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**Creative community groups as  
catalysts for health and wellbeing:  
An ethnographic study of arts  
participation in Stoke-on-Trent (UK)**

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# Abstract

The role of creative activity for wellbeing is of growing interest, with third sector resources increasingly utilised to prevent the over-medicalisation of social problems. Experiences of community creative participation, however, are not well understood. There is currently a lack of qualitative research which considers creative activity in group settings, across the life span and within the wider context of people's lives.

This ethnographic study aimed to understand the significance of participation within specific creative group projects, framed by the wider health and wellbeing agenda. Research took place in the city of Stoke-on-Trent, England, an area of multiple deprivation. It consisted of 12 months of participant observation among a women's craft group and a men's creative project. After 6 months of in-situ fieldwork participant observation moved online due to the COVID-19 restrictions. All data, including open-ended interviews and participants' diaries, were analysed thematically.

The findings showed that people were motivated by an interest in the creative activity which functioned as a catalyst for social connection, transformation and feelings of belonging. Some engaged with these groups as an alternative to the healthcare system, others alongside it. Most recognised the wellbeing benefits, keen to advocate them to the wider community. The groups were designed to be inclusive, safe spaces intended to meet the wellbeing needs of the community and there was a system of governance and accountability in place. Challenges to the creative organisations were the need for personal and financial support to sustain their projects. This study provides key insights of the characteristics of creative community practice and participation for policymakers, social prescribing models and arts and health initiatives. The findings could be transferable to similar communities and contexts, particularly in areas of social and health disadvantage.

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# List of abbreviations

AoP	Arts on Prescription
APPGAHW	The All-Party Parliamentary Group on Arts, Health and Wellbeing
CCP	Creativity and Connection Programme
DCMS	Department for Creativity, Media and Sport
IMRaD	Introduction, Methods, Results, and Discussion.
GP	General Practitioner
NHS	National Health Service
NICE	The National Institute for Health and Care Excellence
ONS	Office for National Statistics
PPIE	Patient and Public Involvement and Engagement
UK	United Kingdom
WEMWBS	The Warwick-Edinburgh Mental Wellbeing Scale
WHO	World Health Organisation

# Glossary of terms

<b>Facilitator</b>	The person who runs and organises the creative sessions and groups.
<b>Link worker</b>	Trained non-clinical people who refer patients to services outside the NHS for health, wellbeing, practical and emotional support.
<b>Potbanks</b>	A colloquial term for ceramic factories in North Staffordshire.
<b>Psychosocial</b>	The connection of social factors on health and wellbeing.
<b>Social prescribing</b>	A model of referral, usually, from the healthcare system, using link workers to refer people to non-clinical resources.
<b>Stoke</b>	One of the six towns (Hanley, Burslem, Fenton, Longton, Stoke, Tunstall) which make up the city of Stoke-on-Trent.
<b>Stokie</b>	A colloquial term for somebody with heritage ties to Stoke-on-Trent.
<b>Stoke-on-Trent</b>	The city of Stoke-on-Trent.
<b>Third sector</b>	Not-for-profit, voluntary, charity, community and social enterprise groups and organisations

# Data key

## **Vignettes/fieldnotes**

Ariel Narrow font. Set off from the main text and represented with no quotation marks.

## **Research participant diary extracts**



or with 'single quotation marks in text'.

## **Research participant quotes in text**

*Times New Roman italic font with single quotation marks. If over 20 words set off from the main text, italic with no quotation marks.*

## **People and place names**

All research participants and creative group names are pseudonyms. Place names are left original, as socio-geographical context is relevant to this study.

## **Research participant details**

Ages of research participants were accurate at the time of this study, where known, similarly other personal details. Information provided was generated ethnographically and varies from person to person.



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# CHAPTER 1

## INTRODUCTION

In this doctoral study, I explored the significance of creative community participation for individual and community wellbeing. My study focussed on the experiences of the facilitators and participants of a women's wellbeing craft group, Chrysalis, and a men's creative wellbeing project, Creativity and Connection Programme (CCP) (all names are pseudonyms – see appendix A for pseudonyms and research participant information). I conducted this research over 12 months in Stoke-on-Trent between 2018 and 2022, which was, at the time of writing, an area of social disadvantage. Here I provide an overview of my study, including specific developments in UK public health policy, to highlight the emphasis placed on services and resources within communities.

Throughout the duration of my study, the UK health and wellbeing agenda was focused on promoting the use of community resources in public health, with the introduction of the model of social prescribing. This relatively new system is defined as the referral to services within community and voluntary sector organisations which offer support and advice (Buck and Ewbank, 2017; Department of Health and Social Care, 2018; NHS England, 2021a; Polley *et al.*, 2017b). The move towards utilising non-clinical resources has been instigated to reduce over-medicalisation, support wellbeing and lessen the cost and strain on health services (NHS England, 2021a; Royal College of General Practitioners, 2018).

Therefore, my aim was to explore non-clinical, creative community projects which specifically had a wellbeing focus. At the time of writing, the groups I selected were not yet part of a social prescribing scheme, but they were promoted as places for wellbeing in

conjunction with creative activity. I sought to build an understanding of the processes, approach and challenges of community arts groups for health promotion in order to inform policy and practices for wellbeing, both inside and outside of the healthcare system. Central to this thesis is the argument that a community's health and wellbeing does not only have to be associated with healthcare professionals (Kelemen, Surman and Dikomitis, 2018). My analysis provides key insights into community-based support, including practice approaches appropriate to local needs and wider factors that influenced involvement.

To date, there is little known about the group experience within creative community projects, particularly for people across the age range, spectrum of health and in places of social disadvantage. I contextualise experience to deepen an understanding of additional factors beyond the creative activity which influence health and wellbeing. The nature of spaces and places underpin this study and the narratives of my research participants. The location of Stoke-on-Trent was significant. As a city in the Northwest of England, it faced multiple social and health challenges, higher-than-average levels of deprivation and poor health outcomes (Ministry of Housing, Community and Local Government, 2019; Public Health England, 2020). However, despite the outward appearance of a place unconducive to good health, the city played host to community groups with wellbeing at their core.

My analysis was guided by an understanding that social, economic and structural determinants affect health outcomes (Public Health England, 2017a; World Health Organisation, 2022). This premise demonstrates that opportunities for a healthy life are not only impacted by poverty, but also by factors such as race, gender, environmental conditions and societal norms across the social strata (World Health Organisation, 2022). It is these factors that marginalise and reduce ones sense of power, societal participation and health outcomes (Bernt and Colini, 2013).

It has been shown that few studies of creative engagement consider the influence of population settings and the broader context of people's lives on their motivations and experience (Martin *et al.*, 2018; Mowlah *et al.*, 2014). Therefore, I emphasise a contextualised approach when exploring the provision of community healthcare solutions in an area of social and economic deprivation. This included the structural and environmental opportunities and barriers to participation alongside the challenges of running and sustaining community groups. Concepts of inclusion and access proved key in exploring how creative places enabled social connection, boundary crossing and the building of social capital for certain groups on the societal periphery.

This thesis explores the relationship between arts, health and wellbeing, informed by debates surrounding evidence, sustainability and governance. I was guided by a range of arts and health literature throughout this research project, but my methodological approach was primarily inductive and data driven. The aim of this study was not to look at what works but to elucidate what happens in creative groups and understand the complex web of factors.

## **1.1 Rationale for this study**

The arts have been largely omitted in health policy, despite growing evidence of their potential to contribute to positive health outcomes. This is articulated in an extract from a large-scale inquiry into arts participation in the UK by the All-Party Parliamentary Group on Arts, Health and Wellbeing (APPGAHW):

Despite recognition of the interrelationship between physical and mental health and the underlying social determinants, there is a blind spot in many of the recent health policy documents [...] the role that engagement in the arts can play in improving health and wellbeing is consistently overlooked (APPGAHW, 2017, p. 52).

My ethnographic study was designed to increase the understanding of this role by generating data relating to the specificities and nuances of creative community experience. This focus took into account possible background factors and personal narratives and I considered how the social determinants, creative engagement and mental and physical health intersect. My study unpicked motivations for involvement in the context of personal narratives and structural constraints and opportunities. This included the purpose, motivations and experiences of the facilitators of the community groups alongside the participants. Such experiences were individual but also collective and interconnected.

Central to this study was the topic of health inequality and factors that contribute to inequity of opportunity. The Arts Council of England report, *The Value of Arts and Culture to People and Society*, identified ‘significant disparities in the level of arts and cultural opportunities and engagement across the country’ (Mowlah *et al.*, 2014, p. 44). Modern public health approaches focus on prevention, individual lifestyle and behavioural change for specific populations (Scriven and Garman, 2007). This approach, however, has been criticized for the inference that everyone can make healthy choices, with life circumstances and structural and social determinants of health unaccounted for (Baum and Fisher, 2014).

Various factors influence choice and access to resources that may support health and wellbeing: local environment, education, transport, gender, race, community resources and material wealth (Public Health England, 2017a; World Health Organisation, 2022). Such factors are argued to affect equal opportunity and restrict decision-making for certain people in society (Abel and Frohlich, 2012; Cockerham, 2005). It was this perspective that directed my focus within this study. If arts engagement is beneficial to wellbeing, then it is vital to unpick who is able to access such resources, the factors which enable inclusion and also the barriers to engagement. Therefore, with an emphasis on creative participation in context, I

considered concepts of place, opportunity, access, societal division and wellbeing to better understand the realities of practice and experience.

Gathering evidence of community practice for health and wellbeing has been described as problematic as projects are specifically designed for local communities and data is felt to be too inconsistent and varied (Husk *et al.*, 2019b). Such nuances are believed to make the generalisability of evidence difficult. However, it has moved the focus to the wider processes and systems instead, which may be transferable, such as practice, delivery and referral (Ibid).

The subject of evidence, particularly qualitative data, can be contentious. Policymakers and stakeholders often view approaches that measure impact and efficacy in higher esteem than experiential data (Daykin *et al.*, 2017). This credibility of evidence is argued to favour the study type rather than the suitability of the methodological approach (Petticrew and Roberts, 2003). For example, randomised control trials and systematic reviews are regularly ranked more highly in clinical decision-making than qualitative and case study evidence (Ibid).

As such, the effectiveness of creative interventions on health has predominantly been measured quantitatively, using surveys and clinical trials. These studies have proved valuable in demonstrating the positive impacts of the arts on health, with psychological, physiological and biological benefits clearly evidenced (Cohen, 2009; Crone *et al.*, 2018; Fancourt *et al.*, 2016; Nainis *et al.*, 2006). Such outcomes have been influential in supporting and reinforcing the case for the arts in public health policy making. As a result, creative activity is increasingly embedded within healthcare models such as social prescribing.

However, the nuances of personal experience and social context are little accounted for within quantitative data collection (Belfiore and Bennet, 2010; Daykin *et al.*, 2017; Judge and Bauld, 2006; Ings, Crane and Cameron, 2012; Orford, 2008). Additionally, the wellbeing impacts of creative participation are not always measurable or instantly attributable, as they are

intertwined with a multitude of factors (Mowlah *et al.*, 2014). Ascribing wellbeing to a measurement and an activity at a point in time only reveals a fragment of the picture. We learn little about the challenges people encounter that may create a fluctuating sense of wellbeing.

Qualitative methods, such as open-ended interviews, participant observation and participant diaries, have been shown to capture experiential data and provide more significant insights into why benefits may or may not occur (Reynolds, 2010; Derges *et al.*, 2014). These data collection methods and methodologies, such as ethnography, offer the potential to work alongside such large-scale quantitative studies or offer additional data relating to cultural context and social practices. Qualitative methods, however, must not be viewed only as a way to fill a knowledge gap. Such methods have the ability to provide alternative knowledge and enable further questions to be asked. Encouragingly, more recently, stakeholders and policymakers have agreed with the importance of referring to a range of evidence in respect to wellbeing (Bache, 2018). The study of arts interventions is increasingly recognised to require alternative research approaches (Bache, 2018; Broderick, 2011; White, 2009).

When assessing the impact of creativity on health outcomes, I refer to the concepts of the assemblage discussed by Fox (2012). He outlines how creativity activity and health should not be viewed as a cause-and-effect linear route, but as the flow between various elements. It is the interaction between people, experiences, thoughts and ideologies that work together to create experience. A key premise in this thesis is that creative community participation is a complex phenomenon built through individual and intersubjective experience. Therefore, I endeavoured to explore how meaning and action were influenced by lived experience and socio-cultural context. My methodological approach uncovers the characteristics and nature of

the creative groups and people, as I endeavoured to understand how such groups function in a city such as Stoke-on-Trent and the challenges faced and the opportunities provided.

From conception to completion, this doctoral project was inextricably interwoven with my situatedness and experience. I have a longstanding interest in creative activity and was an art teacher for over 20 years. Latterly, I had exhibited in the Stoke-on-Trent area as an amateur artist. These factors undoubtedly led to my desire to understand better the motivations for creative pursuit for adults, beyond exam grades.

Although I am not originally from the city, I had made it my home for 15 years. This allowed me valuable insights of its demographic and the social and health challenges of the area. My connection with Stoke-on-Trent began in 2007 when I settled in a city once described as insular and parochial (Lee, 2013). I was an incomer with Indian heritage from the south of England, but regularly encountered strangers who were friendly and eager to talk. Frequently, they would gently observe that I 'wasn't from around here' (based on my unfamiliar accent). Some would state, perhaps in an effort to relate, that they were not local either. After waiting expectantly for the name of a far-flung place, I would frequently discover that they hailed from the next town along, often ten minutes' drive away. This provides some insight into a sense of identity and belonging to defined locations within the city. Therefore, it could not be assumed that people within the same city automatically felt a social or cultural connection when they gathered for creative activity.

When I first arrived in Stoke-on-Trent, my first impressions were not hugely favourable. Highstreets appeared deserted, with shopfronts tatty and boarded up. Towering Victorian factories, once famous for their ceramic wares, lay empty and redundant. Worse still, some stood as invisible ghosts within expanses of scruffy brownfield sights. The impression of

ugliness has been documented by writers such as Arnold Bennet and J.B Priestley and, more recently, by journalists who equally extol the city's charm and quirkiness (Drabble, 2008).

Over time, my relationships grew with those who lived there, and I detected a pioneer spirit, particularly within the community arts sector. Undertaking this study opened my eyes to a local passion for creativity activity within certain circles. I became more aware of events, small groups and arts activities and the network of people who were interconnected and who championed one another. I noticed several public arts initiatives advertised on social media that aimed 'to bring positive change into the community through delivering high quality participatory creative arts activities' (Festival Stoke, 2021). Prior to fieldwork I had greedily sought out events which helped to fulfil my personal need to find a place as a newcomer. This embodied understanding also enhanced rapport building with those I met, as we shared experiences of life in the city and our paths often crossed in chance encounters outside the fieldsites.

These understandings guided my research design, but I was alert to any presumptions. I strove not to misrepresent my research participants based on my prior knowledge of place and the practice of creativity. Their realities of processes, interactions and practice were key and it was vital that my research participants recognised themselves within this thesis. By the nature of ethnographic study, ultimately, data analysis was interpretative and the presentation of findings led by my authorship. However, I endeavoured to provide a respectful and honest representation of events, interactions by gathering multiple perspectives and varied sources of data.

## **1.2 The focus of the study**

### **1.2.1 The community groups and projects under study**

The intention of my study was to explore creative community arts groups in Stoke-on-Trent that had a wellbeing focus. I spent several months, prior to the start of my fieldwork, locating suitable projects, forming connections and gaining access from the gatekeepers. I identified two, free of charge projects led by two local arts organisations whose social media channels endorsed the wellbeing benefits of creative participation. I will not use the names of the organisations in this thesis, only the pseudonyms of the projects they ran. In this section I provide an overview of the project groups and will describe them in more detail alongside the study location in chapter 4.

