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Abstract

To explore the psychosocial benefits of participating in a 2-year community arts project, eight people living with long-term mental health problems were interviewed. The project involved participants in selecting items of professional artwork, creating personal responses, and curating a public exhibition. Interviews were analysed using interpretative phenomenological analysis. Participants experienced the arts project as improving self-worth, emancipating self from illness labels, offering a sense of belonging, enabling acquisition of valued skills, and offering meaningful occupation and routines. Some regarded their developing creative skills as improving their self-management of mental health. However, some anticipated the project's ending with anxiety.

Introduction

Art is regarded as a basic human need manifested in all known cultures (Camic, 2008) but its role in promoting well-being has been under-explored within health psychology (Murray and Gray, 2008). Arts participation covers a spectrum of activities from the individual practice of art (e.g. for leisure) to art as psychotherapy (Van Lith et al., 2011). Community arts projects present opportunities for creativity and artistic expression, rather than therapy *per se*, and accept participants

regardless of their initial level of artistic ability. Projects are held in a wide variety of 'mainstream' spaces including art galleries and open art studios. Their accessibility helps people with mental health problems to attend without stigma, and to feel a sense of genuine belonging to the local community (Parr, 2006). These projects are conducted by a wide variety of facilitators. Although health professionals such as art therapists, and occupational therapists may be involved, leadership tends to be by professional artists. However, in some cases, service users lead arts groups (such as the peer-led 'Lost Artists' Club' described by Stickley, 2010). Given their focus on well-being and social inclusion, there may be a role also for health psychologists in both setting up and evaluating such projects (Camic, 2008).

Community-based art projects are understood to benefit people with mental health difficulties through promoting 'recovery'. This is a concept that many people who access mental health services find meaningful, describing not complete remission from psychological symptoms but the experience of personal choice, purpose and fulfillment (Repper and Perkins, 2003; Slade, 2009). It is associated with "hope, healing, empowerment, and connection" (Jacobson and Greenley, 2001; p482).

Some research studies have explicitly linked community arts projects with recovery outcomes (e.g. Lloyd et al., 2007; Parr 2008; Spandler et al., 2007; Van Lith et al., 2009, 2011).

Empowerment and social inclusion are important elements of both recovery and community arts projects (Hacking et al., 2008; Secker, et al., 2007a, 2007b; Spandler et al., 2007). Participants have described gaining benefits such as motivation, engagement in meaningful activity and experience of connecting with others. Concentration on the process of art-making offers relaxation, and distraction

from distressing mental health problems such as hallucinatory voices. Arts projects can also act as a 'springboard' (or 'stepping stones') to other activities that enrich daily life, such as taking music lessons and enjoying creative activities with family members (Heenan, 2006; Parr, 2006; Spandler et al., 2007). Many participants gain artistic skills through attending community arts projects and value this personal development (Griffiths, 2008; Heenan, 2006; Spandler et al, 2007; Stacey and Stickley, 2010), gaining self-worth and self-validation (Johnson and Stanley, 2007; Lloyd et al., 2007; Spandler, 2007). With increased self-esteem and higher aspirations, some participants describe feeling emancipated from their identities as mental health 'service users' (Secker, et al., 2007a, 2007b). A non-threatening, safe and non-stigmatising environment facilitates these achievements.

There is limited documentation of any negative effects of community arts participation, perhaps because participants are able to stop attending if they feel overwhelmed or under-supported. However, frustration with the artistic process has been reported by some people who access mental health services (Stacey and Stickley, 2010).

Various qualitative methods have been used in previous research into arts groups and programmes among people with mental health problems but to date only Van Lith et al., (2011) have used interpretative phenomenological analysis (IPA). Their study explored the impact of a *therapeutic* arts programme on mental health service users. However, no study has been found that has explored *community* arts participation (outside of therapy services) using this methodology, despite its appropriateness for exploring both shared and divergent experiences.

