilber K (1996a) *A Brief History of Everything*. Shambhala, Boston

Wilber K (1996b) Transpersonal art and literary theory. *The Journal of Transpersonal Psychology.* 28(1): 63-91.

Wilcock A A (1998) *An Occupational Perspective of Health.* Slack Inc., U.S.

Wilcock A A (2001) *Occupation for Health: A Journey from Prescription to Self Health*, (Vol. 1). B.A.O.T., London

Wilkinson R (2005) *The Impact of Inequality*. The New Press, New York

Williams G (2004) "Narratives of health inequality: Interpreting the determinants of health", (279-291). In: B Hurwitz, T Greenhalgh and V Skultans

(Eds.) *Narrative research in health and illness.* BMJ Books, Blackwell Publishing, Oxford

Wiltshire J (1995) Telling a story, writing a narrative: Terminology in healthcare. *Nursing Inquiry.* 2, 75-82

Winch P G (1958) *The Idea of a Social Science*. Routledge, London

Wittgenstein L (1967) *Zettel*. University of California Press, Berkeley

Wolgemuth J R and Donohue R (2006) Toward an Inquiry of Discomfort Guiding Transformation in "Emancipatory" Narrative Research. *Qualitative Inquir*y, 12 (5) 1012-1021

Wood L A and Kroger R O (2000) *Doing Discourse Analysis.* Sage, London.

World Health Organisation (2006) http://www.who.int/mental_health/en/ Accessed 20/09/2006

World Health Organisation (2006a) http://www.who.int/mediacentre/factsheets/fs220/en/ Accessed 20/09/2006

World Bank (2006) http://web.worldbank.org/ Accessed 20/09/2006

Wright ER, Gronfein WP and Owens TJ (2000) Deinstitutionalisation, Social Rejection, and the Self-Esteem of Former Mental Patients. *Journal of Health and Social Behaviour.* 41, 68-90

Wu E, Rapport F, Jones K and Greenhalgh T (2004) "Soldiers become casualties: doctors' accounts of the SARS epidemics", (37-51). In: B Hurwitz, T Greenhalgh and V Skultans (Eds.) *Narrative research in health and illness.* BMJ Books, Blackwell Publishing, Oxford

Yates S J (2004) *Doing Social Science Research*. Sage, London.

Yin R (1994) *Case study research: Design and methods* (2nd ed.). Sage Publishing, Beverly Hills

Young A F, Russell A and Powers J R (2004) The sense of belonging to a neighbourhood: can it be measured and is it related to health and well being in older women? *Social Science & Medicine*. 59 (12), 2627-2637

Appendices

Appendix 1

The Prime Minister's announcement

The following extract is the original announcement that launched the New Deal for the Community programme that funded the Art in Mind project.

> *"The Prime Minister today announced the formation of a new Unit to spearhead the Government's work to deliver its National Strategy for Neighbourhood Renewal. The Neighbourhood Renewal Unit, with staff drawn from across Whitehall and beyond, will be based in the Department for the Environment, Transport and the Regions and will report directly to Regeneration Minister Hilary Armstrong.*
>
> *The aim of the National Strategy for Neighbourhood Renewal - an action plan is due to be published later this year - will be to narrow the gap between deprived areas and the rest of England by improving peoples' lives in the most deprived areas by lifting standards of employment, educational attainment, housing, health, and lowering crime rates. Announcing the establishment of the Neighbourhood Renewal Unit, Tony Blair said:*
>
> *"We have listened carefully to the response to our proposals for the National Strategy. People told us they wanted a central focus in Whitehall to tackle the complex problems of deprived areas in a joined-up way."*
>
> *"The Neighbourhood Renewal Unit will give a fresh and sustained impetus to our commitment to improving the lives of people living in deprived areas. It will be at the centre of Government, but it will also be delivery focused. Working with partners across a range of sectors, it will drive forward improvements in employment, education, health, housing and crime in deprived areas."*
>
> *Many departments and agencies will contribute to implementing the National Strategy. The Neighbourhood Renewal Unit will be responsible for co-ordinating and monitoring these efforts. It will also be responsible for managing social regeneration programmes like the new Neighbourhood Renewal Fund and the New Deal for Communities.*

25th September 2000

(OPM., 2006:
http://www.number-10.gov.uk/output/page2857.asp#content)

Appendix 2

Statistics relating to the NDC area from the Office for National Statistics (2001 census)