The project group names, Chrysalis and CCP, are pseudonyms, used in consultation with the facilitators of both organisations. I refer to the ‘men’s group’ (CCP) and ‘women’s group’ (Chrysalis) to distinguish them, but am mindful that gender identity is complex, non-binary and socially constructed (Bryson, 2016; McCall, 2005). I adopted an intersectionality approach when exploring social reality, as my research participants crossed boundaries of ethnicity, class, gender and sexual orientation (Sheilds, 2008).

The first project was ‘Chrysalis’ for those who identified as female and was run by a local arts organisation. The activities involved group and individual craftmaking, led by in-house and visiting local artists. Chrysalis was only one of a number of other projects that the organisation ran within Stoke-on-Trent. I also located the ‘Creativity and Connection Programme (CCP)’ for people who identified as male, run by a second local arts organisation. CCP incorporated a range of activities for men including a choir, ceramics event and comedy improvisation. This project, similarly to Chrysalis, ran alongside other community projects led by this organisation.

These arts organisations were based in the local community and were managed by Julie (Chrysalis) and Mike (CCP) alongside co-directors Mo (Chrysalis) and Suzanne (CCP). The projects were open to all who identified with the specific gender grouping and had an interest in the activities on offer. A diagnosis of ill-health was not a pre-requisite for taking part in Chrysalis or CCP.

Each organisation made it a priority that all activities were free of charge and at the time of my study, the projects were funded by grants from the Arts Council, The National Lottery Community Fund and the Thomas Deane Trust. These were relatively short-range grants of one and two years, and the facilitators were required to produce regular funding applications with specific criteria and project evaluations in order to secure further funding.

**Research questions:**

- What occurs for those involved in creative community groups with a wellbeing focus?
- In what ways do the nuances of delivery, activity and social context affect experience and meaning?

**Aim:**

To explore the experiences and perceptions of facilitators and participants of community arts groups to build evidence and understanding.

**Objectives:**

- To explore the perspectives and motivations of those who organise and deliver creative activities in specific community settings
- To investigate experiences and meaning for those attending creative community groups
- To examine the influences of participation on health and wellbeing
- To consider how the practices of creative community groups sit within the remit of the health and wellbeing agenda

### **1.3 Thesis structure**

The style of this thesis reflects my study's interdisciplinary nature. I interrogate personal, creative and social experience in the frame of community health and wellbeing. My research is structured by a conceptual framework which draws on ideas from, but not led by, sociological theories, methodological approaches alongside aspects of behavioural psychology and public health discourse. I have adopted the Introduction, Method, Results and Discussion (IMRaD) structure, conventional in health studies. I also incorporate an ethnographic approach of description, vignettes and direct quotes to represent the social realities encountered.

I now outline the chapters to come:

Chapter 2 provides background to this study. I discuss the arguments for using the arts as a public health resource and clarify definitions of community and participatory arts. I also discuss current public health policies and initiatives within the UK and globally, specifically, I focus on the mental health and wellbeing agenda, including social prescribing and the use of community resources. I introduce the topic of health inequality in relation to the location of this study and I assert that as health is affected by social and economic status. I highlight the relevance of context to understanding how creative participation in an area of multiple deprivation is experienced.

In Chapter 3, I discuss the literature relating to mental health, wellbeing, arts and health, social prescribing and community and participatory arts. My literature review focuses on themes and categories identified during my data collection and ongoing analysis. This interdisciplinary thesis incorporates topics of health, social disadvantage, wellbeing and arts participation and my literature review reflects debates and broad concerns in this area including themes of agency, social capital, gender and health inequality. I have identified

peer-reviewed literature on these topics and grey literature, such as white papers, online reports and documents, invaluable for building an understanding of the ongoing and ever-changing social and health context of my study. Additionally, I incorporated methodological literature which informed my data collection process and analysis. This chapter serves to emphasise that there is much to learn about how creative involvement supports health and wellbeing. Through my synthesis of the literature, I demonstrate the need for qualitative research methods to build an understanding of the range of factors which influence experience. Such methods shift the focus from individual experience, measurement and efficacy to the wider significance within the social realities of those involved.

Chapter 4 outlines my methodological underpinnings and rationale for an ethnographic approach. This chapter builds context, which is woven into the findings chapters 5, 6 and 7. I describe my research methods for data collection, recording, analysis and ethical considerations. In this chapter, I explain that subjectivities must be accounted for within the interpretation and analysis of data. I argue that a robustly designed ethnographic study provides rich and nuanced data to better understand the broader significance for community health and wellbeing.

In chapters 5, 6 and 7 I present the main findings under key topics pertinent to arts participation for health and wellbeing. Topics of motivating factors, the importance of place and the experiences for those involved. Within each chapter I identify patterns and concepts that run through the data and flow across chapters. I draw on theories of bridging and bonding social capital across the data. Each of these chapters contains a conclusion which summarises the main findings.

Chapter 5 introduces the concepts of place, space and placemaking. I examine my research participants' perceptions of their sense of place within the geographical and socio-

demographic context. I consider the creative groups and how place is constructed by the facilitators and participants and what this means to those involved. My fundamental argument is that place undoubtedly influences experience and perceptions of wellbeing. In a region uncondusive to good health, these creative spaces provide a function for people beyond creative endeavour. They are alternative, socially constructed places, new communities which encourage feelings of safety, flourishing and wellbeing.

In Chapter 6, I present the motivating factors for involvement for both facilitators and participants. I also discuss areas that create difficulties, tensions and barriers, as these are little known. In this chapter, I argue that societal and personal context is an important factor which influences motivations and opportunity. This would support the development of signposting and referral to community groups and strategies to enable wellbeing self-management across the life-course.

My final findings section is chapter 7 which illustrates the experiences and meanings of those involved. I identify how experienced is nuanced and subjective. In this chapter, I argue that experiences are shaped by social context and this is important when unpicking the significance of involvement. My data is viewed through a social constructionist lens as I analyse how meaning is influenced by social interaction. Specifically, I identify how creative group experience is transformative. It shapes ideas, feelings and subjective wellbeing.

Finally, chapter 8 and 9 discuss and conclude this thesis and consider the implications for my findings, returning to the initial research questions. I also reflect on the processes of the research itself and outline the strengths and limitations of my study.



# CHAPTER 2

## BACKGROUND

### 2.1 Defining participatory and community arts

Participatory art creates a space in which all can speak and be heard, where our pain and our hopes can be shared, where we can build common ground and ways of working together, where our creativity and empathy might find better ways of living. And in doing that, it might be specially valuable in the places too small or weak to be noticed by power. In communities left more and more to their own devices, participatory art—and especially community art—might be a valuable tool for building a better future (Matarasso, 2019, p. 29)

François Matarasso's statement elevates what may be perceived as an unremarkable community choir, or a painting group, into something much more powerful. The aim of my doctoral study was to understand the value of creative community groups in Stoke-on-Trent, a place often undermined and overlooked. Firstly, the definition of participatory and community groups needs some clarification.

Community arts commentator, Goldbard (2006), asserts that participatory arts can help participants address important life issues. She highlights that, in this way, they can help to instigate social change by impacting social policies and local practices. Such projects work with communities and Jeffers and Moriarty (2017) believe the terms community art and participatory arts are not easily separated as they encompass a range of approaches to creative public engagement. Primarily, creative community/participatory practice brings experts (the

artist facilitators) and non-experts (community members) together in a space to work collaboratively (Crehan, 2011). In this thesis, I refer to the creative arts groups studied as both participatory and community.

The use of the word 'arts' refers to a range of creative activities: the visual arts (painting, clay work, craftwork), also performing arts (singing, improvisation), spoken narratives and creative writing (Davis *et al.*, 2012; Fancourt, Warran and Aughterson, 2020). I emphasise these as they were activities led and undertaken by research participants. Creative involvement also included exhibition visits and viewings of the performances of others. Participation in community arts projects is often experiential with no obvious final product. Matarasso (2019), in his book on participatory arts practice, *A Restless Art*, highlights that processes are often more important with participatory arts than the creative outcome.

Community arts organisations are predominantly run locally, within the 'third sector'. This is as opposed to the 'first', or public sector, such as the NHS and local government, or the 'second', private sector, such as commercial companies. The third sector encompasses not-for-profit, voluntary, community and charity organisations with a social improvement focus independent of the state (Moulaert and Ailenei, 2005). It is this sector, specifically the voluntary and community sector, that is most recently spotlighted to support the health service with the advent of the Voluntary, Community and Social Enterprise Health and Wellbeing Alliance (NHS England, 2021b).

The third sector, however, has encompassed arts organisations for many decades prior to this. Outside the remit of the healthcare sector, arts groups have worked independently to support the communities where they are based. Facilitators are understood to use local knowledge and often place an emphasis on social determinants of health and the needs of a particular group or community (Putland, 2008). They are described as serving communities and enabling

creativity and democratic co-production (Crehan, 2011). This reinforces Matarasso's statement that community arts organisations provide a valuable service which empowers people to take control of their future. Murray and Crummett (2010) had long ago stated that projects collaborating with marginalized communities help them understand themselves better and view their surroundings and those around them differently.

Community arts in the UK have developed and shifted focus over time. In her summation of the British community and participatory arts movement throughout the decades, Jeffers (2017) describes the shift from activist, overtly political work in the 1960s covering issues of class, to that of identity, gender politics and the focus on community, which we see today. The agendas of funding bodies, governmental initiatives and policies often guide these shifts.

Arts organisations have long been directed in this way to such initiatives in order to gain funding and prove their worth (Jeffers, 2017). As a result, there is a perceived pressure to undertake projects that demonstrate hard benefits with measurable and generalisable economic and social improvements (Belfiore, 2006; Belfiore and Bennett, 2010). Health and wellbeing, however, is not only difficult to define, but even harder to measure. Experience is context driven, personal and also intertwined with social factors. I discuss in the next section how health and wellbeing is a current priority of policymakers and the argument for a consideration of personal circumstance when implementing policy.

## **2.2 The health and wellbeing agenda**

The term 'wellbeing' has become commonplace in the UK and globally, but definitions of how health and wellbeing coexist vary. The World Health Organisation (WHO) define health as: "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, 1948; WHO, 2018). In this way, their definition highlights the

need to address mental and social factors in equal part to physical health.

However, it is also argued that one may live with ill-health, but also experience a state of wellbeing induced by: "... a state of positive feelings and meeting full potential in the world" (Simon and Baldwin, 2021, p. 7). This echoes the ONS definition of personal wellbeing: feeling purposeful, worthwhile and that life is meaningful (ONS, 2020a). Understanding the desire for challenge, new experience and purposeful activity is highly significant to this study.

Undertaking creative activity is theorised to be intrinsically motivated, creating long-lasting and transformative wellbeing (McMahan and Estes, 2011; Ryan and Deci, 2017; Swindells *et al.*, 2013). Such characteristics of wellbeing do not focus on the presence of health conditions, but on how people feel about themselves and their lives.

Mental health and wellbeing specifically have been prioritised by research bodies and policymakers in recent years, building strategies to promote and support good mental health to prevent, reduce and support ill-health (Rose, Carr and Beresford, 2018). The WHO's holistic view of health, mentioned earlier, is reflected in its Mental Health Action Plan 2013-2020 which calls for international changes in attitudes to end the discrimination and stigma attached to mental health issues. It states that its main objectives are to 'provide comprehensive, integrated and responsive mental health and social care services in community-based settings' (WHO, 2013; p 6).

Such an integrated approach to utilising community resources has been spurred by an acknowledgement that mental health problems are prevalent across the lifespan and in all sections of society (Mental Health Foundation, 2022). The Foresight Mental Capital and Wellbeing Project (2008) captured key ingredients of wellbeing that support the benefits of creative participation: developing individual potential, being productive and creative, building relationships and contributing to one's community (Aked *et al.*, 2008; Jenkins *et al.*, 2008).

These ingredients for wellbeing became influential in UK policymaking in the years that followed. Michaelson (2013), however, cautioned that personal capabilities and material and environmental conditions should also be considered in understanding the value of the key ingredients from the Foresight report (Ibid).

The characteristics, capabilities and constraints within communities, therefore, must be understood in policy development relating to wellbeing. For example, a study exploring mental health and wellbeing amongst the least and most deprived in Stockton-upon-Tees demonstrated this premise. The research illustrated a stark difference in mental health and wellbeing between those in the least and most deprived areas in the region (Mattheys *et al.*, 2016). Those in the most deprived areas demonstrated much lower wellbeing outcomes. Poor material conditions were found to contribute to this, as did a variety of psychosocial factors. As Michaelson stressed, healthy behaviours for personal wellbeing must be understood in the social and environmental context that may encourage or discourage good health.

### **2.3 Revisiting the ‘magic bullet’ of community arts in healthcare**

Accelerated by the drive for the using community resources in integrated healthcare, the creative sector’s place in supporting people’s health and wellbeing is growing. Prominent reports evidence and support the importance of this role (APPGAHW, 2017; Cutler, 2020, 2021; Fancourt and Finn, 2019). They pull together a wide array of examples of small and large-scale practice that demonstrate the ability of creative and community participation to heal, support and transform. These reports unequivocally advocate the worth of non-medical interventions such as arts activity, but recognise that further evidence is needed to satisfy policymakers and stakeholders.

## 2.4 A background of austerity, inequality and COVID-19

(T)here are differences in health outcomes between males and females, for different age groups and for different countries. There are also differences in outcomes relating to socioeconomic status, ethnicity, geographical area and other social factors. These health inequalities, avoidable and unfair differences in health status between groups of people or communities, reflect historic and present-day social inequalities in our population. Reducing inequalities should allow everyone to have the same opportunities to lead a healthy life (Public Health England, 2017b, p. 3)

Over a decade of global financial instability has resulted in the UK government instigating a multitude of austerity measures. This has been found to have had a negative impact on the socioeconomic divide, with reduced welfare spending and greater health inequalities (Akhter *et al.*, 2018; Marmot, 2015). Social and economic deprivation has been strongly linked to the presence of poorer physical and mental health and higher mortality rates (Goodair, Kenny and Marteau, 2020; Marmot, 2015; Mattheys *et al.*, 2016; Phelan, Link, and Tehranifar, 2010; Russ *et al.*, 2012). Complex health conditions including mental health problems, such as anxiety and depression, form key reasons for attendance to general practice, particularly in areas of deprivation (Cawston, 2011; McCallum and MacDonald, 2021; Walton *et al.*, 2018). Those with low socioeconomic status show a greater and earlier prevalence of multimorbidity, defined as the presence of two or more medical conditions (Barnett *et al.*, 2012; Cassell *et al.*, 2018).

Deprivation can be understood as an absence of the basic levels of income, education, housing and environmental conditions (Ministry of Housing, Community and Local Government, 2019). The location of this study, Stoke-on-Trent, was recognised as one of the most increasingly deprived cities in the UK (Public Health England, 2020). At the time of writing,

the city had the 12th highest proportion of deprived neighbourhoods out of 317 council wards in England (Ministry of Housing, Community and Local Government, 2019). Stoke-on-Trent also scored extremely poorly in multiple health categories, with life expectancy vastly lower than the national average and worsening (Public Health England, 2020). I conducted my study in a place with a decreasing potential for good health and wellbeing. Therefore, Matarasso's statement that participatory arts are "valuable in the places too small or weak to be noticed by power" (Matarasso, 2019, p. 29) held great significance.

My data collection began in 2019 and continued through an unprecedented period of social upheaval and division. The UK was preparing to leave the EU and as the years progressed, the turmoil and divisions of 'Brexit' were a source of friction and debate. In March 2020, midway through my fieldwork, the COVID-19 pandemic struck. The established mantra of 'we are all in this together,' was rapidly challenged for its lack of acknowledgement of societal inequalities (Bowleg, 2020). The death rate from COVID-19 was significantly higher in deprived areas of the UK compared to more advantaged regions (Office for National Statistics, 2022). Social disadvantage during this period also had a greater negative impact on mental health and an ability to cope (Kousoulis *et al.*, 2020; Paremoer *et al.*, 2021).