The current study explored the experiences of people during their engagement in the 'Ways of Seeing' (WoS) community-based arts project, based in a Surrey museum, the Lightbox. All self-identified as having mental health problems such as depression, anxiety and schizophrenia. In addition, some attributed their psychological difficulties to an acquired brain injury. People living with mental health problems have high rates of co-morbidity (Jones et al., 2004). Quite a large proportion of people who suffer even a mild brain injury experience mental health problems (Mooney and Speed, 2001; Mooney et al., 2005). The arts project was genuinely community-based, and was not linked in any way with formal mental health services. Those who joined the project did so from their own volition, rather than being referred by mental health professionals. It was therefore considered that anyone who self-identified as living with mental health difficulties were entitled to join the project, and the research, regardless of reported aetiology.

This arts project lasted for two years, aiming to involve people in every stage of preparing for a public exhibition. They were orientated to the process through art skills workshops and gallery visits. The workshops were led by local artists who were known for their expertise in the relevant medium. Museum staff worked alongside the project lead to facilitate learning and understanding of the gallery visits. The WoS participants selected artworks from the privately owned Ingram art collection and created their own artistic responses to the selected artwork. The Ingram collection contains about 350 items of modern British art, and is largely housed within the Lightbox museum in Woking, Surrey (Gleadell, 2012). This research was conducted partway through the project, prior to the final exhibition. This arts project and its location are named, having already received considerable publicity in events listings, reviews and blogs.

Method

Design: Single semi-structured interviews were conducted by the first author with each research participant, lasting up to 60 minutes. The research was guided by a steering group of people who had been involved in previous community arts projects at the museum and local mental health projects. This steering group offered complementary expertise and helped to formulate the final interview schedule and all correspondence paperwork given to the participants during the research.

Ethics: Prior to data collection, the study received ethical permission from the Ethics Committee of the School of Health Sciences and Social Care, Brunel University. Consideration was made regarding informed consent, by providing detailed written information about the project, gaining written consent, and reassuring potential participants that their role within the *WoS* arts project was not compromised in any way by their decision whether or not to take part in the research. All participants were also assured of confidentiality and the use of pseudonyms to protect their identities. As this community arts project was publicised widely in local events listings and reviews, further anonymisation of participants has been deemed necessary, through masking their precise ages and self-reported mental health problems. (Please see 'Further information about the *Ways of Seeing* project' at the end of the article).

Data Collection: The arts project was advertised at local mental health services and within the museum. It is not possible to estimate how many people saw the advertisements, and hence the proportion who joined the arts project. People who

self-identified as living with mental health problems made their own decisions about whether or not to join the arts project and then later on, whether they also wished to participate in the research. No referrals were made by formal mental health services. In line with a phenomenological study, we accepted participants' descriptions of their lived experience of depression, anxiety, or other conditions.

The interview topic guide is provided in Table 1. Interviews were conducted by the first author, who is an occupational therapist with professional experience in the mental health field.

During their interviews, participants were initially asked to discuss how they became involved in the project, aiming to 'set the scene' and put them at ease. Specific advantages or disadvantages to engagement in the project were not suggested, to avoid leading questions and influencing the interviewees' answers. The researcher was aware of themes arising from previous studies and wished to avoid imposing these themes upon the participants' responses. The interviews were digitally recorded and transcribed verbatim by the researcher.

Participants: Everyone who participated in the arts project, including those who had left the project part-way, were initially approached by the Special Project Manager and asked if they were interested in being interviewed, as a means of evaluating the project. Participants were approached approximately ten months into the two year project. Eight participants (from a total group of 25 who were engaged in the art-making project) were recruited to the final study, five men and three women, aged 39-65 (median age 45). Most described living with anxiety and/or depression. In addition to these problems, two reported diagnoses of schizophrenia, a further two

with obsessive compulsive disorder, and one with a personality disorder. In addition, four (Phillip, Rowan, Caroline and Daniel) described themselves as living with an acquired brain injury (ABI), and all of these (except Phillip) thought the ABI had led to their mental health difficulties. As a considerable proportion of people living with mild brain injury in the community report mental health problems, especially depression and anxiety (Williams and Evans, 2003), and as the project was exploring the lived experience of recovery rather than the complex biopsychosocial aetiology of psychological distress, this 'mix' of participants was deemed acceptable. All except Phillip expressed having some interest in art before joining the project, but no-one had experienced community art-making previously.