Population (UV01)

	NDC	East Midlands Region	England Country
All People	8976	4172174	49138831
People resident in households	8361	4095557	48248150
People resident in Communal Establishments	615	76617	890681

Ethnic Group (UV09)

	NDC	East Midlands Region	England Country
All People	8962	4172174	49138831
White	6460	3900380	44679361
White: British	6017	3807731	42747136
White: Irish	159	35478	624115
White: Other White	284	57171	1308110
Mixed	413	43141	643373
Mixed: White and Black Caribbean	223	20658	231424
Mixed: White and Black African	17	3426	76498
Mixed: White and Asian	101	11176	184014
Mixed: Other Mixed	72	7881	151437
Asian or Asian British	1108	168913	2248289
Asian or Asian British: Indian	342	122346	1028546
Asian or Asian British: Pakistani	583	27829	706539
Asian or Asian British: Bangladeshi	124	6923	275394
Asian or Asian British: Other Asian	59	11815	237810
Black or Black British	800	39477	1132508
Black or Black British: Caribbean	617	26684	561246
Black or Black British: African	115	9165	475938
Black or Black British: Other Black	68	3628	95324
Chinese or Other Ethnic Group	181	20263	435300
Chinese or Other Ethnic Group: Chinese	90	12910	220681
Chinese or Other Ethnic Group: Other Ethnic Group	91	7353	214619

Limiting Long-term Illness (UV22)

	NDC	East Midlands Region	England Country
All People	8976	4172174	49138831
With a Limiting Long-Term Illness	1497	768266	8809194
Without a Limiting Long-Term Illness	7479	3403908	40329637

Approximated Social Grade (UV50)

	NDC	East Midlands Region	England Country
All People Aged 16 and over in Households	7068	3261600	38393304

AB: Higher and intermediate managerial / prof.	1028	661075	8520649
C1: Supervisory, clerical, junior managerial / prof.	2127	902779	11410569
C2: Skilled manual workers	786	548315	5780577
D: Semi-skilled and unskilled manual workers	1777	622521	6538308
E: On state benefit, unemployed, lowest grade workers	1350	526910	6143201

Qualifications (UV24)

	NDC	East Midlands Region	England Country
All People	7468	3020752	35532091
No qualifications	1665	955799	10251674
Level 1 qualifications	636	534313	5909093
Level 2 qualifications	920	567730	6877530
Level 3 qualifications	2378	235804	2962282
Level 4 / 5 qualifications	1609	502330	7072052
Other qualifications: Level unknown	260	224776	2459460

Dwellings (UV55)

	NDC	East Midlands Region	England Country
All Dwellings	4205	1796655	21206804
Unshared Dwellings	4188	1795856	21185294
Shared Dwellings	17	799	21510

Appendix 3

Questions for Stage One interviews

Vision

What was the vision that the original group shared?

What has kept the group going?
1. Motivation for being in this group
2. With no money, how has the group been sustained?
3. Given the potential different and competing agendas of people within the group, how has this group been successful?

How has the group worked together?
4. What have been the difficulties?
5. What conflicts have arisen in the development of the proposal?
6. How have these been resolved?
7. How has being a part of this group helped individuals?
8. What have people learned by being in this group? (About developing a proposal and about themselves)

What advice would people give to others seeking to develop this kind of initiative in the future?

Appendix 4

Questions for Stage Two interviews

6. Well-being

Could you say something about what's been good about being involved with Art in Mind

7. Relationships

How has being involved affected your relationships/friendships?

8. Social capital (networks)

Some people say that a project like this helps with feeling more a part of society. What do you think about that?

9. Community tolerance

Have you ever had problems in this community?
stigma/exclusion

10. The efficacy of the project

How has Art in Mind helped with these problems?

University of Nottingham: School of Education

Statement of Research Ethics

student / researcher: Theodore Stickley……….…………………………..

research project: Promoting mental health through implementing a community arts programme
…………………….…..………………………………..………….…...........

omplete all sections of this form, sign it, obtain the signature of your supervisor(s) and submit it to the of Education Ethics Officer, along with: (1) a brief statement of your research aims, objectives and d methods of data generation (maximum 300 words); (2) written materials (e.g. letters) that you are to use to gain access to potential research participants; (3) a consent form to be used with prospective participants.