The pandemic, therefore, highlighted how health is negatively affected by societal inequality. In 2021 the rhetoric of 'levelling up' was placed high on the political agenda as these inequalities and societal differences were heightened in the public consciousness (Harari *et al.*, 2021). In February 2022, the UK government's Levelling Up White Paper was unveiled with the promise of narrowing the gap of inequality between regions in the UK and identified Stoke-on-Trent as one of Britain's 'forgotten communities' (Gove and Johnson, 2022).

The Marmot Review, 10 Years On (Marmot *et al.*, 2020), reported that the demographic group who are the 10% of the most privileged in the UK, benefit from a continued increase in

life expectancy no matter what area of the country they live. As stated in the introduction of this thesis, poverty is only one factor that creates health inequality. Social and structural determinants and where we stand in the strata of society also creates privilege and disadvantage (Braverman, 2014). Health outcomes and life expectancy are argued to be inextricably linked to one's place on the social gradient (Marmot *et al.*, 1991; Marmot *et al.*, 2020). This can be a result of ethnicity, gender, religious beliefs, disability, race and sexual identity leading to a lack of access to opportunities and resources.

Unequal power relations can result in what is termed structural violence (Galtung, 1969; Winter, 2012). Such violence has been identified as embedded within institutions and social structures and is important to consider in the context of communities and organisations (Winter, 2012). Winter (2012) conceptualises structural violence as the entrenched, visible and accepted norms which influence behaviours and limit ambitions and expectations.

My research participants spanned the social gradient and crossed boundaries of class, race, gender and disability. As they facilitated and undertook creative activity within a place of social and economic disadvantage their experiences of access, power, structural barriers and opportunity were a key focus. I strove to understand how people who interact in a place of high deprivation and poor health outcomes manage their wellbeing. Ultimately, I aimed to understand the role that creative community involvement played in providing access to wellbeing opportunities and possibly alleviating structural barriers.

# CHAPTER 3

## LITERATURE REVIEW

Next, I review key literature on the wider aspects of arts and health to identify areas that require a deeper understanding. Additionally, I identify topics relating to the social and health background of my study, including reports and policy documents, current at the time of writing. I also discuss sociological concepts, such as social capital building to enhance wellbeing outcomes, pertinent to a study of community participation in an area with a poor health status.

### **3.1 Arts and health**

In the 1980s the UK Department of Health produced a report entitled, 'Art in the NHS' (Coles, 1983). It outlined how creative activity can support public health and it prompted a growing interest in the arts (as opposed to art therapy) as a healthcare resource (Ibid). As detailed earlier, creative activity has been utilised by the third sector to support wellbeing for many decades. However, little was known of the extent and range within England until the *Our Creative Talent* project (Dodd, Graves and Taws, 2008). The project was designed to map and build a better understanding of the voluntary arts sector and it examined an array of amateur and voluntary arts groups across the country. The resulting report concluded that the voluntary arts sector contributed to a range of positive wellbeing outcomes, such as social inclusion and empowerment for communities (Ibid).

More recently, several prominent reports further highlight the influence of creative activity on individual and societal health and wellbeing (APPGAHW, 2017; Cutler, 2020; Cutler, 2021). Their focus is on participatory and community projects as opposed to art therapy interventions. The UK large-scale 2017 enquiry from the All-Party Parliamentary Group on

Arts, Health and Wellbeing (APPGAHW) documents studies of creative participation across the lifespan, which used both qualitative and quantitative data collection methods. The enquiry also engaged service users, stakeholders and practitioners in its production (APPGAHW, 2017). The authors recommended that policymakers, funding bodies and health services recognise the positive role of the arts on health. They called for increased dissemination of good practice and the development of the delivery of such programmes within future health strategies.

Additionally, a large-scale scoping review of arts and health in the WHO European region gathered further evidence on how the arts can enhance health and wellbeing. The authors identified two key themes: promotion/prevention and treatment/management and asserted that the arts positively reduce health disparities and support people living with chronic medical conditions (Fancourt and Finn, 2019). Greater collaboration between the social care, health and culture sectors was recommended, with reference to using social prescribing to link people to arts programmes.

These reviews primarily focus on outcomes for individuals, but little is reported of the organisation and practices within community arts groups. Increasingly, however, the role and needs of arts facilitators is gaining attention. Community arts practitioners frequently work with people in ways that encourage self-expression and shared feelings and such work can take its toll. Maintaining such confidence and trust involves moderating behaviours and containing feelings, identified as 'emotional labour' (Daykin, 2020, p. 63; Needham, Mastracci and Mangan, 2017, p. 8). Cutler (2020) also stressed the personal strain that such community arts practice can impose, highlighting the conditions of relative isolation in which arts facilitators/practitioners work. In healthcare settings, arts practitioners have stated that greater peer support, a place at the health and wellbeing table and improved financial support would improve their wellbeing (Naismith, 2019).

Although the literature discussed makes strong recommendations for the role of arts in health, there is some debate on their influence on policy change and decision-making. The APPGAHW report is an advocacy document rather than an evidence review, as it presents positive examples of arts interventions for health and makes strong recommendations for implementation. Likewise, the WHO report (Fancourt and Finn, 2019) was a scoping review intended to map and gather a range of evidence on the role of the arts for health and wellbeing. In this way, they may be considered somewhat biased compared to a more systematic review of the evidence (Munn *et al.*, 2018). The WHO scoping review and a subsequent Department of Culture, Media and Sport (DCMS) report (Fancourt, Warren and Aughterson, 2020) have been criticised for lacking critical assessment needed to inform policy (Clift, Phillips and Pritchard, 2021). Additionally, the criticism was that the scope of the evidence is too broad (Ibid). Clift and colleagues acknowledged that the arts could indeed improve community health but called for more focused evidence, accounting for research methodologies, socio-cultural contexts and various stakeholders, including participants and practitioners (Ibid).

### **3.2 Social prescribing**

The growing evidence base for community arts interventions for health has led, in recent decades, to creative interventions becoming more embedded within the healthcare system. Healthcare professionals, such as GPs, have long understood the important role of community-based, non-medical activities in public health. However, the model of social prescribing, also referred to as community referral, is a more recent, formalised approach to utilising non-medical resources, such as arts activities for wellbeing (Polley *et al.*, 2017b). Within the model, link workers, also known as community referrers, signpost patients to community services dependent on their requirements. Link workers are non-clinical staff who meet with patients and offer support to help them access the appropriate resources (Thomson,

Camic and Chatterjee, 2015; Polley *et al.*, 2017). Exemplary schemes involve multiple meetings, which enable link workers to build rapport and signpost to the most suitable services (Stocks-Rankin, Seale and Mead, 2018).

The overarching principle of social prescribing is to facilitate access to community resources, encourage patients to achieve and maintain good health, resolve social and emotional problems and reduce dependency on medication (Buck and Ewbank, 2017; Department of Health and Social Care, 2018; NHS England, 2021a). Services, such as legal advice, gardening and arts activities, are offered to address psychosocial problems including financial anxiety and loneliness. These problems are known to lead to repeat GP consultations and often develop into more severe ill-health if unaddressed (Mattheys *et al.*, 2016; Russ *et al.*, 2012).

Although overall population health has improved, the demands on the NHS are greater with the rise of non-communicable diseases and long-term health conditions (Prince *et al.*, 2015). Between 2007-2014 the workload for GPs increased by at least 16% and spurred the urgency for social prescribing to reduce this demand (Royal College of General Practitioners, 2018).

The Social Prescribing Network was set up in 2016 to build knowledge between the healthcare, third and academic sectors (The Social Prescribing Network, 2018). From a report on the NHS's 10 High impact Actions to tackle the stresses on the NHS and reduce workload, social prescribing was one of the suggested initiatives (Department of Health and Social Care, 2018). It also aligned with the NHS 2019 Mental Health Implementation Plan and its key objectives to foster co-production and partnerships with local community and voluntary sector organisations (NHS England, 2019).

The implementation of social prescribing schemes within the UK has increased the knowledgebase relating to arts participation and health and wellbeing outcomes. The evidence

of arts based interventions demonstrates increased self-esteem, confidence and positive mood alongside reduced anxiety and depression for patients (Chatterjee *et al.*, 2018). Social prescribing schemes more generally, demonstrate a reduction in loneliness and isolation through the building of social networks (Wakefield *et al.*, 2022). Additional data indicates social and health improvements and reduced dependency on healthcare resources such as GPs and A&E (APPGAHW, 2017; Chatterjee *et al.*, 2018; Stocks-Rankin, Seale and Mead, 2018; Whelan, Holden and Bockler, 2015). Polley *et al.* (2017a) have stated that more consistent evidence is required to confirm that healthcare demand and costs are reduced through social prescribing. More recently, however, arts-based social prescribing evidence supports the model's ability to reduce financial pressure as well as the workload for the health service (Culture, Health and Wellbeing Alliance, 2021). The question is then whether the costs and pressures are simply transferred away from the health service on to the third sector.

Advocates of voluntary, community and health partnerships have similarly highlighted concerns that funding for local service providers may not be adequate to support the demand of social prescribing (Cole, Jones and Jopling, 2020; Cutler, 2020; Veasey, Neff and Monk-Ozgul, 2018). A Lottery Community Fund report cautions against only supporting part of the process, such as link workers (Davison *et al.*, 2019). It calls for more integrated support for the community and voluntary services, which would enable social prescribing to be a more viable long-term model. The potential lack of clinical support within community organisations is also viewed as a concern, as social needs are complex (Alderwick *et al.*, 2018). Therefore, strengthening training and collaborative networks is as important as financial support.

Another consideration particularly important to stakeholders within social prescribing schemes is that of governance. This includes the procedures required to ensure quality,

minimise risk and understand accountability (Polley *et al.*, 2017b). GPs have expressed concern about where responsibility lies when a patient accesses a community group run outside of the healthcare system. In response to this, the NHS have stated that with self-referral, the duty of care lies with patients and the community groups (Ibid). Therefore, trust must be built between healthcare professionals, the third sector and patients. Appropriate training, support and dissemination of the good practice and the approach of community organisations would help build a confidence and a better understanding of this sector.

As mentioned, the knowledge base for arts practice for health has built from a research focus on social prescribing schemes. I next review literature relating to referral programs such as Arts on Prescription (AoP) in order to identify what is already understood about creative practice for health promotion. I also examine the concerns, challenges and alternative approaches to the utilisation of non-medical and community resources for wellbeing.

### **3.2.1 Arts on prescription**

Creative activities have been used for a considerable time within art therapy, enabling recovery and coping strategies for mental health conditions. Creative interventions within the social prescribing framework differ as they do not set specific health outcomes within their projects. However, commonalities occur between the two disciplines. Art therapy and creative interventions are both found to:

- Aid identity building and recovery with a reduction of feelings of stigmatisation
- Empower and motivate people to try new things, plan for future activities
- Create safe spaces for self-expression, where social connections are made

(Clayton and Potter, 2017; Macpherson, Hart and Heaver, 2015; Reynolds, 2010; Secker *et al.*, 2007; Van Lith, 2015; Wakefield *et al.*, 2022).

Arts-based social prescribing schemes are led by creative practitioners in a community setting, rather than by an art therapist in a healthcare setting. One of the earliest schemes is Arts on Prescription (AoP), initiated in Stockport in 1994, which is open to people with mild to moderate depression (Bungay and Clift, 2010). The AoP model is commonly an 8–12 week programme designed to enhance the mental health and wellbeing of those with multiple health problems. The programme is not designed to target specific medical issues, as art therapy does and the participant's 'diagnosis' is not made common knowledge. The scheme enables engagement with creative activities and has been strongly evidenced to improve personal wellbeing (Bungay and Clift, 2010; Crone *et al.*, 2018; Van De Venter and Buller, 2015).

To demonstrate the impact that AoP interventions have on health and wellbeing, researchers from Gloucestershire University conducted a large-scale quantitative study. They analysed data from 1,300 primary care patients from the Southwest of England who had used the AoP *Artlift* scheme since 2007. From this project, the largest body of data relating to arts and social prescribing worldwide was collected (Crone *et al.*, 2018). Participants were prescribed an 8–12 week programme of visual arts activities with the ability to be re-prescribed a second time only. Changes in wellbeing were measured using the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) questionnaire taking baseline and final subjective wellbeing scores (Stewart-Brown *et al.*, 2011). Critics believe that quantitative data collection methods only give a partial explanation, ignoring the lived experience, pre-conditions and other life factors (Van de Venter and Buller, 2015). A focus on outcome and 'success' misses the meaning and reasons for outcomes, as well as the ebbs and flows during the creative experience. Most participants in the *Artlift* study achieved increased wellbeing scores. However, some displayed no improvement and others, a decrease in wellbeing, with the reasons reported as unknown (Crone *et al.*, 2018). This demonstrates how quantitative data can be limited in its ability to uncover the complexity of creative subjective experience.

A study by Stickley and Hui (2012a) offered more nuanced insights from the participants' perspective into an AoP scheme. This was achieved with the aid of a conversational, narrative inquiry process and it is one of the few studies of social prescribing to do so. Interestingly, some of the researchers also participated in the programme and were seen as best placed to understand fully the activity and situation. Common themes emerged such as the importance of a therapeutic environment and a safe, non-judgmental space. Bonding and a sense of belonging were reported, also evidenced within more long-term community arts participation projects (Lawson *et al.*, 2014).

Pertinent to my study was data collected from an 'Arts on Referral' scheme, as it adopted a slightly longer 20-week 'intervention period'. The scheme was intended to improve social capital, wellbeing and health outcomes. The study's outcomes indicated that participation successfully reduced social isolation and improved confidence based on wellbeing scores (Van De Venter and Buller, 2015). Slower improvement occurred for those with a lower baseline score using WEMWBS, with a greater increase occurring for women and ethnic minorities in comparison to white men. The report states that the reasons for this remain unclear and advises that a mixed methods approach is needed. Interested parties in arts and health research re-enforce the need for qualitative methods, including an ethnographic approach, to help identify other factors that influence such outcomes (Derges *et al.*, 2014).

There is currently little follow-up data to assess the lasting impacts of these short-term interventions. However, longitudinal data collected from an AoP scheme in Liverpool indicated that the scheme had lasting impacts for some beyond the duration of the intervention (Whelan, Holden and Bockler, 2016). These included the formation of enduring networks, skills and friendships. Despite a fluctuation in participants' mental health, even during the intervention, they used the coping strategies gained to move forward (Ibid).

In my study, I pay particular attention to the longer-term benefits of engagement over time. The AoP study mentioned opens up the question of the potential of creative engagement to facilitate networks and social capital building beyond the boundaries and time-constraints of a specific project.

### **3.2.2 A non-medicalised approach to reduce the stigma of ill-health**

In this section I discuss how non-medicalised resources are argued to provide an alternative for people who experience the stigma of ill-health. The diagnosis and labelling of individuals with health conditions and particularly mental ill-health, can result in stereotyping, marginalisation and a self-perceived and societal stigma (Secker *et al.*, 2007). I unpick the debate of terminology and association and how community activities prescribed by a medical professional may reinforce or relieve some of this stigma.

Critics argue that social prescribing medicalises basic social needs and creates a stigma associated with ill-health (Brownlee and Jenkins, 2018). This view identifies that the terms 'prescription' and 'referral' may have negative connotations for those suffering, for example, from loneliness, as the terminology is argued to speak of the medical model rather than a community-based approach (Phizackerley, 2019). However, it has been demonstrated that fundamentally, engagement with community resources for those with a medical diagnosis can positively shift their identity away from that of a patient (Secker *et al.*, 2007). Therefore, community involvement, however it is achieved, may reduce feelings of stigma from ill-health and promote wellbeing.

