

‘Culture Vultures’

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SPOTTING THE VULTURES

A new book is heavily critical of claims for the social impact of the arts. Mike White assesses the implications for community-based arts in health

Policy Exchange has recently published *Culture Vultures – Is UK arts policy damaging the arts?*, which can be downloaded from www.policyexchange.org.uk. The witty title of this compendium of essays seems unwittingly self-descriptive as a succession of talon-flexing cultural researchers pick away at policy statements and come to conclusions that the arts sector makes grandiose statements about its role and achievements in delivering social benefits and that it is crap at providing any robust evidence base for these claims. It makes for a damning read, and could make one wonder if art has any place in addressing social policy issues.

Culture Vultures’ editor Munira Mirza contributes an essay on arts in health, ‘The Arts as Painkiller’, which casts a withering glance across this field. It does not alight upon any specific project work in arts in health for criticism; the target is policy makers, but a weakness in her argument seems to be a lack of knowledge of the practice of arts in health and practitioners’ viewpoints. She takes the tabloid tack of deploring arts spend in healthcare at a time when many NHS Trusts are in financial meltdown and states that “numerous initiatives have been set up in this area by government”. Not so. Government delivers no statutory requirement or even incentive funding, for example, for commissioning art in new healthcare facilities, and on the primary care front it has been down to wily arts and health partnerships managing at local level to get arts into some Health Action Zones and Healthy Living Centres.

But I must ask first what exactly is “the official policy literature” that is being critically examined? Sure Arts Council England has made pronouncements supporting the value of arts to healthcare but there is as yet no co-ordinated national policy on this. A strategy paper is due later this year, with the NHS likewise producing an internal review. Meanwhile reports and action plans at regional level have focused on auditing the scope of practice, with ACE’s funding support normally swept into Grants For The Arts applications. The Scottish Executive has declared its belief in the value of arts to healthcare and, whilst it may have put the cart before the horse, it has now commissioned objective research into culture and well-being from the Centre for Cultural Policy Research at Glasgow. That report concludes that there may be an association between culture and well-being but that causal links are not yet determined, so the challenge is for policy to set realistic goals. So far the advocacy of arts in health may have been muddled, but it is too early to dismiss a cross-disciplinary research base that is still necessarily grappling with the complex questions that must underpin valid research in this area.

Mirza makes useful recommendations in calling for better definition of arts and health and well-being, and for debate by both arts and health sectors on what makes for

quality in this work. But the real damage delivery in her essay comes from an unsubstantiated concern that a process of manipulative social engineering is going on within community-based arts in health: “The model of urban regeneration, health and social inclusion that is being developed is ‘therapeutic’ in which social problems become repackaged as individual, psychological problems that require therapy,” from which she concludes: “they are not about using the arts to express a greater truth about ourselves, but to manage our emotional lives and even perhaps, to placate us.” Really? Are artists who work with healthcare services so dumb as not to see that they are being used in this way? Since when were social concern and artistic integrity incompatible? And if, as she suggests, there is a danger of arts ‘medicalising’ people, how is it that arts in mental health projects are valued most by participants because it is the one intervention they feel does not medicalise them.

The emergence of community-based arts in health in recent years is not due simply to advocacy from the arts sector but to awareness of the wider social determinants of health which requires a more holistic approach to health inequalities – which is longhand for addressing poverty. As Indian Prime Minister Atal Bihari Vajpayee once said: “Poverty is multidimensional. It extends beyond money incomes to education, health care, political participation and advancement of one's own culture and social organisation.” Community art cannot solve these problems any more than medicine can, but it can release visions and voices and tool some people to break out of the kind of poverty that liberation theology describes as the deprivation of any stimulus to change one's condition.

Quality control in community arts has long been concerned with balancing artistic standards with genuine participation, and not becoming just an arm of state intervention. It's a question of approach as the Australia Council's report *Art and Well-Being* (2004) observes: “In considering the role of community cultural development, it is useful to distinguish between *instrumental* approaches which involve the arts (‘let's implement policy using the arts’) and *transformational* approaches (‘let's allow creative activity to determine policy, negotiate shared understandings and map out solutions’).” Arts Council England's pronouncement in *Ambitions for the Arts* about the ‘transformational’ nature of the arts may smack of aggrandizement but at least it does not endorse the purely instrumental approach that Mirza fears is happening.

As to claims that the arts can promote well-being, she says: “we might question whether this is as important as other objective lifestyle choices such as diet, exercise, environment, as well as objective social factors, such as the quality and provision of healthcare in the locality.” This misses the point completely. Arts in health, thank God, is rarely happy-clappy, and in community-based approaches its practitioners work alongside health staff and other professions to help improve the conditions for lifestyle choices to be self-determined and to make local health services more interactive with their communities. This is readily illustrated in many of the projects described in Mailout's special issue on arts in health last year. What is happening in community-based arts in health is not ‘social elastoplast’ but a kind of triage to determine what arts interventions are effective in helping sustain healthier communities. Maybe artists in this field should try and articulate their own reflective practice more to the public and not leave it to the policy makers.

What is worrying is that just at a time when arts in health is rising up the cultural and political agenda there are critical vultures swooping to consign it to dead-end arts posturing and policy failure. Those cultural policy analysts who would defend the right of artists to explore and express their world-view seem curiously parsimonious about allowing the engagement of art with health to do likewise. Establishing the effectiveness of community-based arts in health requires well-executed, interlinked and sustained practice within a research programme (not just individual project evaluations) that has adequate timeframe to provide meaningful evidence. Meanwhile let's have that debate on quality.

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