



## Art and health: a successful partnership

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First I want to pay my respects to the People of the Three Rivers, the Wiradjuri People. May the Indigenous Australian experience of connection to the land and their resilience be an example to all of us.

I was born in the rural area of South Brazil, land of the Guarani people. The colour of the land is like Australia: red. My mother used to say that not only our clothes, but all of us, ended up becoming red, if we were not red already. The sky was also big, like I often see here in Australia.

In Tharwa, where I live now, by the Murrumbidgee River in the ACT, I get a small taste of rural Australia.

The Health and Arts Research Centre, Inc is a not for personal profit organisation, founded in 1999 with the purpose to support the synergy between arts, culture and health. We have now five permanent staff who have been working with us since before the Centre was founded: Martha Fernandez has been employed for 10 years, Liz Hale for 9, Thao La for 7. Malcolm Cooke and I are full-time. All workers are local artists who became part of a project and stayed. They were/are trained on the job and now are able to facilitate the involvement of their own local communities in the development of rich and meaningful environments. Between all of us we speak 10 different languages. Our common language is English and we often work in other languages.

Creativity is the cultural equivalent of the process of genetic changes that result in biologic evolution ... (Mihaly Csikszentmihalyi)

A new scientific truth does not triumph by convincing its opponents and making them see the light, but rather because its opponents eventually die, and a new generation grows up that is familiar with it. (Thomas Kuhn)

The connection between arts and wellbeing is very old. It accompanies human life from its primordial times, connected to our emotions, using symbols and embedded deep in our brains.

Early arts manifestations played a vital role in human development and we can only speculate what it meant to early humans. Art gives the opportunity to create representations, meaning and to communicate our stories.

This was first done through story telling, music, dance, paintings and sculptures. It is through those representations – of human relation to each other and to the world around them – that we learned to pass important information to others and in particular to pass it from one generation to the other. The oldest petroglyphs are found in India and have been dated as between 100–150 thousand years old.

Humans began to accumulate knowledge through the means of the arts. Later, pictograms became alphabets and human accumulated knowledge became easier to disseminate and share. We find ourselves today with significant collective knowledge.

Hardwired deep into this common knowledge and into our own individual selves is the power of the arts.

Objects of meaning still bring wonder to us, from as far as 25 000 BCE small sculptures such as the Venus of Willendorf, believed by many today to be our ancestral fertility treatment or infertility prevention.

Closer to our times, in Ancient Greece the arts had a significant role in health care for over 1200 years. Linked to the god Asclepius, major healing centres from 600 BCE to 600 CE had major theatres within their complex, as well as sculptures, music and story telling. The theatre of Epidaurus, for example is still in use today.

In the beautiful bismaritans, the Islamic hospitals from the 9th to the 15th centuries, music was part of the treatment of the sick: “Music beautifies and refreshes the body just as excessive worry ails it.” (Abu Nu’aim 1038 CE)

Bismaritans like Al-Gurhun (12–13th century) were very advanced in the treatment of people with mental illnesses and records exist of the salaries of musicians as well as mentions of why music was used: “the effect of a melody on a disturbed mind is like the effect of the medicines on a sick body” (Ibn Butlan)

The arts can also be very bad for your health as we know from examples in Ancient Rome when a condemned person would be forced to act the role of someone that would be killed in a theatre play and be really killed during the performance. Art was also bad for your health during the time of Hitler’s Germany when music, public performances, etc supported Nazi propaganda.

Over the past 30 years there has been a revival of the arts in the context of health and wellbeing. Evolving from ad hoc activities, the partnership has learnt from each other, creating a body of research that reflects a valid intervention for health. It also reflects the role of the arts in our society, as connector, inspiration and innovation both for the individual and for communities.

Today the arts allow people to voice their issues, as you had the opportunity to witness in this conference, through theatre, music, photographs. Very complex programs are able to involve people in large numbers like Soul City in South Africa (<http://www.soulcity.org.za>), and to connect communities to their health services as the Arts for Health Program in South Sydney West Area Health Service in Australia.

How did this synergy re-kindle?

A number of studies point to what we knew already: the therapeutic value of the arts. This follows a similar development in another creative area – design and health (Rubin 1998, Ulrich 2000). The connection between wellbeing and design was highlighted by studies of stress response caused by the environment and how specific characteristics of design in health could reduce stress. The reduction of stress leads to better health outcomes.

In 2004 the Arts Council of England commissioned a literature review of medical literature about arts and health. Dr Rosalia Lelchuk Staricoff reviewed 385 pieces of research, published from 1990 to 2004. The works included randomised and non-randomised controlled trials; peer-reviewed studies or papers of reputable source, studies performed before and after the intervention of the arts. The study identified a number of medical areas showing reliable evidence that clinical outcomes have been achieved through the intervention of the arts. These areas are:

- Visual arts and music have been shown in a number of studies to reduce anxiety and depression during chemotherapy, acting as a potent adjuvant to avert side-effects of the treatment.
- Use of music in Cardiovascular Unit reported a significant reduction in anxiety levels, blood pressure, heart rate and need for myocardial oxygen
- Arts interventions during medical procedures have shown to increase comfort and reduce levels of cortisol, and blood pressure
- Music significantly reduced physiological and psychological variables related to pain indicators. A number of studies reported a reduction in the use of pain medication after surgery.
- Music (self selected and live) and visual arts were showed to reduce stress and anxiety, and help control vital signs during surgery as well as reducing requirements for sedatives in post-operative recovery.