One such example is evidenced in an ethnographic study of artists with mental ill-health. The study was undertaken over the course of a year and it explored experiences of undertaking individual creative activities in a studio setting. The study found that this engagement allowed the individuals an alternative identity unconnected to their health condition (Howells and

Zelnik, 2009). This supports the potential of non-medicalised, creative support for positive identity building. Additionally, those who suffer from debilitating mental health conditions have been found to benefit from the formation of relationships with people from outside the healthcare system, as it removes their reliance on health professionals (Millner *et al.*, 2019).

Some, with a mistrust of the health service, are stated to find its hierarchical structure intimidating and community resources offer them alternative healthcare solutions (Sagan and Sochos, 2016). However, obtaining these services may prove problematic if they have to be accessed through the healthcare system. There is the argument that the model of social prescribing increases health inequalities for those who do not have regular contact with the healthcare system as they may be overlooked (Veasey, Neff and Monk-Ozgul, 2018). Men, for example, are less likely to visit the GP or seek help for depression and other conditions, a behaviour connected to stigma and hegemonic masculinity (Emslie *et al.*, 2006; Galdas, Cheater and Marshall, 2005). For such hard-to-reach people, alternative strategies may be necessary.

Alternatively, others place great faith in their GP. They are said to more likely to respond to a medical solution and may be more amenable to the concept of a 'prescription' (Pescheny, Randhawa and Pappas, 2018). Overall, there is a clear argument that the voluntary sector is well placed to reach those who are stigmatised by ill-health, rarely heard or underserved by the health service (Millner *et al.*, 2019; Sagan and Sochos, 2016; Veasey, Neff and Monk-Ozgul, 2018). Therefore, community resources, such as arts projects, have the potential to play a key strategic role within the health and wellbeing agenda, despite the debates concerning terminology and the ideal approach to uptake and referral.

### **3.3 Creative activity for health and wellbeing**

The previous sections highlight an increased integration of sectors within a public health strategy. I next discuss the literature surrounding creative involvement beyond the social prescribing model and the wider evidence of creative and group participation to support general health. The intention of my study was to explore the holistic wellbeing experience and therefore, I critique literature across the topics of social interaction, creativity and the psychological aspects of creative activity.

#### **3.3.1 Intrinsic and extrinsic wellbeing and motivation**

The disciplinary field of psychology has focussed on processes of creative activity for many decades. Knowledge has been increasingly built around the nature of wellbeing that ensues from activities which incorporate challenge and skill development. Such activities have been found to induce, what is termed, eudaimonic wellbeing: long-lasting and transformative wellbeing effects, such as a sense of satisfaction and increased self-esteem (McMahan and Estes, 2011; Swindells *et al.*, 2013). Michaelson (2013) also defines aspects of eudaimonic wellbeing as feeling safe, able to achieve and feeling in possession of a social network.

The subject of eudaimonic wellbeing is usually discussed alongside hedonic wellbeing, more associated with short lived, instantaneous gratification (Ryan and Deci, 2001). I believe that both are relevant and at play in creative involvement and important in the analysis of the wellbeing responses to creative participation. Studies of challenging activities such as sports and artmaking describe the concept of 'flow': the deep engagement in skills-based activity, where time and hunger go unnoticed (Csikszentmihalyi, 2000). In this flow state people are found to be unselfconsciousness, absorbed in the moment. It is argued that there must be just the right amount of challenge for this state to occur; too difficult or simple, engagement is lost (Nakamura and Csikszentmihalyi, 2014).

Absorption, satisfaction and a sense of achievement is tied to intrinsic motivation. That is, the motivation to engage in activities because of a desire for challenge, new experiences and to discover new things (Ryan and Deci, 2017). It is this motivation that drives activity for the joy of exploration and personal fulfilment, for 'curiosity, autonomy and play' (Reiss, 2004, p. 190). The concept of meaningful occupation as a tool for wellbeing aligns also with the ONS's criteria of personal wellbeing and the degree that we consider our lives to be worthwhile, meaningful and purposeful (ONS, 2020a).

Societal expectations and structural constraints tend to dampen unbridled intrinsic motivation. People are often led by extrinsic motivations and external factors: grades, job promotions or higher social status (Reiss, 2004). Another driver is social responsibility, guilt or obligation (Ryan and Deci, 2017). Within my analysis, I hold in mind these concepts of wellbeing and motivation when building an understanding of actions, behaviours and responses.

### **3.3.2 Visual arts and health**

The influence of visual artmaking on physical and mental health across the age range has been explored in a variety of different settings, some of which I discuss here. The APPGAHW report illustrated the work of a visual arts project called *Creative Families*. It was an example of co-production between a council mental health team, a gallery, several artists and a children's centre (Kearney, McCree and Brazener, 2021). The 10-week arts and craft project was available to mothers who demonstrated mental distress, undertaken alongside their children. Data was collected using semi-structured interviews and questionnaires and the results showed a 77% reduction in anxiety for the women and increased bonding between parent and child (Ibid). The intervention evidenced a positive impact although more information about the long-term effects of a relatively short programme would offer greater

insights. It was, however, an excellent example of effective partnerships and collaboration between sectors.

Longitudinal data was collected from the *Ways of Seeing* project, a two-year community arts project for people with long-term mental ill-health (Lawson *et al.*, 2014). The project encouraged interaction with gallery works of art and the production of original artwork in a studio setting. Participants expressed a positive sense of belonging from the project and enjoyed meaningful occupation. The study elicited insights into the psychological impacts of individual participation and creative production, but in a group setting. The participants enjoyed feelings of a shared sense of purpose by working in a group environment. Some, however, also reported anxiety at the prospect of the project ending, even when almost a year remained (Ibid). The topic of dependency for people who attend such groups is currently under-researched and, although not the focus of my study, is an important area for further study.

As discussed, many studies are based on quantitative research methods and do not include qualitative data. However, a systematic review of qualitative and quantitative studies of visual artmaking for adults with mental health conditions revealed key points relating to subjective wellbeing (Tomlinson *et al.*, 2018). Through participation, people reconnected with their communities, similarly described in other community projects (Howarth *et al.*, 2020). The safe space is identified as a common theme. Within it, people found the confidence to be creative and develop skills leading to re-employment and, for some, new creative identities. Several other arts and health studies describe such accounts of aspiration and hope that ensue from creative participation often regardless of the final outcome (Reynolds, 2010; Swindells *et al.*, 2013). Purposeful occupation in the planning and production of arts and crafts is reported to bring about a sense of optimism even for those with a terminal health diagnosis

(Reynolds and Prior, 2006; Reynolds and Lim, 2007). These examples focus on visual arts involvement for people with specific health diagnoses. The key findings, however, are essential for the wellbeing outcomes of people across the health and wellbeing spectrum.

### **3.3.3 The influence of singing and music on physical and mental health**

A review of the literature reveals an increased research interest in singing and health. However, the study cohorts are found to be unrepresentative of the general population. Research participation has primarily involved White women with good levels of education and the evidence rarely captures the experiences of males or those on the societal margins (Daykin *et al.*, 2018). Therefore, the coming together of men to sing as part of a choir, particularly in an area of social disadvantage, is not well understood.

The focus of existing studies is predominantly on the physiological outcomes of singing in a choir, the psychological and biological impacts (Fancourt *et al.*, 2016). Fancourt and colleagues demonstrated that, after group singing, mood levels increased overall and to a more considerable extent for those with lower mental wellbeing (Ibid). Stress level indicators of cortisol decreased also and in greater amounts for those who initially had the highest stress levels. Additionally, the researchers discovered that singing increased the body's immune response and this study is claimed to be the first to demonstrate such a connection. This evidence powerfully identifies the positive impact of singing on health, with a focus on individual responses and final outcomes (Ibid). It does not consider, however, the intersubjective and social experience during activities and the longer term influence on health and wellbeing.

This gap in knowledge is identified by a 2015 National Institute for Health and Care Excellence (NICE) report on group singing with older adults which stated that: “the committee discussed the evidence on singing and noted that it is unclear whether it is the

singing itself that produces the benefit, the group-based nature of the activity or something else” (NICE, 2015, p. 26).

The social interaction, delivery of the activity and the nature of the songs themselves are underexplored in group singing studies. There is some evidence however, that social bonding occurs faster for people who undertake activities such as singing, with synchronous behaviour such as movement and breathing identified as a possible factor (Pearce, Launay and Dunbar, 2015; Valdesolo, Ouyang and DeSteno, 2010). The nature of the repertoire is also reported in a study of post-natal depression, specifically the use of non-English, global songs felt by some participants to enhance the experience (Perkins, Yorke and Fancourt 2018).

A study that primarily focussed on the social aspects of group singing to promote good health identified a sense of belonging and shared, almost spiritual experience as key outcomes (Camlin, Daffern and Zerseron, 2020). It highlighted the co-constructed nature of reality within a group singing environment and the complexity of how experience and meaning intertwine with a multitude of other factors (Ibid).

### **3.3.4 The social aspect of creative community participation**

The previous examples demonstrate some elements of group creative interaction that may facilitate social connection. Mental illness and self-reported health conditions are found to be less prevalent when there is evidence of social support within the lives of the individual (Pevalin and Rose, 2003; Secker *et al.*, 2009). The social interaction during community group participation alters attitudes, reduces barriers and creates social relatedness (Derges *et al.*, 2014; Kirkby-Geddes, King and Bravington, 2013).

The social elements of creative community participation are found to be interconnected with the creative experience, encouraging social interaction, social cohesion, personal transformation and improved health and wellbeing (Brown and Novak-Leonard, 2013; Chan

and Goldthorpe, 2007; Matarasso, 1997; Swindells *et al.*, 2013). The participatory, or community arts, are argued to create common ground and shared experience for those who are members of a perceived community who may lead very disparate lives (Crehan, 2011). For people in an area of disadvantage and stigma, the formation of group community identity has been found to aid wellbeing, facilitating the collective ability to cope with adversity (McNamara, Stevenson and Muldoon, 2013, p. 43). The mutual support and trust of like-minded people lessens the damaging effect of poverty and marginalisation and participatory arts are seen to support deprived communities in this way (Western, McCrea and Stimson, 2007).

Loneliness and social isolation have long been linked to reduced mental wellbeing, overall health outcomes and lower life expectancy in older adults (Bennett, 2002; Durkheim, (1897) 1951). A study conducted over 14 years in England, investigated the longevity of older adults who attended museums and art galleries. Findings demonstrated that they benefited from a longer lifespan than those who did not (Fancourt and Steptoe, 2019). Existing health conditions were not considered a factor in earlier mortality, but loneliness was deemed significant (Ibid). The researchers acknowledged that a multitude of factors, including socio-demographic characteristics, may have been at play. However, cultural engagement was strongly linked to greater longevity.

Shared norms and reciprocity within social groups, enables the building of what is termed social capital. That is, the benefits gained from social ties through reciprocal behaviour and the exchange of resources (Bourdieu, 1986; Coleman, 1988; Putnam, 2000). Social capital is often used as a blanket term, which makes it difficult to assess what elements may benefit health. I identify here the key types of social capital termed 'bridging' and 'bonding' as they underpin interaction in social group settings.

Firstly, bonding social capital is understood to occur between those who see themselves as possessing a shared social identity and strong commonalities (Putnam, 2000). Trust is built and people benefit one another in a variety of ways through reciprocal acts. The work of Robert Putnam brought attention to social capital in neighbourhoods and his theories have been used widely in health research. His overarching concept was that social capital occurs in a wider community, neighbourhood setting and is measured by levels of trust and connectivity between individuals (Putnam, 2000). Putnam's views have been challenged as utopian and idealised as trust and network building are not in the reach of everyone, which I return to further in this section (Ferragina and Arrigoni, 2017; Osborne, Baum and Ziersch, 2009).

Different to the bonding between those who share commonalities, bridging capital is formed when diverse people from different groups connect and form trust, often through activities or organisations (Claridge, 2018). Participatory arts groups, specifically, are found to enable people from different lifeworlds to meet and they support the formation of bridging social capital (Kirkby-Geddes, King and Bravington, 2013). Such bridging provides opportunities and benefits for people on the outside of bonded groups who find themselves excluded (Leonard, 2004). Bridging social capital, therefore, is pertinent to a study of people living in an area of deprivation who may not have possession or the personal ability to access resources to support their wellbeing.

In reference to the critique of Putnam's idealist view, one must consider the ease and challenges to building social networks, particularly for people on the margins. Leonard (2004) highlights that bridging may come more easily to those who already possess greater power, as it enables them to build networks more quickly. In her analysis of a Catholic Belfast community, Leonard (2004) demonstrated that the formation of strong social networks and internal bonds can also exclude some within a seemingly bonded group if they do not hold

equal societal status. This is also reinforced in the findings from a study of a singing project for young people in the UK. It was found that those from advantaged backgrounds made positive new connections more easily than those who were more deprived (Hampshire and Matthijsse, 2010). Despite the overall successes of the singing project to enable social connection, the less advantaged young people reported feelings of disconnection and exclusion (Ibid).

Factors such as gender identity, class and ethnic origin can therefore reduce levels of power and status, making bridging less achievable (Lynch *et al.*, 2001; Szreter and Woolcock, 2004). In a study of women's experiences of mixed gender community participation, female participants described gender discrimination within community groups and reported negative impacts to their wellbeing (Osborne, Baum and Ziersch, 2009). The authors drew on theories of social and cultural capital, such as those of Bourdieu (1984; 1986), to emphasise that one must consider broader factors and personal constraints in social capital building. Bourdieu (1984) theorised that class and status guide behaviour, resulting in inequality that is reproduced rather than overcome. In this way, the privileged may increase their social capital more easily than the disadvantaged.

Therefore, it is important to recognise that although community projects can encourage bridging and bonding, this may not be equally achievable or a positive outcome for all. In my study of creative, community and social interaction I consider structural constraints, negative consequences and social positioning within my analysis of experience.

Place, location and community underpin my study and help to understand better how experiences within the creative groups are connected to personal and the wider context. To overcome societal structures, creative organisations are advised to respond to the cultural and social contexts of the community (Murray and Crummett, 2010). Carpiano (2006)

incorporated structural factors in his model of neighbourhood social capital, designed to facilitate community interventions. He broke social capital into the stages which precede it and the outcomes which stem from it.

The first stage are the structural antecedents. These are the characteristics of a neighbourhood, its strength of social ties and resources; inter and intra-neighbourhood socio-economic conditions. Secondly, social cohesion is defined as the mutual trust and social connection that leads to building social capital. These factors lead to the building of social capital, that is, the resources that emerge from social cohesion and networks. Finally, Carpiano's model describes the outcomes of social capital as the goals or benefits that result from this combination of factors, in this case, to individual health and wellbeing.

Structural antecedents are argued to be an important factor in the successful implementation of social prescribing (Tierney *et al.*, 2020). Self-reported barriers to engagement with the social prescribing model include a lack of accessible and appropriate services and living in an area of deprivation with fewer resources is shown to result in lower creative engagement (Brownnett and Evans, 2020; Icarus, 2019; Mak, Coulter and Fancourt, 2020; Wildman *et al.*, 2019b). This, therefore, supports the concept of the multiplier effect, where social inequalities are increased resulting in a wider health divide. Other reported barriers to creative participation and social prescribing are costs, lack of available time, transport and confidence to attend (Husk *et al.*, 2019a; Ings, Crane and Cameron, 2012). Therefore, those who would benefit most from social prescribing and the benefits that the resources provide are those most unable to access them.

Structural inequality pervades society where social orders and hierarchies prevail. In his book, *A Restless Art*, Matarasso (2019) explains how participatory arts help to dissolve existing borders in a multitude of ways. He believes they remove the boundaries between

experts/artists and non-artists, between artforms and positions of power. It is in these places that diverse people meet and I draw on Gershon's (2019) theories of porous boundaries where certain elements across social orders can slip through. Through bridging these boundaries, some turn away from the norms and expectations of a particular social group and align themselves with a new social order (Demian, 2016). These concepts are particularly relevant when considering the formation of new community groups, with ways of being that may not fit the cultural norms.