	Tick where appropriate
I have read, understand and discussed with my supervisor(s) the British Educational Research Association's *Revised Ethical Guidelines for Educational Research* (BERA, 2004).	YES
I have read, understand and discussed with my supervisor(s) the *Research Code of Conduct* of the University of Nottingham: http://www.nottingham.ac.uk/rso/policy/code_of_conduct.doc.	YES
I am aware of and have discussed with my supervisor(s) the relevant sections the *Data Protection Act* (1998): http://www.hmso.gov.uk/acts/acts1998/19980029.htm.	YES
Data gathering activities involving schools and other organizations will be carried out only with the agreement of the head of school/organization, or an authorised representative and after adequate notice has been given.	N/A
The purpose and procedures of the research, and the potential benefits and costs of participating (e.g. the amount of their time involved), will be fully explained to prospective research participants at the outset (see BERA, 2004, paras 10, 11, 12, 21).	YES
My full identity will be revealed to potential participants.	YES
Prospective participants will be informed that data collected will be treated in the strictest confidence and will only be reported in anonymised form, but that I will be forced to consider disclosure of certain information where there are strong grounds for believing that not doing so will result in harm to research participants or others, or (the continuation of) illegal activity (see BERA, 2004, paras 27-28).	YES
All potential participants will be asked to give their written consent to participating in the research, and, where consent is given, separate copies of this will be retained by both researcher and participant.	YES
In addition to the consent of the individuals concerned, the signed consent of a parent, guardian or 'responsible other' will be required to sanction the participation of minors (i.e. persons under16 years of age) or those whose 'intellectual capability or other vulnerable circumstance may limit the extent to which they can be expected to understand or agree voluntarily to undertake their role' (BERA, 2004, para 14-16).	N/A
Undue pressure will not be placed on individuals or institutions to participate in research activities.	YES
The treatment of potential research participants will in no way be prejudiced if they choose not to participate in the project.	YES
I will provide participants with my contact details (and those of my supervisor or the project principal investigator), in order that they are able to make contact in relation to any aspect of the research, should they wish to do so.	YES
Participants will be made aware that they may freely withdraw from the project at any time without risk or prejudice (see BERA, 2004, para 13).	YES

14. Research will be carried out with regard for mutually convenient times and negotiated in a way that seeks to minimise disruption to schedules and burdens on participants (see BERA, 2004, para 19).	YES
15. At all times during the conduct of the research I will behave in an appropriate, professional manner and take steps to ensure that neither myself nor research participants are placed at risk.	YES
16. The dignity and interests of research participants will be respected at all times, and steps will be taken to ensure that no harm will result from participating in the research (see BERA, 2004, para 18).	YES
17. The views of all participants in the research will be respected.	YES
18. Special efforts will made to be sensitive to differences relating to culture, religion, ethnicity, gender, age and disability, amongst research participants, when planning, conducting and reporting on the research.	YES
19. Data generated by the research (e.g. transcripts of research interviews) will be kept in a safe and secure location and will be used purely for the purposes of the research project. No-one outside of the research team will have access to any of the data collected.	YES
20. Research participants will have the right of access to any data kept on them (see BERA, 2004, para 24).	YES
21. All necessary steps will be taken to protect the privacy and ensure the anonymity and non-traceability of participants – e.g. by the use of pseudonyms, for both individual and institutional participants, in any written reports of the research and other forms of dissemination.	YES
22. Where possible, research participants will be provided with a summary of research findings and an opportunity for debriefing after taking part in the research (BERA, 2004, para 29).	YES

Please provide further information below in relation to any of the above statements which you have not been able to tick, explaining in each case why the suggested course of action is not appropriate (continue on a separate sheet if necessary):

4. I shall not be collecting data from schools. Those who work for statutory health services that take part in my study will be practicing professionals whose involvement in the study will be part of their role.

9. None of my participants will be in these categories

Please outline any areas of risk, which have not been referred to above, associated with your research, and how you intend to deal with these (continue on a separate sheet if necessary):

The main area of potential risk is the possibility of participants experiencing discomfort during interviews, the extreme possibility being some form of abreaction. Additionally there is the potential for a person to become distressed by seeing something that they had said being represented in a written form. These risks are minimised by the following: The researcher is trained in interviews methods, and is a trained mental healthcare professional, privacy shall be maintained during the interviews which will be conducted at a location preferred by the interviewee, transcripts shall be made available to interviewees to confirm accuracy, written reports shall be made available to participants prior to publication to prevent misrepresentation.