Staricoff’s review also highlighted the importance of arts and humanities in promoting better doctor-patient relationships, improving mental health care and developing health practitioners’ empathy across gender and cultural diversity.



The development of evidence-based research in the value of the arts is a natural evolution from the point of view of the other partner disciplines in the arts/ health collaborations. However it reflects a pathogenic, medicalised model of health. This paradigm (health focus on disease) has been rightly questioned in favour of a model that focus on a salutogenic approach to health.

Moreover, the research on outcomes for arts interventions in health often misses the social and cultural aspects of the partnership.

The development of longitudinal research that investigates social participation or cultural participation as predictors of survival (Hyypya et al. 2005; Konlaan et al. 2002; Glass, T. 1999) and in particular attending cultural events or visiting cultural institutions as cinema, museums or art exhibitions, concerts (Konlaan B et al. 2000) points to the need for policies that create opportunities for people living in regional and rural areas to engage in such activities.

The studies show a need to include the participation in cultural activities side by side with the promotion of physical activities. It also points to the need for continued frequent replenishment of cultural stimulation (Johansson et al. 2001).

What does this mean for rural health? Opportunities for participation in cultural activities is a matter of health equity and rural health should take initiatives that support ongoing programs that give regional and rural population opportunities for participation.

More collaboration is needed between cultural production in urban and rural areas so that there are opportunities for exchange and development of activities available. Another important aspect is the promotion of existing initiatives and programs, and the development of research that investigates the vibrancy of cultural life in rural and regional Australia.

For the past hundred years a growing understanding of the causes of diseases changed the way we must address health. The importance of clean water, sewage, hygiene, exercises, and healthy eating for example has a direct connection to wellness. This way, non-medical interventions are shown to have a significant and unquestionable role in health.

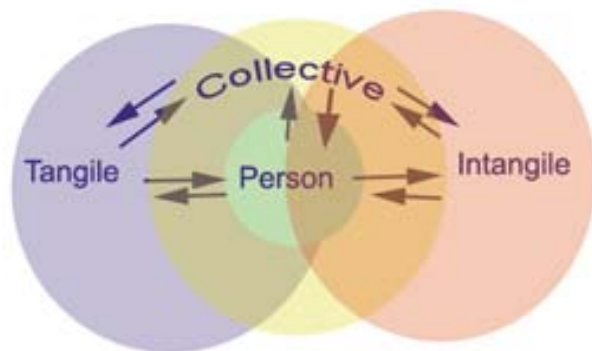
Antonovsky questioned the model of health promotion that still focuses on risk factors. He proposes a focus on salutary factors:

We are all, always in the dangerous river of life. The twin question is: how dangerous is our river? How well can we swim? (Antonovsky 1996)

Developments in health promotion through the World Health Organisation have consistently reflected the need for multi-disciplinary practice (Ottawa Charter 1986, Jakarta Declaration in 1997 and the Bangkok Charter in 2005). First by locating where the health is created: "where people live, love, work and play"

In 1997 the Jakarta Declaration focused on the pre-requisites or perhaps we should call the salutar factors for health: "peace, shelter, education, social security, social relations, food, income, the empowerment of women, a stable eco-system, sustainable resource use, social justice, respect for human rights, and equity. Above all poverty is the greatest threat to health".

As the social and environmental determinants of health become more and more clear, also the need for multi-disciplinary work becomes central. In that context the arts have a major role to play in supporting a salutogenic model of health.



Connections and lines of energy

The arts is a facilitator of energy flow that has a capacity to affect our own personal lives and our collective body. It modifies tangible, collective, intangible and the person. Values are questioned and articulated, ideas, emotions, possibilities are made concrete and go out to be seen, heard, lived and thrown back into the each other. My point is that the arts are salutary factors.

The time has come to develop the discourse from the arts point of view and to understand the role of the arts in health, to bring the arts to the table in a salutogenic perspective.

Finally, I would like to invite rural and regional communities to be part of a project on which I am working at the moment. "I am still here" is a project to promote the participation of people with dementia in visiting museums and galleries. I am interested in cultural rights for people with dementia both as spectators and creators.

The project is a large partnership involving Health and Arts Research Centre, Inc., the National Gallery of Australia, Alzheimer's Australia, the University of Queensland, Greater Southern Area Health Service (NSW) and Hearthstone Alzheimer's Foundation (USA).

At the moment I am co-ordinating a pilot program of visitation to the National Gallery of Australia (NGA). We are training special guides for tours for people with dementia and their carers at the NGA. The project then will have people visiting the gallery and a research evaluation will study the outcomes for all participants. In the next stage, we will take the program to regional galleries and museums and train local guides or volunteers.

"I am still here", is based on similar programs like at the Museum of Modern Art in NY. We are working with John Zeisel who established the MOMA program. Please contact me if you have an interest in being part of the program. We need the collaboration with rural health to develop the program's second stage.

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## Presenter

**Marily Cintra** was winner of the Australia Council's 2006 Ros Bower Award, in recognition of a life-time commitment to community cultural development. She is internationally known for her work linking the arts and wellbeing.

Marily is a visual artist with a Masters in Design and has developed arts and cultural plans for 17 health care facilities in Australia. She is the director of Health and Arts Research Centre Inc, a not-for-profit organisation dedicated to the promotion and study of arts in health.