Eight rich interviews is a sample deemed sufficient for an exploratory in-depth IPA study (Smith et al., 2009).

Data Analysis: Interpretative phenomenological analysis (IPA) was conducted with the interview data, a qualitative approach which seeks to make sense of individuals' experiences (Smith et al., 2009). With IPA, it is accepted that both participants and the researchers are engaged in interpretation; participants' experiences are not encountered in any direct way. Guidelines were followed, including immersion in each transcript, noting points of interest, making exploratory comments, identifying emergent themes and mapping how these fitted together. Each participant's account was approached individually over a period of several weeks to maintain an idiographic focus as far as possible. Finally, the most potent convergent themes were identified, and the core subjective experience was labelled. Certain divergences are revealed in participants' accounts as reflected in a number of sub-

themes. Individuals' specific experiences of the arts programme varied somewhat (e.g. the aspects that they described most enjoying), and yet different elements of these experiences could be grouped into meaningful larger themes. Table 2 presents the distribution of themes and subthemes that we inferred in participants' accounts. All the subthemes are touched on and illustrated with quotations as each theme is explored in the Findings section.

Some interviews were also analysed by the second author to check sensitivity to the emerging themes, and to confirm that the phenomenological attitude had been maintained (Finlay, 2008). Having different professional backgrounds in the research team (occupational therapy and health psychology) was thought helpful for enriching interpretations.

Reflexivity is an important aspect of IPA. Field notes documented decisions prior, during and after the collection of data, enabling an audit trail. A reflective diary was kept throughout the research process to encourage ongoing awareness of assumptions, preconceptions and risks (e.g. that 'recovery' concepts used widely in the professional domain might be imposed too freely when interpreting the data).

Findings

Findings are organised under seven theme headings, using the language of the participants as theme titles (Table 2).

"I wouldn't have missed it for the world": A prized experience

Six of the participants deeply valued the project experience, sometimes communicating this through the use of metaphor. Several described this highly

valued experience in aesthetic terms, using words such as 'attractive', or 'eye-catching', and 'precious':

"It's great. A golden opportunity to look at art and understand art" (Daniel)

Some portrayed the project metaphorically as an item of value, a precious gift that brought unexpected joy and happiness:

"It's like a gift someone's given me ...[it] has been gift-wrapped" (Paul).

"It really was a-a diamond" (Caroline).

Even though two participants did not highlight their project experience as having rare or highly cherished qualities, all participants identified several aspects of the experience that had contributed to their psychological well-being, and these will be further explored below.

"There are still things I can do": Drawing confidence and self-worth from the project

For five of the participants, participation in the project was experienced as increasing their "*confidence*", providing an opportunity for them to recognise their artistic and other forms of "*ability*", and thereby gain (or recover) self-worth.

"And it's lovely to be able to do something that reminds you that actually you have some worth... It's given me confidence that there are things that I can still do" (Caroline)

"... it has given me inspiration to pursue a project like this and because I didn't realise I had a lot of ability and I am beginning to realise..." (Rowan)

Furthermore, this group of 5 participants experienced the project as helping them back 'into the world', recognising their own value, reconnecting with society and

feeling less stigmatised by their mental health problems. This was an experience particularly valued by three adults who had encountered many losses following an acquired brain injury or debilitating illness in adulthood, with consequent mental health difficulties:

"I'm back in the world" (Caroline)

"It's doing something... you see...my life was axed... well sorry I'll retract that, my professional life, working paid, professionally was axed since I've had my head injury. So now [at the project] I'm in this alternative world" (Daniel)

Two of these participants, (one who was living with diagnosed anxiety and depression, and one living with an acquired brain injury) also expressed 'ripple-out effects' that the project was having upon their everyday lives. They had felt encouraged to take on new occupations elsewhere in their lives, through the self-confidence that the project had generated.