The experience of the COVID-19 pandemic highlighted the importance of social networks for our health and wellbeing. It brought to the fore the uneven quality of structural antecedents which impacted on social connectedness and health and wellbeing. The theoretical concepts of social connection guided my understanding of what occurred for people in my study. Not only within the creative groups, but in relation to the broader social context. I consider within this thesis the potential these creative groups held for social capital building in a place of social disadvantage and for some who lacked status and opportunity. I unpick the concepts of bridging across difference and bonding through similarity and the impacts this may have had on wellbeing. The characteristics of the environment are fundamental to health and wellbeing, as asserted by Carpiano (2006), and in the next section I identify discourse relating to place, particularly in relation to areas of deprivation.

### **3.4 Concepts of place, space and placemaking**

When considering motivation to take part, concepts of 'placemaking' and belonging hold significance. I use the term placemaking within my thesis to refer to feelings of comfort and belonging within a location, understood to occur because of the environment and resources (Project for Public Spaces, 2007). An inclusive approach to placemaking is community placemaking, argued to be a bottom-up collaborative process with ideas sourced at a

community level (Ibid). There is increasing discussion of the role of creative engagement in placemaking and community building, such as the study of community arts festivals in Wales by Brownnett and Evans (2020), which positively transform and reimagine familiar spaces.

Critical theoretical perspectives of space and place conceptualize them as interconnected entities. For Massey (2005), for example, space is 'the product of interrelations' which, in turn, creates a sense of place (p. 31). In this way, interpersonal, sensory and creative encounters can make a space become a place with meaning. Massey's spatial theories describe how 'trajectories coexist' and are always 'under construction' (Massey, 2005, p. 31-32). I held this in mind when examining the dynamic creative spaces of this study, where interrelations are 'never finished; never closed' (Ibid, p. 32). I therefore do not consider spaces to be empty and devoid of meaning as they enable the formation of experience and a sense of place. Places have 'felt value', which hold meaning for people, which can be positive or negative (Tuan, 1977, p. 4). They are also said to hold, not only the memories of the past, but gather new 'experiences and memories' (Casey, 1996, p. 24).

A variety of elements contribute to a sense of comfort and belonging in an environment and these aid in placemaking. In my study, I consider Stoke as a peripheralized place, a concept from the field of human geography, where places and people are positioned in response to policies, economics and societal norms (Kühn, 2015). Stoke-on-Trent has been categorised as a 'left behind area' and as an area with:

'a) high levels of need, multiple deprivation and socio-economic challenges; b) poor community and civic infrastructure, relative isolation and low levels of participation' (Oxford Consultants for Social Inclusion, 2020, p. 2).

Left-behind areas are found to have poor health outcomes, more crime, less funding and poor resources (Ibid). Boswell *et al.* (2020) argue that it is too simplistic to assume the occupants

of whole regions share the same experiences. They instead coin the term ‘nested deprivation’ (p. 2) which takes into account the pockets of deprivation that occur in cities such as Stoke-on-Trent.

It cannot be assumed in this study that people inhabiting a peripheralized place are powerless and marginalised. However, it became clear, in my study, that embedded social and institutional structural violence influenced opportunities and guided behaviours. Societal norms are known to influence our social positioning and personal expectations, which may exclude (Bernt and Colini, 2013; Winter, 2012). The Marmot report (2020) reinforced that marginalisation occurs across the social strata, not only in areas of deprivation, and is clearly linked to poor health outcomes.

Willet and Lang (2018) encouragingly argue that people can shape the places they inhabit and are not 'passive victims of circumstance' (p. 2). Therefore, I explore how the meeting of trajectories alongside structural factors encourages or restricts the building of place and a sense of inclusion rather than marginalisation.

### **3.5 Engagement with creative arts and inequalities of access**

This review of the literature has so far identified that the social determinants play an important role in differing experiences and wellbeing outcomes. I return to the premise that gender, lack of education and class are evidenced to marginalize and prevent equal participation in society (Baah, Teitelman and Riegel, 2019; Dutta, Sonn and Brinton, 2016). I now unpick the topic of participation, specifically in relation to the arts.

Community arts and public health interventions often aim to empower and enhance wellbeing among some of society's least privileged. However, Daykin *et al.* (2018) highlight that there is limited evidence on the wellbeing outcomes for marginalized people. They suggest that lower

creative participation from those they term ‘sub-groups’ inhibits the collection of such data (Ibid, p. 44). NHS England state that one aim of social prescribing is to reduce health inequalities and provide accessible resources (NHS England, 2021a). The question arises of how willing and able people are to access and use them.

The arts have been described as “an elitist luxury available only to the already advantaged” (Clift, Camic and Daykin, 2010, p. 3). This statement suggests that the health divide may widen if only sections of the population access creative resources to benefit their health. A large-scale Arts Council funded project (2015-18) examined *Everyday Creativity* in England. It uncovered that many of those surveyed perceived the art world to be elitist. High creative and cultural engagement is linked to people with the highest 'cultural capital' such as education and class (64 Million Artists, 2016; Silva 2008). This aligns with Bourdieu’s theories of the fixed nature of cultural consumption based on class (Bourdieu, 1984). Analysis of the 2001 Arts in England survey asserted that an individual is not constrained by barriers of class when accessing the arts (Chan and Goldthorpe, 2007). This study challenged the idea that social positioning alone impacts on cultural consumption and finds that ethnicity, education and gender play a key role (Ibid).

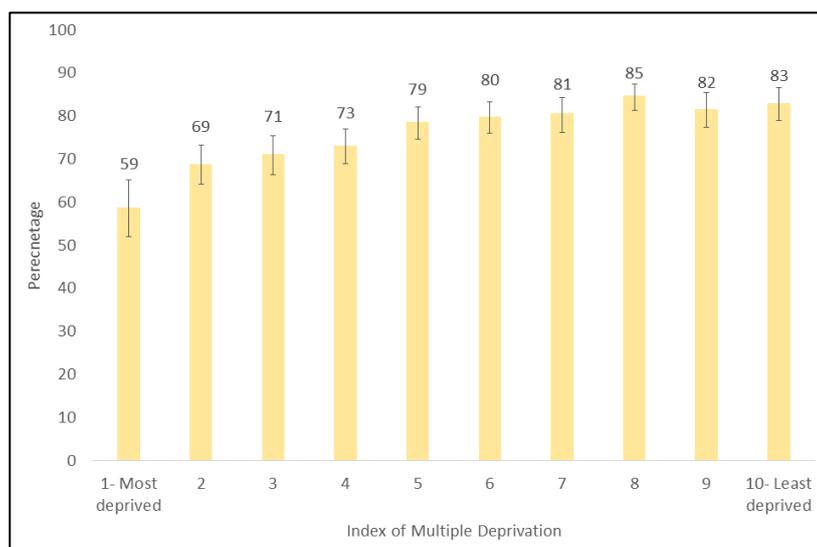
A more recent indication of the demographic who access creative activities is the Taking Part survey of April 2019 – March 2020 (a doorstep household survey in England to assess levels of cultural engagement) (DCMS, 2020). Those with indicators of better economic status such as employment and home ownership had higher participation levels (DCMS, 2020).

Further data of the types of people who take part in community activities was gathered from a community engagement programme, *Well London 2007-2011*. The programme was designed to change behaviours relating to health and wellbeing in several of London’s deprived inner cities. There were varied projects within it relating to aspects of healthy eating and mental and

physical health. The researchers highlighted in their evaluation that a large proportion of those who did not engage were people with low educational attainment, working men and unemployed women (Phillips *et al.*, 2014). Further qualitative data from this study explored the perspectives of participants concluding that a sense of agency in the projects aided wellbeing outcomes (Derges *et al.*, 2014). For those who lacked status and power, control and choice appeared to be important.

Many public health interventions focus on behaviours of specific, targeted communities with the premise that we all have the agency for personal change. This approach may neglect structural and societal constraints. Community participation has been found to create tensions and cliques due to existing social hierarchies and inequalities (Bolam, Murphy and Gleeson, 2007; Daykin *et al.*, 2020; Hampshire and Matthijsse, 2010). Social inequalities, certainly during a time of austerity, have severely impacted health outcomes in the UK in the last decade (Mattheys *et al.*, 2016).

Figure 1 demonstrates that creative engagement is lower in more deprived areas. This is significant to this study based in Stoke-on-Trent, an area of multiple deprivation.



**Figure 1.** Arts engagement in the last 12 months by Index of Multiple Deprivation decile, 2019/20 (DCMS, 2020)

### **3.5.1 Understanding self-care and health management**

Encouraging people to undertake creative activities for good health and wellbeing, therefore, is a challenge in an area such as Stoke-on-Trent and is compounded by the region's poor education levels (GOV.UK, 2019). In Stoke-on-Trent, 52% of the adult population are reported to have reduced levels of health literacy, that is, the ability to access resources and information which impact health and wellbeing outcomes (Protheroe *et al.*, 2017). Poor health literacy reduces people's ability to make informed, healthy choices and has been found to predict poor quality of life (Panagioti *et al.*, 2018). The COVID-19 pandemic demonstrated that when public health information is inaccessible, it has a detrimental effect on health outcomes (McCaffery *et al.*, 2020).

It is recognised that low confidence, lack of understanding and limited ability to self-manage are linked to reduced good health (Hibbard and Gilbert, 2014). The uptake of routine NHS Health Checks has been reported as greatly below the national average in Stoke-on-Trent (Cochrane *et al.*, 2013). Factors reported by Cochrane and colleagues were a lack of interest and debilitating co-morbidity, with the most deprived areas conspicuous by their absence. Therefore, social and economic deprivation is clearly connected to poor health management, including undertaking wellbeing activities, such as attending arts projects. Placing the responsibility solely on the individual has been criticised as:

A convenient way of framing an expectation that people and communities need to do more to help themselves without significant investment in the capacity and capabilities necessary to support this alternate model of welfare  
  
(Dayson, 2017; p 102).

I argue that factoring in the social context, including health literacy, is necessary to support strategies for interventions and participation across the socio-economic spectrum. Fancourt and Finn (2019) recommend a pressing need to improve public understanding of how the arts support health if social prescribing is to be embraced by communities. Although the focus of health literacy tends to be on accessibility of materials and resources, I posit that tacit health and self-care knowledge can be gained through the embedding of wellbeing experience, such as creative participation, within communities and throughout the lifespan.

### **3.6 The need for a more nuanced understanding of the arts for health**

Despite mounting evidence, the role of arts in health is under-reported and under-explored. The director from NICE to the APPGAHW enquiry stated that the arts were “conspicuous by their absence” within the guidance issued to clinicians relating to mental health and pain management (APPGAHW, 2017; p 39). Therefore, robust evidence must not only be collected but shared with commissioners to feed into healthcare strategies. Prominent recommendations have been made for arts and health stakeholders to work together to build a stronger case for the place of the arts in health (APPGAHW, 2017; Fancourt and Finn, 2019).

An examination of current research practice in arts and health reveals that outside the clinical art therapy realm, there is little known and understood about the nature of the components of creative practice (Stickley *et al.*, 2017; p 19). As discussed, much of the existing research focuses primarily on the perspectives of stakeholders, link workers and healthcare professionals (Cawston, 2011; Stickley and Hui, 2012b; Wildman *et al.*, 2019a). Additionally, the focus has been on participants with specific health diagnoses or psychosocial problems such as loneliness (Cutler, 2021; Howells and Zelnik, 2009; Lawson, 2014; Reynolds and Lim, 2007; Tomlinson *et al.*, 2018;). There is little research emphasis on the place of creative

participation to enhance everyday health and wellbeing (Camlin, Daffern and Zerseron, 2020; Conner, De Young and Silvia, 2016).

The APPGAHW report supported a strong argument that participation in community arts can support a healthy lifestyle across the lifespan, from alleviating stress in the working population and as part of 'healthy ageing in older adults. In response to this, my study addresses the paucity of evidence of people across the age range and wellbeing spectrum who attend creative groups for a multitude of personal reasons. Currently, there is a focus on social prescribing as a healthcare referral model, with increasing evidence of the benefits of interventions such as Arts on Prescription, as discussed earlier in this chapter. There is, however, little known about those who access such resources from outside the healthcare route.

I have identified that consideration of context is important when investigating the complex nature of a community arts group. This includes understanding how people experience things in certain circumstances, the social and creative interaction and how the practices and processes that occur influence this. This would inform the knowledge base and potential strategies of delivery and practice for community projects. It may also aid the success of social prescribing as signposting for patients would be more effective and appropriate.



# CHAPTER 4

## METHODOLOGY

### 4.1 Introduction

In this chapter, I describe and justify my use of ethnographic methods as an effective approach for the study of creative community interaction. As such, I refer to prominent literature which advocates a qualitative approach to arts and health research. My epistemological stance to knowledge and interpretation is explained, including my reflexive approach whilst gathering, analysing and theorising data. I characterise the study location of Stoke-on-Trent and its specific geographic and cultural attributes, thus contextualising findings documented later in this thesis. Likewise, I outline the creative groups which were the focus of this enquiry.

The reasoning and benefits of the implementation of a wide range of qualitative data collection methods are explained alongside the input from a Patient and Public Involvement and Engagement (PPIE) group. I also address adaptations to data collection methods and the ethical considerations required due to the COVID-19 pandemic. Finally, my analytical approach is outlined, including the thematic interpretation and integration of a wide and rich variety of ethnographic data.

### 4.2 Patient and Public Involvement and Engagement (PPIE)

Research within the community has the potential to be hierarchical, with an imbalance of power relations fostering further health inequalities (Muhammad *et al.*, 2015). Input from community members with life experiences, like those in my study, is found to reveal 'hidden voices' that highlight points of relevance for them (Ibid, p. 14). To represent these voices, I

elicited the assistance of community members in the form of a Patient and Public Involvement and Engagement group (PPIE). They were people with varied and relevant experiences of living with ill-health and community and arts involvement. This enabled a critical analysis of my interpretations and representation.

Patient and Public Involvement and Engagement (PPIE) is recommended by the UK National Institute for Health Research advisory group INVOLVE (National Institute for Health Research, 2019) to ensure that research is relevant and of the highest quality. Insights from systematic reviews relating to PPIE reveal that it does indeed fulfil these goals (Bayliss *et al.*, 2016; Hyde *et al.*, 2017). PPIE within doctoral projects is not commonplace, but Troya *et al.* (2019) assert that it helps to foster an early appreciation of its potential. It also provides inexperienced researchers exposure to real-world experiences and perspectives which enhances the robustness of the methodology, analysis and interpretation.

In the planning stage of the project, I encountered members of the community within Stoke-on-Trent who had personal and professional interests in community organisations, arts and health. These included a social prescribing coordinator, a community food educator and an arts and health project worker. I approached all three of them with information about the study and an invitation to join my PPIE team. Due to their personal and professional interests, they were keen to contribute. Another three contributors were retired people with lived experience of the healthcare system and ongoing health conditions. One was sourced through INVOLVE and the other two were existing members of Keele University's Research User Group (RUG) (Keele University, 2021; National Institute for Health Research, 2019). Two PPIE meetings were held in total throughout the duration of the research project. PPIE members were asked to provide feedback on various aspects of the study.

At the first PPIE meeting, I introduced the research project and methodology. I gathered feedback prior to ethics approval on strategies to encourage participation in the research project and on public-facing documentation such as the information and consent sheets so that no critical issues were overlooked and to ensure they were appropriate and clear. It was suggested that to encourage recruitment, it should be clear why this project is important to me and the participants. Advice was also given on simplifying the language to make it more accessible and inclusive on the information and consent sheets. As a result of these suggestions, project documents were adapted and changes were fed back to the PPIE contributors.