Signed: …………………………….…… (Student / researcher) Date: …………………
Signed: …………………………….…… (Supervisor / lead supervisor) Date: …..…………….

Approved: …………………………….… (School Ethics Coordinator) Date: …………………

Information sheet

1. **Study title:** Promoting mental health through implementing a community arts programme

2. **Researchers involved:** Theo Stickley

3. Invitation paragraph

You are being invited to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

4. What is the purpose of the study?

Now that Art in Mind has been awarded its funding, it is proposed to find out from people involved in the early stages of the development of the proposal what their experiences were like. How come such an assortment of people from different backgrounds successfully worked together? What has been good and not so good. What lessons could be learned for the future.

5. Why have you been chosen?

People who have been involved in the development of the proposal have been asked to take part.

6. Do you have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason. A decision to withdraw at any time, or a decision not to take part, will not affect the standard of care you receive.

7. What will happen if you take part?

You will be asked to have a tape recorded conversation with a researcher and, after that, if you want to, join in a tape recorded discussion with others in the group. The tapes will be securely stored and destroyed after use.

8.   Why we are doing this research

We are doing this to help others who may be interested in doing something similar in the future.

9.   Will my taking part in this study be kept confidential?

Your name will not be recorded anywhere. The tapes will be destroyed once they have been transcribed. If, in the future the results from this study are published in academic journals, you will not be identifiable.

10. What will happen to the results of the research study?

The findings will be used for Theo Stickley in his PhD studies and may also be published in journals and presented at conferences. All published material will be made available through the University of Nottingham Library Service.

11. Contact for further information

Theo Stickley, School of Nursing, University of Nottingham, Duncan MacMillan House, Mapperley, Nottingham NG3 6AA
Tel: 0115 9691300 ext 48214

CONSENT FORM

Title of project: Promoting mental health through implementing a community arts programme

Subject: Art in Mind

Researchers

Theo Stickley

Please cross out as necessary

- I Have read & understood the information sheet
  YES/NO

- I Have had opportunity to ask questions & discuss the study   YES/NO

- Any questions have been answered satisfactorily
  YES/NO

- I Have received enough information about the study   YES/NO

- I understand that I am free to withdraw from the study

  at any time without having to give a reason?
  YES/NO

- I agree to take part in the study
  YES/NO

Signature (Participant)……………………………………   Date………………………..

Name (In block capitals)

I have explained the study to the above person and he/she has indicated his/her willingness to take part.

Signature…………………………………………….   Date……………………………

Name (In block capitals)

………………………………………….

Appendix 6

A covering letter to Stage Two participants

23rd March 2007

Dear

REF: Art in Mind research project

Thank you for taking part in the research for my PhD with the University of Nottingham. I have now completed all of the interviews and begun the process of analysing the transcriptions. The reason I am writing to you now is because I would like to give you the opportunity to read the summary and analysis I have written based upon the interviews.

I would also appreciate it if you would contact me if you think that anything I have written is inaccurate or wrongly interpreted by me, or if you would like to add anything or take anything away. It is important to me that what I have written is honest, fair and representative.

Here are my contact details:

Email: theo.stickley@nottingham.ac.uk

Telephone: 0115 9691300 ext 48214

Or you could write to me at the address above.

Thank you once again for taking part.

Kind regards

Theo Stickley
Lecturer and Chair of the Art in Mind Steering Group

Appendix 7

Consent form for the use of participants' artworks

CONSENT FORM FOR THE USE OF DIGITAL IMAGES OF ART WORKS

Title of project: Promoting mental health through implementing a community arts programme

Subject: Art in Mind

Researcher

Theo Stickley

I have previously agreed to take part in the above study and I now give consent for Theo Stickley to use digital images of my artwork in the publication of his thesis and in other presentations and dissemination of the research, such as in journal publications and visual presentations.

Signature (Participant)…………………………………… Date…………………………..

Name (In block capitals)

I have explained the study to the above person and he/she has indicated his/her willingness to allow me to use digital images of his/her artwork in the publication of my thesis and in other presentations and dissemination of the research, such as in journal publications and visual presentations.

Signature……………………………………………. Date……………………………

Name (In block capitals)

THEO STICKLEY

Theo Stickley,
School of Nursing,
University of Nottingham,
Duncan MacMillan House,
Mapperley,
Nottingham
NG3 6AA

Tel: 0115 9691300 ext 48214

Invisible Sun

David '99