"...since I started coming here I started doing some voluntary work and now I've just been appointed, I just got a job... I don't think I could have done that without rebuilding my confidence enough to actually be able to go out and say "I'm here, I don't have the experience in the job, but I can do it" (Caroline).

Harriet spoke of her new-found involvement in another arts project where she had gained the confidence to "have a go" at teaching others:

"But I've been doing ... a ...an art project over where I live... for 10 weeks that I've led, so, it's [the WoS project] really helped me to direct- you know from the teaching side of things how to direct the groups without being too authoritarian or too laid back" (Harriet)

***“Working within a group”*: Positive influences of the group setting**

For all participants, the value of the WoS project lay not only in the personal process of art-making but in its social context. All the participants reflected on how the project enabled them to meet people in a ‘mainstream’ setting away from the mental health context, an experience that was especially valued by many who were otherwise leading quite isolated lives:

“Well meeting people and that. ‘Cos you know I don’t really know a lot people.” (Nigel)

“But to interact with other people is...is a very good thing err... especially living on your own.” (Paul)

Some participants felt they had formed genuine friendships within the group:

“The group sort of bonded you’ve got to know each other and you weren’t stuck to the people you did know before, make new friends... it was good”
(Harriet)

Related to the process of making new relationships, some described learning to be more tolerant of others, whilst others appreciated receiving unconditional acceptance. This was particularly valued by those who had encountered stigma associated with psychosis, or the identity disruption that follows on from a serious acquired brain injury:

“As a by-product it [the WoS project] has given me a better understanding of other people. And ... to accept people for what they are...” (Paul)

“I-I actually found that maybe it would be a group that I would be more accepted in... it made me feel good as part of a group...” (Rowan)

Most described their teachers and fellow artists as offering inspiration and motivation which helped them persevere in acquiring art-making skills:

“I think that watching other people moving along drags me along with it...”

(Paul).

“I think I have gained a lot of... motivation skills from other people... slowly we-we-we began to feed off each other” (Rowan).

“You are being treated like a... human being”: Forming an identity beyond mental illness

All except one of the participants (who was living with an ABI and physical disabilities) spoke about the project as enabling them to form an identity beyond their illness. Various elements of the art-making experience contributed, namely being treated as a member of the public within the museum instead of a ‘patient’, obtaining recognition as an artist, feeling able to forget mental illness or distress whilst engaging in art, and acquiring hope that their future would no longer be circumscribed by mental health problems.

Being treated respectfully as a ‘normal’ member of the public by museum guides, curators and artists (as well as by fellow participants) was described by participants as helping to set aside their identity as a person with a mental illness:

“It was like...stepping into their world and being welcomed in” (Tina)

“I wasn't being treated like someone different” (Paul)

The arts project offered a lengthy period of tuition in which participants acquired a variety of creative skills. This skills development enabled four of the participants to consider themselves as artists by the time of the interview, entitled to focus upon

their art rather than their mental health problems:

“It's good to have something to talk about...that... isn't necessarily mental health and how you're feeling and what's going on... It's more what you are doing” (Harriet)

“But with the Ingram collection it's just... it's not about mental health, it's about art” (Tina)

Immersion in the creative process also appeared to enable participants to “forget” their mental health problems, even as a temporary respite. For example, on a number of occasions, Paul described the project as providing him with a break from his mental ill-health:

“It's like having a day of freedom, a day off from being ill... for 6 hours it's enabled me to pretty well forget my mental health...” (Paul)

Rowan offered a similar account:

“When I was painting it made me forget about my anxiety...” (Rowan)

The project seemed to provide the motivation for some to engage in further “ripple-out” activities, as presented in a previous theme, and to envisage a future no longer constricted by mental health difficulties:

“It's actually given me a hope, there could be a future for me in something which- I-I didn't realise I had, it was a corner that I turned and I realised, “God I have got something here which I can use” (Rowan)

“It was like a history lesson and art lesson at the same time”: Acquisition of creative skills

Participants spoke positively about acquiring both artistic and art appreciation skills throughout the course of the community-based arts project:

“I actually learnt to look at paintings to stop and look at paintings and see... and try and get some idea in my mind of... what was in the artist’s head when it was being done...” (Paul)

“For me, it was an opportunity to do something that I was already doing and that I love doing and, but with some professional guidance in it. Which was the fabulous bit, was getting the teaching...” (Caroline)

Working with professionals, whether it was professional artists or the staff at the museum, also contributed to the positive experience of the participants:

“I think they have had some very good tutors as well, so... it has been very good.” (Rowan)

Paul was able to connect his acquired art appreciation skills to improved management of his mental health, saying that he was learning to look outwards at the world and felt less introspective:

“I think part of this project has taught me is to look up or even to look down. Because... up there is some wonderful architecture or... it might be a huge painting... Don't just focus on this bit, there is something much wider going on around... I think that that is beneficial to your mental health... You can see the bigger picture 'cos you can actually drag that into your life and not just focus on yourself, you can look at what is going on for other people” (Paul)

The combination of lengthy immersion in the art-making, encountering new experiences, inhabiting an aesthetic public space, being trusted with art objects from a private collection, acquiring new skills and knowledge about art, as well as visual self-expression alleviated many of the participants' concerns with their longstanding psychological problems. This is illustrated by Paul, the oldest person in the sample, who had lived with a number of serious mental health problems for many years:

“I thought it [sculpture] would be a wonderful new experience to get involved in it [he shows a sculpture from the private collection] it's a Gaudier-Brzeska, and it's mother and child and ... the mother is sort of holding the child ...it's the most beautiful piece of work I've ever seen in my life and I've actually touched it. It is made of bronze and is so wonderfully tactile. A lady let me touch it... and so I decided to work on that [making his own artistic response]”

“It’s having a focus”: Gaining focus, structure and meaningful occupation

All of the participants valued the project for providing structure and a focus to their lives, “*something to do*” on a daily or weekly basis, and a sense of positive trajectory in their lives.

“It's given me something to do...Because I don't have much to do in the day time.”
(Nigel).

For two participants, this immersive “doing” led to feelings of complete absorption, and “being in the zone”. Caroline (whose life was radically changed by a head injury) described art-making as helping her recover the pleasure of deep concentration that she had enjoyed in a previous leisure occupation:

“I managed to get myself absorbed into the work that I was doing particularly in the... drawing class that we did. And I found myself sliding myself into what

I used to call... well... we call it 'the zone' in racing... I was churning out work like there was no tomorrow because I was, I was in that creative element ... totally oblivious to everything around me, I would just create.” (Caroline)

“It’s not all glamorous”: Negative aspects of the project

Despite the overwhelmingly positive response to the project, participants included some negative experiences in their accounts. These included: “*pressure*” either exerted by others or by the participants upon themselves, “*physical difficulties*”, and the anticipation of painful “*endings*” (even though interviews were conducted at the midway stage of the project when the art project had nearly a year left to run). Perhaps because they valued the project so highly, a few of the participants expressed a sense of personal pressure and at times obligation to produce high quality pieces of artwork:

“If I come here and am provided with wonderful things I feel that I owe somebody something...you come here with so much pressure on your shoulders, to such an extent that you sit down and don't know what to do...”
(Paul)

Nigel specifically cited the project as negatively influencing his mood when he felt his artwork had not reached his personal standard:

“I get a little bit depressed if things don't really go the way I want them to. You know 'cos I find it hard drawing nudes... you know I'm not really a portrait, you know, sort of drawer...” (Nigel)

A few expressed some conflict about the expectations and assistance of tutors.

Whilst most appreciated the quality of the tuition, there were occasional difficulties:

It wasn't what I expected...I felt the lady [art tutor] was quite strict and short... you know. I didn't enjoy it [this class] at all apart from meeting people"

(Daniel).

Most of the participants disclosed physical disabilities as well as mental health problems. Physical impairments and associated fatigue made attendance at the project difficult at times:

"Just 'cos of the physical problems that I've got, it's made it very difficult to attend every session and... I've found the days were really long, 10 til 4."