The second meeting was held during the analysis stage in 2020, where emerging findings were shared with the group to obtain their reactions and feedback on my interpretation of the data. I sought input regarding dissemination activities and my contributors' reflections on the study's implications for policy and practice. The result of this meeting was an overwhelming consensus that the creative group facilitators' experiences and challenges were prominent and important findings. My PPIE contributors provided fresh perspectives on data that had become familiar and together we selected areas of relevance and specific importance. Several of the PPIE contributors offered contacts, such as NHS arts and health research leads and community hubs, as a means to disseminate my thesis.

The experience of incorporating PPIE into my study moved my thought process from the theoretical to the real. It was valuable and important to understand the perspectives of those who are healthcare users and also people with experiences within the local community. This shaped my approach to the relevance for both my research participants and the range of audiences for my research findings.

### 4.3 Rationale for an ethnographic methodology

The objective of ethnography is to describe the lives of people other than ourselves, with an accuracy and sensitivity honed by detailed observation and prolonged first-hand experience (Ingold, 2011, p. 229).

The experience of others is difficult to capture and arts and health advocates acknowledge ethnographic methods as a successful way to gather rich experiential data (Moffatt *et al.*, 2017; Quimby, 2006). My rationale for selecting an ethnographic approach came from a recognition that creative engagement is varied, unpredictable and complex. Within a creative setting, it was difficult to separate 'bodies, things, ideas and institutions' and I considered the assemblage of these elements rather than one singular focus (Fox, 2012, p. 495).

The iterative-inductive nature of this methodology allowed for suitable adaptations throughout the research project drawing on a variety of methods (O'Reilly, 2009). I selected an ethnographic methodology because it reveals 'things that are also both predictable and not; it exceeds questions and answers, and its unique contribution is in that space of excess, of telling us more than we knew to ask' (McGranahan, 2018, p. 7). Therefore, to uncover new knowledge of creative community groups that goes beyond assumption, such a methodology was ideal. Immersion within these creative communities enabled a deep understanding of the nuances of behaviours, routines and customs, which could not be pre-empted. However, as Rivoal and Salazar (2013) articulate, despite the inductive nature of the analysis, ethnographic fieldwork is also thoughtful and considered. Although interactions, chance conversations, unexpected events were often serendipitous, my research design was carefully planned.

Immersion within the field enabled an embodied understanding of experience, where I employed all my senses to the here and now (Pink, 2009). I also considered structural factors

which influenced engagement. I was alert to the social and environmental conditions, alongside processes and practices which create particular experiences within creative community interventions. Therefore, I experienced how things occurred, but also moved beyond surface findings to uncover the deeper and broader significance.

#### **4.4 My ontological and epistemological position**

The purpose of this research project was to understand the meanings that people place on creative involvement, within specific groups, in a specific city, and at a place in time. My epistemological position is that meaning-making occurs through a subjective understanding of those around us and therefore, social constructionist theory guided my analytical approach. This theory is underpinned by the premise that how people understand their lives is socially constructed and ever changing (Morrison, 2006). It is the norms and tacit understandings that occur within society that guide what we think, feel and do.

Symbolic interactionism, as a branch of social constructionist theory, argues ‘that people construct and negotiate identities for themselves and others through their everyday social interactions with each other’ (Burr, 2015, p. 222). That is, how people understand their lives in relation to other people and the social context. It is the symbolic understanding of social life and societal constructs around race, class, gender and ethnicity that influence behaviours, experience and, ultimately, wellbeing (Courtenay, 2000; Stoppard, 2014). Intersubjective meaning underpins this study and I do not search for one truth or consensus but explore how and why people interact within these social worlds.

It is never possible to know the complete truth for others, even from witnessing, hearing and sharing experience (Van Maanen, 2011). However, an ethnographic approach undeniably enabled a more profound, embodied understanding of lives and behaviours (Moors, 2019). A collection of 'truths', including my own, served to generate a presentation of 'reality'

constructed from multiple interpretations, 'a negotiated version of reality' (Pink, 2007, p. 24). My aim was to scratch the surface, the 'what' of things immediately encountered, sights, actions and words spoken, to search for a deeper, more insightful 'why' and 'how'; not cause and effect, but what is behind things said and done.

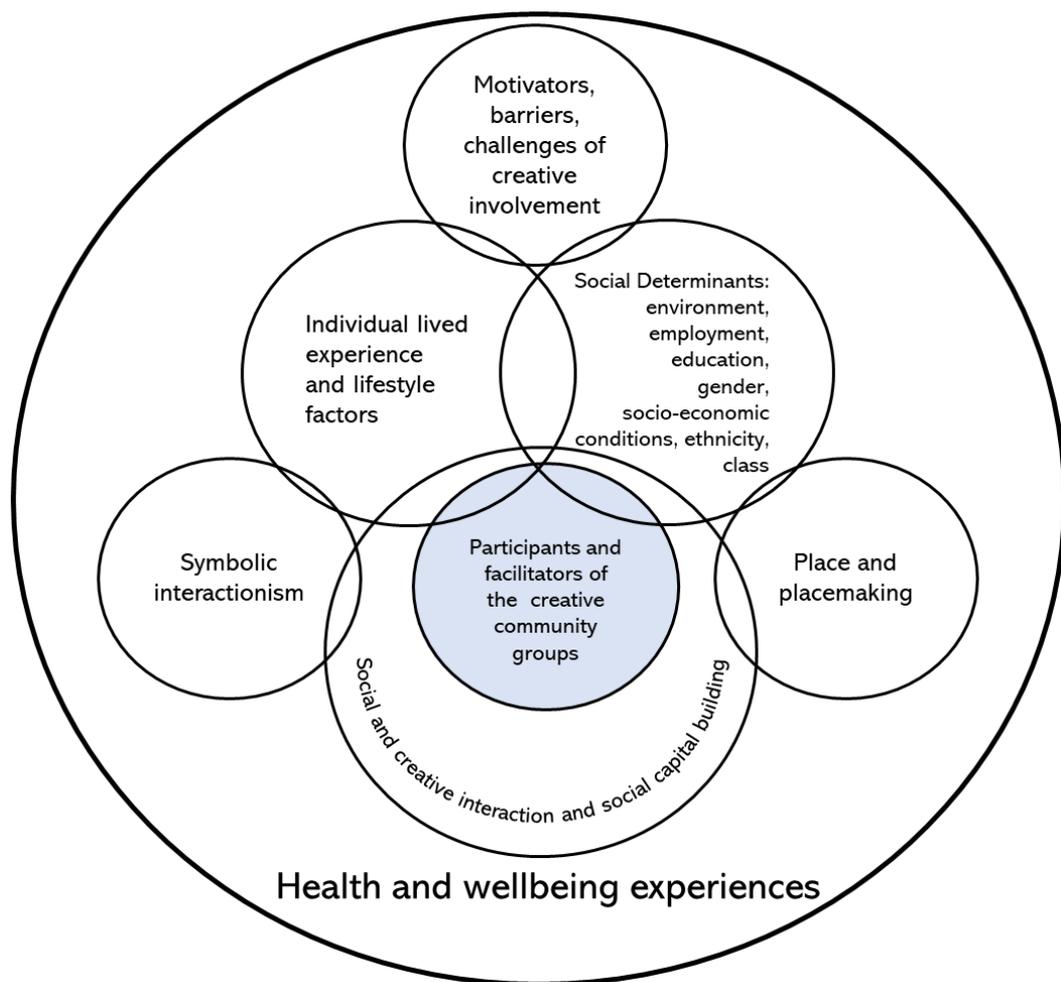
I adopted an interpretivist paradigm to make sense of the variety of social realities and how people constructed meaning from their situations. As such, I gathered multiple meanings for the people within my study, acknowledging that their realities were socially constructed (Chowdhury, 2014). Immersion into their lifeworlds enabled first-hand access to actions and interactions and allowed greater context behind them and their cultural and personal positioning. I set about to understand, interpret and analyse what is readily seen during fieldwork, in conjunction with the unseen events and causes that may not openly present themselves in fieldwork situations. It is these factors that are often overlooked in the current arts and health discourse which focus predominantly on activity and outcome.

My ontological positioning served to guide my approach to the data, the complexity of the experience of creative community engagement and the factors which influenced it. I conducted a thematic analysis that was predominantly inductive but also deductive, a process outlined by Fereday and Muir-Cochrane (2006). I collected data with an open mind but was informed by key literature and concepts which directed my synthesis of it. I was not, however, led by one specific theory, but driven by the data.

My approach, therefore, was to work with a conceptual model (Figure 2) which incorporated concepts and theories specifically relating to my epistemology, sociology and health (Imenda, 2014). Before the start of data collection, my a priori stance was that individual circumstances, behaviours and meanings are guided by wider determinants, as illustrated in figure 2. Interwoven within this were theories of place (Casey, 1996; Ingold, 2008; Massey,

2005; Tuan, 1977) and the concept that places hold meaning which is both embedded and ever-changing due to the meeting of various elements. My conceptual model describes how these factors, alongside creative and social interaction can impact on and alter realities (symbolic interactionism) and enable the building of social capital.

This initial model helped guide my focus during data collection and analysis as there were multiple avenues to take within such a study. It did not, however, reduce the data-driven nature of this study. I returned to the literature relating to these concepts during analysis to unpick the wider significance of my findings. My data was then directed into themes relating to structural factors and the concepts of the social determinants of health, place, social connection and social capital building.



**Figure 2.** Conceptual model which guided this study

## 4.5 Methods

### 4.5.1 The sample

Sampling is a term more commonly used within traditional health and quantitative research and less so within ethnographic and anthropological studies. However, as my study crosses disciplinary boundaries and intersects with health, it is important to address the process of sampling within an ethnographic approach.

Ethnographers select a sample by identifying a group or culture within a setting to understand experiences, actions and interactions in context (O'Reilly, 2009). Although studies focus on specific events and groups that may have unique characteristics, findings often hold relevance to a wider societal context (O'Reilly, 2009). This sampling approach differs from quantitative research, which adopts probability sampling, selecting a sample from a study population intended to be representative of wider groups with specific characteristics (Acharya *et al.*, 2013).

My sampling was carefully considered and guided by my research questions. I selected creative projects within the location of Stoke-on-Trent with a wellbeing focus. I excluded paid activities and sought out groups that were free to attend in the hope of exploring the participation of people across a range of socio-economic backgrounds. In order to gain comprehensive data from a variety of people, I selected two groups that functioned in different towns within the city, Stoke-on-Trent, with its social and health challenges.

My research participants were gathered from all those who participated within CCP and Chrysalis during 12 months of fieldwork. This selection was dependent on their capacity and willingness to consent to take part in my study (see 4.6.2 for ethical considerations). My selection and sampling was ongoing and iterative, as is commonplace in ethnographic fieldwork (O'Reilly, 2009). As my analysis was inductive, I shifted focus on occasions to

events and people, which could offer rich insights on particular emergent themes. In this way, I adopted some purposive sampling based on the participants' suitability to inform the study further (Etikan, Musa and Alkassim, 2016).

Unlike probability sampling, many of the individual characteristics of my research participants were initially unknown. Data collection revealed that they spanned the age range, educational and socio-economic status. One obvious sample characteristic was gender, as each creative group was single gender, although I selected the projects not because of this but because they fulfilled the criteria mentioned earlier.

To conclude, although my research participants were not selected to represent generalisable outcomes for a larger cohort, I hoped to generate insights transferable to similar, broader contexts. These include the transferable characteristics of the location, practices and challenges to participation and running the groups. On the next page, Tables 1 and 2 give an overview of the projects and research participant characteristics.

	<b>Chrysalis</b>	<b>CCP</b>
	Approximately 20 attendees overall	Approximately 30 attendees overall
<b>Age range</b>	20 - 70	18 -70
<b>Overview of projects in each of the creative groups</b>	Weekly, daytime 3-hour craftmaking wellbeing group for women. Free of charge. No expertise needed. Craft making activities. Visiting artists and creative activities at nearby locations. Free lunch provided.	Free of charge creative activities for men with a wellbeing focus. Included regular fortnightly, 2-hour evening choir practice. Also, one off activities: comedy improvisation, ceramics, choir event held at the weekend.

Table 1. Details of the creative groups studied

	<b>Chrysalis</b>	<b>CCP</b>
<b>Characteristics of study research participants</b>	16 women: 2 group facilitators, 14 participants	21 men / 1 woman: 2 group facilitators, 19 participants
	Aged 20-70	Aged 18-70
	Many disclosed mental and physical health conditions (Ill-health was not a prerequisite to taking part in Chrysalis or this study). They had the capacity to consent. Able to travel and take part in/run daytime creative activities.	Many disclosed mental and physical health conditions (Ill-health was not a prerequisite to taking part in CCP or this study). They had the capacity to consent. Able to travel and take part in/run evening and weekend creative activities.
	Education and socio-economic status varied. Most were retired, receiving benefits or working part-time.	Education and socio-economic status varied. Some were retired, or undertaking voluntary work, many in full-time employment.

Table 2. Characteristics of research participants

### 4.5.1.1 Study location

#### *Stoke-on-Trent, a city of six towns*

The location of this study was the UK city of Stoke-on-Trent, in the Northwest of England (Figure 3). At the time of writing, it had a population of approximately 390,000 (compared to London, with a population of 9 million) (World Population review, 2022). Its multicultural profile was increasing; however, most of its residents were born in the UK and 95% were White. The city consists of six towns which form a linear conurbation: Tunstall, Burslem, Hanley, Stoke, Fenton and Longton (Figure 4).



Figure 3. Location of Stoke-on-Trent (Bing Maps, 2022)

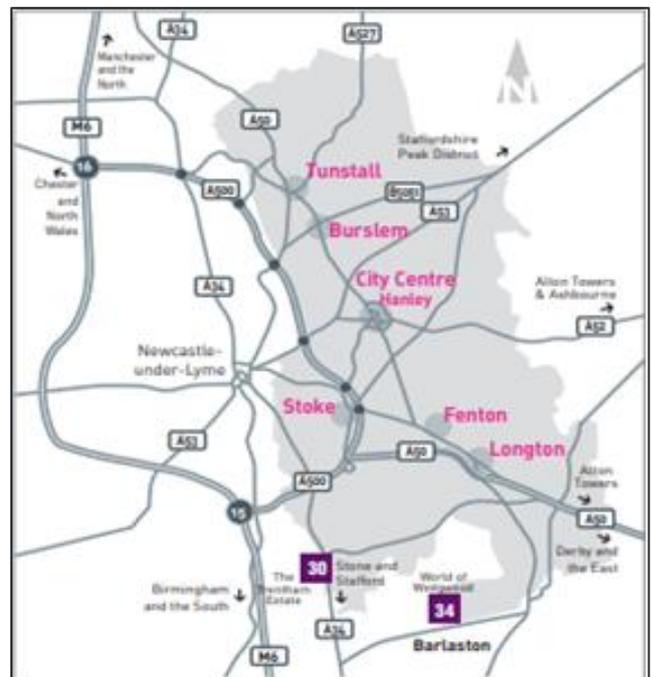


Figure 4. A map of Stoke-on-Trent's six towns (Visit Stoke, 2018)

It was only in 1910 that these individual towns, with their dialects and rivalries, were amalgamated to form a Borough and in 1925, the city of Stoke-on-Trent was created. This recent formation of the city goes some way to explain the dislocation that I felt between the towns and its people in a city with no definable centre. Its unfavourable linear geography adds to potential barriers to the creation of a cohesive community.

This abbreviated description of Stoke-on-Trent gives some insights when exploring experiences of inclusion and marginalisation: 'the process through which persons are peripheralised based on their identities, associations, experiences, and environment' (Hall, Stevens and Meleis, 1994, p. 25).