(Harriet)

Participants believed that some of the tutors took their physical limitations into account. However, overly solicitous tutors limited participants' experience of satisfaction and pride in their artwork. For example, Philip required significant physical assistance to facilitate his participation within the project, but this reduced his sense of ownership of his creative artwork.

"She [the tutor] did a beautiful print, but I don't want that in the exhibition because although, although it's very good, it's brilliant. I hope it's not in the exhibition... Because it's not- not my own work." (Philip).

Anticipating the ending of this lengthy project brought sadness to four of the participants, particularly those who seemed to lead the most isolated lives in the community.

“We had a break in the summer for about 2 months when I really missed having somewhere to go” (Tina)

Some of the workshop courses (in which artistic skills were learned) had already ended and confronted participants with loss and disappointment:

“It was such a shame when you get to the end of the course, I wanted the courses to be four times as long at least...” (Caroline)

Participants who had developed a strong dependency upon the whole project, expressed particular dread about its ending. For example, Paul who had described feeling ‘back in the world’ (theme 2) through engaging in the project, but no ‘ripple out’ effects into his everyday life, feared its final ending:

“And I do worry now about the more I get... the more I dig into this... I worry about the end. I'm frightened about that (pause) but it will come to an end I know, and I'll have to face up to it” (Paul).

Discussion

This phenomenological study confirmed that for people living with mental health problems, lengthy immersion in art-making, acquisition of artistic skills and knowledge, and a socially inclusive group context all help to construct an identity that is less stigmatised and less defined by ‘mental illness’ labels. The contribution of community arts projects to improving self-confidence and self-worth has been

highlighted by previous studies (Griffiths 2008; Heenan 2006; Johnson and Stanley 2007; Lloyd et al., 2007; Secker, et al., 2007a, 2007b; Stacey and Stickley 2010). These and other authors (Spandler et al., 2007; Van Lith et al., 2009) portray arts participation as enabling the formation of an identity beyond mental illness. The current findings emphasise the significance of acceptance and respectful treatment by others for achieving such positive identity transformation (e.g. fellow project members, museum professionals and the artists who offered tuition). Furthermore, respect and trust were conveyed through the whole process of selecting, handling and gaining inspiration from objects in a private art collection

An obvious benefit to community-based arts projects is their ability to engage people in meaningful occupation and provide individuals with varied experiences of working together on a regular basis, a focus and “something to do”. It is widely acknowledged people with mental health problems are one of the most excluded groups within society (OPDM 2004), with limited opportunities for regular work, active leisure and social contact (Gale and Grove, 2005).

Acquisition of artistic skills and art history knowledge might be considered as an unsurprising benefit of attending the *WoS* project. The links between skill acquisition, self-worth and an evolving artistic identity have been explored in previous studies (Griffiths, 2008; Heenan, 2006; Secker, Hacking et al., 2007). Perhaps more intriguingly, some participants described applying their creative skills and sensitivities to self-manage their mental health difficulties, resonating with the findings of Secker, et al. (2007a). The transferrable nature of skills (such as critical thinking and emotional literacy), acquired through engaging with art, has been highlighted by an arts project evaluation in Manchester (Teall, 2010). However, there is scant

understanding about the processes whereby creative skills might be applied by individuals self-managing their mental health. This arts project seemed to encourage some participants to look outwards, beyond their own concerns, to become more observant and responsive to the aesthetic environment. For example, one participant spoke of the project teaching him to “*look at the wider picture*” and how this was also relevant to the management of his mental health. Such aesthetic attunement and heightened observation skills have been described as valuable for managing distress associated with physical health problems and confinement to home (Reynolds et al., 2011) and this topic needs further enquiry.

Within this study, two participants expressed experiences akin to that of ‘flow’. Flow is associated with deep immersion in an activity and a sense of altered time (Csikszentmihalyi, 1996). Flow is associated with tasks requiring high but manageable levels of skill and challenge, and has previously been associated with art-making (Griffiths, 2008). The meditative experience associated with being creative, enabling participants to obtain respite from their mental health problems, is also acknowledged by Van Lith et al. (2009). If the goal of modern mental health services is to help individuals to re-engage in society and lead meaningful lives, flow experiences may offer hope that recovery or respite from mental distress is possible.

The ‘ripple effects’ whereby confidence gained through participating in the arts project encourages engagement in new leisure and work ventures have been described in terms of ‘stepping stones’ by Heenan (2006). A small proportion of participants described making positive changes elsewhere in their lives as a result of the project; the majority did not. Nonetheless, the impact of *WoS* on life beyond the project was difficult to ascertain as interviews were conducted at a halfway point.

Participants did not describe friendships formed within the project as enriching life outside of its boundaries. This suggests that the *WoS* project offered 'bonding' rather than 'bridging' social capital and is congruent with previous findings of Stacey and Stickley (2010). Some may have needed longer to incorporate acquired skills into their lives outside the project. For many, the arts project offered a level of social contact and self-esteem that was not experienced elsewhere in their lives, and it is understandable why its ending was anticipated with some dread.

The negative aspects of attending community based arts projects are under-represented within the literature. Feelings of pressure that the participants described in the evaluation of the *WoS* project are mentioned in the literature as conflicts within the artistic process, including a sense of frustration if unable to engage (Stacey and Stickley, 2010). Concerns with anticipated endings of the project are under-reported in the literature reviewed, although are recognised by art therapists (Cattanach, 1999). Endings of projects (particularly those that are held over a significant period of time such as the *WoS* project) may constitute a form of bereavement and need to be carefully managed. There appears potential for arts projects to counteract their original aims of social inclusion and recovery should participants become dependent and reliant upon them. Not all participants may be able to use community-based arts projects as a springboard for further activities. Indeed, participants who have enjoyed unfamiliar, highly positive experiences such as acceptance, achievement and social recognition for their artistic skills may be particularly distressed by a return to isolation and stigma within the community after a project's ending. There is a risk that their mental health problems may increase as a consequence. Community arts projects can form part of an ongoing programme hosted by a museum or gallery, but

require sustained commitment to obtain funding for the benefit of participants and local communities.

Critical Evaluation

The semi-structured interviews explored participants' experiences at the half-way stage of the arts project. Different themes might have emerged following the curation and exhibition stage. Only eight of a potential 25 *WoS* artists were interviewed. However, a small sample size is advocated in IPA studies (Smith et al., 2009) as enabling an idiographic exploration and in-depth understandings of participants' life worlds. The research focus was initially to have been upon the experiences of those living with mental health problems. However it transpired that four participants reported having experienced an acquired brain injury (ABI) which they thought had negatively affected their mental health. As community members living with depression, anxiety and so on, they were considered entitled to join this project. Nonetheless, it is possible that the brain injured individuals' experience of the project may have differed to those attributing their mental health problems to other issues. Certainly experiences of powerlessness, stigma and social exclusion relating to mental health difficulties were very much shared by all the participants. Further analysis of the contribution of art-making to living with brain injury specifically could be tackled in an extension to this study.

Linked to ABI, one of the research participants (Phillip) had a severe speech impediment leading to difficulties when transcribing his interview. It is recognised a large amount of his story was lost and this research only presents a limited window into his experiences. In future research where participants experience a degree of aphasia or dysarthria, a more protracted research interview could be conducted,

perhaps with the use of a Speech and Language therapist as a skilful interviewer, or through participant observation.

A further limitation is that the 'WoS' was a unique project involving participants in the curation of art from a private art collection as well as making their own artistic responses to selected items from this collection, and therefore the transferability of some of the findings may be limited. Nonetheless, emergent themes such as flow, art-making offering respite from mental distress, the development of transferrable skills from creative projects, changing views of self and identity, and concerns about project endings may have a broader relevance to alternative community arts settings. The findings reveal several ways in which a protracted community arts project influences the subjective well-being of people who access mental health services.