*Stoke-on-Trent, almost a 'city of culture'*

In 2017 Stoke-on-Trent lost a close-run battle for UK City of Culture 2021 to Coventry. It was recognised by Gareth Snell, Labour MP for Stoke Central at the time, that such a status would have benefited the city and its surrounding areas in a variety of ways, including its health outcomes (Hansard, 2017).

Culture and 'The arts' are loaded terms which are not readily associated with working class communities, such as the people of Stoke-on-Trent, or 'Stokies' as they proudly label themselves. However, the city is synonymous with the arts and crafts of its ceramics industry, and its people proudly coin the epithet 'The Potteries' in reference to it. The Potteries were once thriving, industrious centres for creative learning and ceramics innovation until the 1900s. Stoke-on-Trent was the home of over 100 factories, or 'potbanks', as they are still known, but now, due to globalised practices, only a handful remain. This ceramic heritage is embedded into the living memory of many 'Stokies' and the main decline occurred as recently as the 1990s. Many of the factories have now been razed to the ground and the achievements of the past are said to survive in the collective memory of intangible pride (Waterton, 2011). This collective memory forms a sense of identity and belonging among its people and whilst living in Stoke, I often heard mention of an aunt or parent who had once worked in the potbanks.

The embodied and ritualised practices of the people of Stoke-on-Trent that demonstrate this collective identity is explored by Leach (2016) in her study of the practice of 'plate turning' in

the city. Many people from the area, in cafes and restaurants, instinctively turn over plates and pottery to identify the stamp, curious about its point of origin. Leach's study explored reasons for this practice and concluded that it comes from a place of community belonging, a way of demonstrating local knowledge that displays a group identification.

#### ***4.5.1.2 Micro-cultures under study: two creative community organisations***

The organisations described in the introduction of this thesis were well established and respected in Stoke-on-Trent within the local creative community. I met several times with the project facilitators, Julie (Chrysalis) and Mike (CCP), prior to the start of fieldwork to explain my intended aims, methodology and to gain their confidence. It was important that I understood their objectives and ideologies also and the feasibility of conducting research within their creative projects. Thankfully, they opened their doors readily to me and the meetings served to build relationships. I believed it was important for them to recognise that my purpose was not to judge, evaluate or measure, as it often asked of arts organisations (Goldbard, 2006), but to experience, learn and disseminate.

With consent, prior to the start of fieldwork, I took part in the creative activities and steering group meetings to gain an understanding of the environment and the participants, prior to obtaining consent. Early embedding enabled me to familiarise myself with the creative projects and spaces and gave me confidence to enter these new communities during fieldwork. This prior knowledge led me to consult with the facilitators to create a more tailored approach when introducing my study to the participants.

### *Chrysalis*

Chrysalis was a weekly wellbeing arts and crafts group for women, each session lasting 3 hours. The group met in an arts hub workroom on the ground floor of an ex-industrial building shared with two other arts organisations. Located in Stoke, one of the six towns making up Stoke-on-Trent, the building faced a busy road junction where cars and buses thundered past. Its location belied the gentle, warm and inviting space where the women met on the other side of a faceless wall. The only indication were the incongruent upcycled flowerpots, hinting at something intriguing within (Figure 5).



Figure 5. The flowerpots outside the Chrysalis art space

It was advertised on Facebook as a *'creative wellbeing project'* offering *'regular creative activities giving women a safe space to explore, share and learn'*. The facilitator was Julie, an energetic woman just in her 60s, with a smile for everyone. She had many years of experience with community arts and health, having worked in hospitals, schools and for many years with the Chrysalis project. Chrysalis began in June 2016, 3.5 years before I joined as a participant/researcher. In interview, I asked Julie how Chrysalis began. She explained it was in response to women knocking on the door of the arts hub, desperately wanting something to do. Together with a creative partner in the organisation they successfully gained a postcode-

based health funding to set the project up and further funding was obtained later for those from all surrounding areas. All the activities were free of charge and Julie regularly dropped participants home at the end of the session if they did not have transport. Shortly after the start of my participant observation, funding for Chrysalis dried up. Despite this, Julie continued to keep it going each week whilst applying for new financial support. This highlighted to me the fragility of the sustainability of these creative projects and the commitment, in this instance, of the facilitator.

The community was ephemeral, with approximately 20 members, some of whom were weekly attendees, and others occasionally surfaced after months away. Their ages spanned from 20 to 70 and at any one time during my fieldwork, there were never more than 13 in attendance. The weekly activities involved visual art making and crafts in a group environment and many of the projects were collaborative and involved making artwork for community events. During my fieldwork sessions I worked shoulder to shoulder with the Chrysalis women, painting banners for community events. The project also enabled local fledgling female artists the opportunity to work with the group and we manipulated clay, wove recycled materials and even painted with soil. No previous experience seemed necessary as the activities were simple and clear instruction and demonstrations were given.

The group was attended by women with a range of abilities, from those who had completed art degrees to those with limited education and artistic experience. Several things distinguished Chrysalis from a standard art class, where one would go to learn or perfect a skill. One was the range ability and activity within the group and people had the freedom to work as they wished. They could sit and chat or even place their head down and sleep, as happened on occasion. Another was the provision of lunch each week. We had the option of eating together at the end of the session and Julie provided homemade vegetable soup and

bread free of charge. Those who wished to remained behind and sat closely around the art table to eat. Each week there were often the same four or five of us who would eat hungrily and chat amiably.

### ***Creativity and Connection Programme (CCP)***

CCP was a two-year funded project involving a series of creative activities for men relating to mental health which started in July 2019. CCP was run within a larger organisation which gained national recognition over the previous five years for its participatory arts projects. CCP followed on the success of a previous performance project which focussed on masculinity and mental health. Six of the members, including Mike, the facilitator, originated from that project. These men also voluntarily sat on a CCP steering committee which facilitated co-production within the projects. Mike had a background in music technology but had been committed to the participatory arts field for many years. His connection to wellbeing was discussed in interview where he readily described his own lived experience of mental health. The programme did not hide its connection to mental health and wellbeing, but it was the creative activities that were the session's focus.

CCP's fortnightly choir practice was their most regular group activity and gave the programme structure and served to gather new members, with new faces filling the room each week. CCP choir practice and steering committee meetings took place in a practice room freely provided in a local theatre in one of the six towns, Hanley. The theatre was in 'the cultural quarter', which consisted of a single street with another theatre and a few independent restaurants and bars. It also stood next to a bus station, newly built in a modernist style, but home to social tensions and homelessness.

The CCP choir took part in live performances at several venues during my fieldwork. Over those 12 months CCP held creative workshops: comedy improvisation, ceramics, free mental

health first aid training course. All activities were free to attend with coffee, tea and biscuits provided. Transport costs were covered if needed. As with Chrysalis, although there were nearly 30 members, attendees dipped in and out, all connected to CCP by threads of varying lengths.

#### ***4.5.1.3 The activities of CCP and Chrysalis***

Table 3 and 4 outline the main activities conducted by both groups during the time of my fieldwork. Neither group focussed on one activity, although the main CCP focus was the choir and for Chrysalis, crafting activities. These must not be seen as sequestered activities as conversations, people and experiences flowed between them.

<b>CCP Activity</b>	<b>Description</b>
<b>Fortnightly choir practice</b>	2-hour evening practice held at a local theatre and online. Approx total of 30 people. Approx 20 each practice. Singing polyphonic folk songs.
<b>One-off comedy improvisation workshop</b>	All day event led by a paid performer/workshop leader. Focus on social anxiety.
<b>One-off 'living library' event</b>	Participants were living books, talking one-to-one on a topic relating to their lived experience and MH.
<b>Creative writing workshops</b>	Online. Led by a local poet/writer.
<b>Social events</b>	Social events led by the participants and Mike – A trip to a performance in Derby and pizza nights.
<b>Online interaction</b>	Facebook discussion and video chat activities.

Table 3. CCP Activities September 2019 - September 2020

<b>Chrysalis Activity</b>	<b>Description</b>
<b>Weekly craft group</b>	3-hour daytime workshop. Approx total of 20 women. 10-12 attending each week. Collaborative and individual work (Painting, clay work, weaving, self-initiated, personal projects). Option of a free shared lunch.
<b>One-off exhibition visit: Spode Ceramics Biennial</b>	Group trip on foot to a nearby international ceramics exhibition.
<b>One-off time capsule event as part of an arts conference</b>	Chrysalis event at a local outdoor sculpture, engaging with members of the public
<b>Online interaction</b>	Facebook discussion and video chat activities.

Table 4. Chrysalis Activities September 2019 - September 2020

## **4.6 Ethical Considerations**

### **4.6.1 Ethical approval**

The study was conducted in accordance with the ethical framework outlined in Keele University's Research Ethics Policy and Research Governance Framework for Health and Social Care. Approval was sought from Keele Universities Ethics committee and was given on 12/08/19 (Appendix K). Due to the COVID-19 pandemic, an amendment was submitted and approved for the use of data generated online on the 26/06/20 (Appendix L).

### **4.6.2 Recruitment and consent**

The first stage of recruitment was to access the fieldsites, meet the participants and to build rapport simultaneously, as is the case with an ethnographic methodology (O'Reilly, 2009). I attended a few of the CCP and Chrysalis creative sessions prior to the start of fieldwork to

understand the field site and what occurs there. During this time, I was able to engage in conversation with participants enabling us to learn about each other. I spoke about my research and answered questions and concerns. Honesty and transparency of my intentions and expectations helped to facilitate trust and understanding.

Participation in my research was open to anyone over 18 years old who was able to give informed consent (consent form included as Appendix I). This included both the participants and facilitators of the creative communities. Several of the women in Chrysalis explained that they have difficulty with literacy and learning. They benefited from conversations in small groups about the purpose of my study and their place in it. This approach seemed to offer reassurance as they showed an interest in the study and were keen to consent to take part.

More formal recruitment began when, in negotiation with Mike and Julie, I selected an appropriate time to introduce my project and distribute information and consent forms. I was sensitive to my presence in their space and any disruption I might cause to the flow of normal activity. The facilitators, Julie and Mike, had offered input on the suitability of the information leaflets beforehand, as had my Patient and Public Involvement and Engagement contributors (see section 4.2). This helped to ensure that the information was as accessible and appropriate as possible.

I reassured my research participants that they were under no pressure to undertake any activities for the purpose of my research. I made it clear that they could continue as normal in the creative groups throughout even if they chose not to participate in my study. My information pamphlets included a friendly invitation postcard (appendix H) and the creative attendees were given the option of taking information and consent sheets at the first meeting (appendix G and I). I answered questions throughout the creative sessions and I found that the men seemed a little more confident and curious, directly approaching me during break times

of the choir practice. I did not exert any pressure and the Chrysalis and CCP attendees took the information and consent forms home and could contact me if they had any further questions, but none did. I attended the creative groups regularly and recruitment was ongoing. Any new participants who joined the groups or anyone who later decided to take part in this study could consent at any time, prior to final data collection.

Almost all of those who regularly attended the groups consented to be involved in this study. The exceptions were two of the women from Chrysalis who, due to learning disabilities, obtaining informed consent was a challenge. I was aware that I did not want them to feel excluded and used simplified verbal communication to explain why I was in the group and was careful not to coerce them (Cameron and Murphy, 2007). I was guided by Julie after several weeks who, knowing the women for many years, agreed that they were not able to understand the nature of their consent. I acknowledged that there was a 'need to protect vulnerable participant groups' whilst recognising the importance of inclusion where possible (Iacono and Murray, 2003, p. 49). I continued to interact with these women during my fieldwork, as they were embedded within the group. However, I did not use any data collected from these interactions within my study.

Several CCP attendees also chose not to consent. Most possessed some English as a second language and spoken unconfidently. Verbal explanation was attempted several times, sometimes with the use of electronic translators, but their participation in my study was not forthcoming. Overall, 16 women and 21 men consented to participate in this study. Nearly all gave consent for all methods of data collection with one or two who did not want to be photographed. They were reassured that their names would be pseudonymised and identifiable details not included in any outputs of the research.

### **4.6.3 Withdrawal from study**

To ensure that the research was person-centred and inclusive, the process consent method was adopted. The welfare of the research participant was safeguarded by ensuring that they were monitored continuously to assess their ability and willingness to participate (Tuffrey-Wijne, Bernal and Hollins, 2008). Participants were reminded regularly that they could withdraw at any time and, if they chose not to continue the study, they could still attend the creative groups and details of them would not be included in the data/report.

### **4.6.4 Risks and benefits**

I conducted participant observation in a public group setting that was not considered hazardous. I had prepared a risk protocol (appendix J) in the event that a participant became distressed or upset due to the research process. As the interviews were semi-structured, allowing the participant to talk freely, there was the potential for emotional and upsetting consequences. Before commencing I invited the participant to take a break or stop the interview if they required. I made it clear that anything they wished to remain confidential would not be reported. A member of the supervisory team who was also a GP, was available to discuss risk immediately with myself in a debrief and was also available to speak to research participants and assess risk, if necessary. I recognised that if distress occurred, participants may have wished to withdraw from the research, however, this did not arise.

Participant observation caused negligible disruption to the research participants' 'normal' activities within the creative organisations. The benefit of using an ethnographic methodology was that data collection within the fieldsite was non-intrusive. I took care when taking part alongside the other participants and conducted my research in a sensitive and respectful way.

## 4.7 A summary of the data collection methods

My methodology incorporated a varied range of data collection methods (Table 5). The result was the generation of a variety of valuable data: visual, audio, sensory, experiential, verbal and textual. This helped to produce a multi-layered picture of the social and creative realities of the groups under study. This included sketches, photographs and videos, alongside detailed fieldnotes generated during the 12 months of fieldwork. Other data included participant diaries and verbatim transcripts of one-to-one interviews which I transcribed from audio recordings. Over time, I also collected relevant documents and promotional materials created by the creative organisations. Artefacts such as audio recordings of choir practices and other creative outputs were also added to my knowledge formation. These included my own creations, such as handmade books and modest pieces of weaving which served as reminders of the embodied experience.

The advantage of using multiple methods was the flexibility it allowed. Methods could be selected and adapted to suit the environment, the situation and the sensibilities of the participants. Such flexibility enabled me to strategise my data collection based on ongoing analysis to draw out concepts and themes that held dominant significance. It also enabled adaption to altered circumstances during my fieldwork.

Additionally, using a variety of methods to gather data allowed my research participants the ability to contribute in ways that suited them. This removed a reliance solely on text and dialogue, argued as a way to more fairly represent the aspirations and identities of communities (Beebeejaun *et al.*, 2014). It enabled an analysis of ‘latent meaning’ by attending to multiple sources of evidence as one source of information does not always capture people’s realities (Daykin and Stickley, 2016, p. 75). For example, the things people do compared to

what they say can appear contradictory. A variety of data collection methods enabled greater opportunity to uncover such hidden meaning and provided triangulation.

<i>Data collection method</i>	<i>Dates</i>	<i>Volume of Data</i>
<b>Participant observation: Experiential data collection gathered at different times, places and intervals over 12 months. In person and online. Fieldnotes written including visual data (photographs/video/sketches) created during participant observation: during group creative activity, planning meetings, online social media interaction, messages, creative and social events.</b>	<i>Sep 2019 – Sep 2020</i>	<i>A summation of participant observation hours over 12 months of social and creative activity:</i>  <i>Chrysalis ~ 70 hrs face-to-face ~ 20 hrs online</i>  <i>CCP ~ 40 hrs face-to-face ~ 40 hrs online</i>
<b>Voluntary, solicited participant diaries and email reflections: Scrapbook, written and digital to uncover hidden perspectives and aid triangulation</b>	<i>Sep 2019 – Mar 2020</i>	<i>Chrysalis: 2 diaries</i>  <i>CCP: 5 diaries, 4 emails</i>
<b>One-to-one, semi-structured interviews with 14 participants: To explore emergent themes from fieldwork to gain context of creative, health and wellbeing experiences/meaning</b>	<i>June 2020 – Nov 2020</i>	<i>Chrysalis: 6 one-to-one online interviews (each 1 hr)</i>  <i>CCP: 8 one-to-one online interviews (each 1 hr)</i>
<b>Document analysis: mission statements of organisations, project reports</b>	<i>Sep 2019 – Sep 2021</i>	<i>Chrysalis: Two social media advertisements</i>  <i>CCP: One evaluation report. Three social media advertisements</i>

Table 5. Summary of data collection methods

The potential difficulties of using a range of data collection methods were the storage and ability to retrieve data during analysis. Selection and decision making during analysis was guided by first concepts, the model mentioned earlier, and a movement back and forth to revisit in a constant comparison method, discussed in more detail in 4.8 (Goetz and LeCompte, 1981).