Further research

As previously identified, many of the themes arising within this study resonate with previous research findings. This study has shed new insights into:

1. The applicability of creative skills and aesthetic sensitivities to individuals' self-managing their mental wellbeing.
2. The possible detrimental impact of anticipated and actual project endings on the mental well-being of project attendees. Additional research is required into the effective management of project endings, particularly for people who live with mental distress and who access mental health services.
3. The relationship between experiences of 'flow', psychological 'respite' and mental health recovery.

Further information about the 'Ways of Seeing' project

Some further details about the community arts project and local reviews can be found at:

<http://www.thelightbox.org.uk/about/waysofseeing>

<http://thelightbox.org/blog/exhibitions/ways-of-seeing/>

<http://horsellresident.wordpress.com/2011/03/05/ways-of-seeing-%E2%80%93-a-review/>

<http://www.flickr.com/photos/flickrway/5355254333/>

The Ingram art collection is largely housed at the Lightbox museum and further details can be found at:

<http://www.thelightbox.org.uk/theingramcollection>

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Table 1: Interview Topic Guide

Attendance at project

Aspect(s) of the arts project the participant has been involved in.

How did they become involved in the project

What facilitated (helped)

What hindered (prevented)

Any previous similar experiences before?

Any previous interest in creative work/ the arts?

Mental Health

How has the project influenced well-being/ mental health (positively and negatively).

Perceived benefits/ Skills gained

Impact of project on life in general

Skills gained

Thoughts and feelings about the project

Most enjoyable/ favourite (best/ worst) aspects

Most difficult/ least enjoyable

Further thoughts and feelings about the project

Is there a specific piece of their work/ art work that is particularly meaningful to them.... (Illustrated by the item/ photograph of the item).

Future

Engagement in other projects or activities since starting the project.

Has project led to any new opportunities or change in lifestyle?

Would participants engage in similar future arts projects and why/why not.

If participant had left the project, reasons for leaving.

**Table 2: Meanings of a community arts project for mental health service users:
Summary of Findings**

	Harriet	Daniel	Caroline	Tina	Nigel	Rowan	Paul	Philip
“I wouldn’t have missed it for the world”: A prized experience	✓	✓	✓	✓	✗	✓	✓	✗
“There are still things I can do”: Drawing confidence and self worth from the project	✓	✓	✓	✗	✗	✓	✓	✗
i- “I’m back in the world”	✓	✓	✓	✗	✗	✓	✓	✗
ii- Ripple effects	✓	✗	✓	✗	✗	✗	✗	✗
“Working within a group” : Positive influences of the group setting	✓	✓	✓	✓	✓	✓	✓	✓
i- “Meeting people”	✓	✓	✓	✓	✓	✓	✓	✓
ii- “Accept people for what they are”	✗	✓	✓	✗	✓	✗	✓	✗
iii- “I find it more motivating”	✓	✓	✓	✓	✗	✓	✓	✗
“You’re being treated like a ... human being”: Forming an identity beyond mental illness.	✓	✓	✓	✓	✓	✓	✓	✗
i- Positive treatment by others	✗	✗	✓	✓	✗	✗	✓	✗
ii- Art focus; obtaining recognition as an artist	✓	✗	✓	✓	✗	✓	✗	✗
iii- Forgetting mental illness	✓	✗	✓	✓	✓	✓	✓	✗
iv- Hope for the future	✓	✓	✓	✗	✗	✓	✗	✗
“It was like a history lesson and art lesson at the same time”: Acquisition of creative skills	✗	✓	✓	✓	✗	✓	✓	✓
“It’s having a focus”: Experiencing focus, structure and meaningful occupation	✓	✓	✓	✓	✓	✓	✓	✓
i- Being in the “zone”	✗	✗	✓	✗	✗	✗	✓	✗
“It’s not all glamorous”: Negative aspects of the	✓	✓	✓	✓	✓	✓	✓	✓

project									
i-	Feelings of "pressure"	x	✓	x	x	✓	✓	✓	x
ii-	Physical difficulties	✓	x	✓	x	✓	✓	x	✓
iii-	Anticipation of painful endings	x	x	✓	✓	x	✓	✓	x