### **4.7.1 Participant observation**

Immersion in the ‘field’ was an effective way to collect contextualised, rich data over time, from which to formulate a deep understanding of multiple realities, rather than simply a superficial overview. Participant observation involved spending time with people, sharing experiences and enables insights into the perspectives of others and their experiences (O’Reilly, 2009; Riemer, 2012; Rossman and Rallis, 2003). It offered the opportunity to find out about things undertaken as a routine part of social and cultural norms, which people may be unable to articulate (Blommaert and Jie, 2020).

Twelve months of fieldwork not only allowed me to observe and follow my research participants through a series of creative and social encounters but to also to share the experience. The process was both intellectual and practical, with data collection and analysis occurring immediately and simultaneously as is conventional in ethnographic studies (Atkinson, 2020).

As a participant observer, I took part creatively and socially when appropriate and did not direct activities myself. It was important to consider whether I was an observer, observer participant, participant observer or a full participant and how this altered in different circumstances. With the men’s CCP choir practice, I was more of an observer than with Chrysalis. However, as Atkinson and Hammersley (2007) suggest, this is too reductive as it suggests that I was passive and not engaged in the research environment. In reality, even

when I did not sing at the choir practices, I joined the ritual greetings, catching up and re-familiarising with the group. My presence in the room was felt, my body was not just seeing and observing but gathering sensory information, the emotion, the awkwardness of newcomers, the tiredness. I engaged, also, in some physical warmups and opportunities for conversation were plentiful.

Whether the researcher is known to the participants has implications for participant observation and how much the participants know of the purpose for the research. In this enquiry, I had built some familiarity and rapport with the facilitators and participants prior to the official start of fieldwork. I had met some of my research participants prior to this study while working in education. This former association immediately aided rapport, connection and trust building.

In terms of my purpose and presence, I reiterated my research intentions throughout my participant observation. Ethnography relies on the formation of relationships and trust for behaviour to be as unselfconscious as possible and I strove to be completely transparent and honest in my actions. When there is deception it has been evidenced that participants can feel 'deceived, used and rejected' (Geertz, 2001, pp 34-37).

Familiarity with the geographical location offered me some ease within the research environment. Personal experience of creative endeavour also enhanced my empathetic understanding of the creative process (Heathcote, 2016). Unfamiliarity and strangeness were still very present, however, as I entered new environments filled with those who appeared to know the territory and each other.

*Employing all the senses*

It was vital that I was aware, not only of the responses and sensory encounters of the participants, but also of myself (Edvardsson and Street, 2007). Throughout, I considered how my responses were influenced by my positionality, values and beliefs (Etherington, 2007). I entered the field with an open mind and an inductive approach which facilitated the element of ‘surprise’ and unexpected new knowledge (Willis, 2000, p. 113). Within my participant observation I deliberately alerted myself to all aspects of my immersion to feel the embodied sensory experience alongside my research participants. This allowed for serendipitous ‘sensory learning’ to occur (Pink, 2009, p. 65). It was this complete immersion which contributed to an empathetic understanding of what the experiences meant to others (Okely, 1994). To understand interaction, I could not simply rely on what was said or seen but needed to understand what is felt.

Sensory experience can alter in different spaces and I conducted participant observation in multiple locations. The fieldsite was wherever the groups undertook their activities. Creative interaction took place in art rooms and theatres, on blustery hillsides and in ceramics factories. We walked, ate and were creative in several locations within Stoke-on-Trent. We were also creative and social in online spaces where much of my participant observation took place. The field site was spatially fluid and interactions were altered by the changes in setting and action. This created multi-sensory opportunities for data collection and rapport building with my research participants (Kusenbach, 2003; Pink *et al.*, 2010).

A sensory ethnographic approach required my body to work ‘as a living, physical, sensing, and experiencing agent enmeshed in practical and intimate encounter’ (Retsikas, 2008, p. 127). The senses were not separated or hierarchical, but all employed equally. Immersion in the creative activities enabled me to gather rich embodied data: the vibrations of twenty male

voices in the CCP practice room on a dark winter's night or with my hands in wet clay, knocking elbows with the women next to me, frustrated and elated simultaneously. Being there was vital to feel, to experience and understand better the sensory and creative process and encounters. I was able to capture ephemeral 'data' which interviews, after the fact, would miss. I did not deliberately favour one sense over the other, but sight undeniably played a key role. My vision was actively alert to social interaction as well as inaction and introspection. The latter can easily be overlooked, but as informative as the 'doing' of things (Gatewood, 1985).

#### ***4.7.1.1 Fieldnotes, visual data and the use of drawings and photographs in fieldwork***

##### **The use of fieldnotes**

I documented my time in the field primarily through the writing of fieldnotes. These described in detail multiple aspects of my experiences and observations: encounters, social interactions, sensory observations including a reflexive analysis of myself as researcher in the field (Etherington, 2007). This last point served to aid my understanding of the formation of my interpretations. The fieldnotes were the beginning of the analytical and interpretative process to make sense of what had occurred (Emerson, Fretz and Shaw, 2001).

The process of writing fieldnotes has been described by ethnographers as necessary but laborious (Lareau, 2000). Although the production of descriptive fieldnotes was indeed time consuming, they proved extremely useful months after the event. I scribbled aid memoirs discreetly during fieldwork and then added 'thick description' about multiple aspects of the event (Geertz, 1973, p. 6) soon afterwards. With the CCP choir, notes were often produced during fieldwork as I was predominantly an observer. Chrysalis fieldnotes were written as soon as possible after the workshop, scratched out on moving buses or taxis on the way home from the field site, encounters fresh in my mind. Later, they were typed up and expanded

upon. With the passage of a few hours or overnight, more events, phrases and poignant interactions came to mind. Retrospective field notes have been criticised because of the unreliability of memory (Denscombe, 2014) and the selecting and filtering of information. I found extra time helpful, as it allowed my subconscious memories to surface and enabled me to reflect prior to the initial writing.

### **Visual data**

My fieldnotes were enriched by visual data, such as sketches and photographs. I acknowledge that my personal choices and intentions guided what I chose to record. That is, I consciously selected and rejected what to photograph or sketch. 'We only see what we look at. To look is an act of choice' (Berger, 2008, p. 8). My intention for this visual data was to enable a multi-dimensional analytical approach of revisiting and evoking memory. In this way, the visual was not meant to objectify, but to increase understanding beyond text (Pink, 2013).

Memory induced by photographs, according to John Berger (2008), is not linear. One does not gaze at a photograph of a family pet, for example, and only make one association with it.

There are many connections and multidirectional links; emotional, sensory, evocative.

Photographs embody a 'social experience' and a 'social memory', and this aided my ability to reconnect with textual data during analysis. The images conjured up the wider context to me.

Without context, however, other cultural interpretations may be placed on a mere image (Spencer, 2010). Another purpose for collecting visual data was to capture images that would enhance dissemination to my audience to aid their understanding of how it was.

Some months into fieldwork I began sketching while making fieldnotes. This occurred only with the men's choir. It came at a time when I felt that my words were becoming repetitive and I was not adding new knowledge and the unfamiliar had become familiar. Sketching the participants, gave me a new way to be present and to connect to the group. It stimulated

curiosity among the participants and instigated conversation; it humanised me (Ramos, 2004). The research participants therefore were not passive bystanders in the research process. Discussion occurred during breaks about the drawings, my study and general life conversations were triggered. I believe it was easier for them to ask to see my drawings than my fieldnotes and removed any furtiveness in my research behaviour as I was able to share and shed more light on the aims of my study.

Drawing afforded me time to actively look, listen and think. It stimulated my interest back into the action. Drawing connected me to my surroundings, in an immersive way. When drawing, the focus is not on one thing as happens when a photograph is taken (Berger, 2006). Drawing is not a moment in time, but it moves with time, noticing something elsewhere, pausing, and then a return to the ever-changing focal point.

An example of this was a sketch I produced in the men's singing rehearsals (Figure 6). It was not intended to record faithfully or provide a realistic representation. Advocates of the use of drawing in fieldnotes argue that realism and accuracy is not the aim of drawing during fieldwork and within fieldnotes (Kuschnir, 2016; Taussig, 2009).



Figure 6. Fieldwork sketches of CCP choir practice

What it did was to create an extra dimension to the gathering of knowledge and not simply record or fill in the gaps. Visual data production and specifically drawing, is endorsed within health research, as a way of facilitating answers to complex questions (Rees, 2018). This endorsement is on the basis that they are not drawings for drawings sake, but enable to researcher to capture and analyse differently, going beyond words. My drawings connect both my fieldnotes and thoughts, as attempting to rely solely on fieldnotes reduces what was the reality (Taussig, 2011). Away from the field site, the drawings, alongside my fieldnotes, and other data, such as photographs, reignited the memory of my embodied experience, of the doing and my physical presence. Music sung was reconjured, and I was transported back to the physical event.

### **Solicited reflective diaries**

As the field site was a place for creative activity, personal insights were not easily accessed. Therefore, I invited all research participants to keep a diary and provided them with a notebook and some verbal and written guidance on aspects of things they may wish to record (appendix C). Their method of recording was flexible: written, pictorial, digital, in poetry form or otherwise. In both Chrysalis and CCP almost half my research participants eagerly took a notebook. Others approached me almost apologetically to explain either they were not 'diary keepers' but happy to chat or work in a digital format.

Reflective diaries have been used in health research amongst cancer patients (Broom, Kenny and Kirby, 2018) and they offer insights into the everyday over time and the in-between times. Those that did use the diaries and digital memos shared insights that I had not considered as they had the relative freedom to record things of importance to them (Jacelon and Imperio, 2005). Kenten (2010) highlights that solicited diaries are written with the researcher and the wider research audience in mind. However, although there is some self-

censorship involved in its production, she argues this occurs also with other forms of information transfer, such as interviews.

The diaries enabled emic perspectives, an insider's knowledge of the culture of the communities I was studying (Gaber and Gaber, 2010). They described and explained past events prior to my arrival and situations and relationships that I had no knowledge of. It has been observed that not everyone enjoys the process of diary keeping but for some, contributing to research in this way increases self-worth (Jacelon and Imperio, 2005). My interviews were held after the return of several diaries and I found that I could refer to them and gain clarification on things recorded within them (Elliott, 1997).

### **Fieldwork during COVID-19 and physical distancing**

By January 2020 I had entered the fourth month of participant observation and felt embedded in my immersive fieldwork. Relationships had built and I was accepted as both researcher and participant. However, there was a mounting awareness of the global spread of the COVID-19 virus that was to alter everything. By March 2020 it was firmly in the UK and complacency developed into growing anxiety. Day by day the infection rate grew. European countries close to home were now in 'lockdown' with movement legally restricted, but I continued to attend my field sites as normal. However, by the 24<sup>th</sup> of March 2020 we in the UK, were also in lockdown and all physical public services and meeting spaces were closed.

This new phase in my study brought personal, methodological and conceptual challenges. Face-to-face contact was impossible for all concerned and I had stepped away from the field and the field itself seemed to have evaporated. The communities that I worked with to build trust and understanding had been dismantled and the activities that bind them, terminated. My epiphany, however, came with the realisation that the communities continued to exist. As

individuals, the participants were still experiencing life concurrently, it was simply physical space that kept them apart.

I used prior consent to email as many as possible to initiate contact and to prompt them to keep reflective diaries. I was aware of the ethical considerations of putting undue pressure on my research participants at a stressful and confusing time. Much to my relief, I received a few very honest and inciteful replies from those who seemed to welcome a chance to share their thoughts. Many others remained silent and my dilemma was how and whether I would be able to maintain contact with most of my participants.

Both Julie and Mike turned to social media to re-engage participants. Within weeks, both groups' facilitators had created private Facebook groups in an attempt continue interaction. To my relief, I had rediscovered my field and gradually most of the men and women I had grown familiar with, began to regroup.

Ethically, it was important to 'show myself' within this new space and to be open about my researcher position. Although digital ethnography is not a new concept, the COVID-19 pandemic produced a flurry of guidance from practicing anthropologists and ethnographers about the ethical boundaries of entering 'private' digital spaces unannounced (Góralaska, 2020). Within face-to-face fieldwork, Chrysalis members had accepted me to such an extent that it was stated that they had forgotten I was a researcher. I was told that they viewed me as 'one of them'. The same sentiments were kindly bestowed on me by CCP, specifically after my active participation in some of the workshops. Although I welcomed this acceptance, my intentions online needed to be transparent to avoid deception (Geertz, 2001).

In an early analysis of the use of the internet, the position of the researcher is questioned; are we on an equal footing within this environment? (Sade-Beck, 2004). Perceived hierarchies can impact on ethnographic research and it is suggested that the internet may create a less

colonial approach to ethnography as the distance between the researched and the researcher is reduced (Schneidermann, 2018). By entering into Facebook interactions, participants glimpsed aspects of my world also and Schneidermann (2018) suggests that this may be a more equitable approach. My regular online participation in the form of reciprocal comments, chat and video kept me visible so that my research was not covert (Mann and Stewart, 2000). Importantly, continued informed consent for all data collected and used was sort.

Terminology divides the 'real' world from the 'virtual', but I recognised that the digital world was a real and important part of modern life, particularly during the pandemic. Technology is so interwoven into our existence that researchers in this field acknowledge that a distinction should not be made (Beneito-Montagut, 2011; Dalsgaard, 2016; Schneidermann, 2018).

Practical and social actions are increasingly performed online without a second thought: financial transactions, email and messenger correspondence. These familiar, habitual practices are embedded into our social world and were accelerated by the pandemic.

Increasing literature asserts that platforms such as Facebook play a valid role as research tools in ethnographic research (Baker, 2013; Dalsgaard, 2016; Schneidermann, 2018). In these studies, Facebook interaction was used to maintain researcher-participant relationships when the researcher was away from the physical field. During the COVID-19 lockdown, interaction on social media enabled me to stay connected and, in some incidences, communicate in more depth than I had before. Through video chat, drawing, zoom singing and messaging, valuable experiences of lockdown life were shared and new dynamics developed. Participation online also provided topics for further discussion within one-to-one interviews.

It was important for me to not consider the online research environment as separate from the material field, or less valuable. It was, more accurately, an 'expanded field' (Sade-Beck, 2004; Atkinson and Hammersley, 2007; Beneito-Montagut, 2011). My methodology, from the

beginning, required me to join in with the research participants, *they* were the field. This additional site was just an expansion of the field. Aligned with Beneito-Montagut's definition of expanded ethnography, my setting was never pre-determined, always organic.

Data collection and recording occurred in much the same way as before and I made notes during online interaction and detailed fieldnotes directly afterwards. Taking photographs and video is not always ethically possible if the situation is sensitive or some of those present had not consented, but drawing (Figure 7) served as a means of visual data collection that preserved anonymity (Kell, 2014). Drawing immersed me in the event and also revived it retrospectively, as discussed earlier. Alongside this I recorded screen shots of Facebook discussion group interactions to capture online chat, images and reactions.



Figure 7. A sketch of the CCP online singing practice

#### 4.7.2 Interviews

One-to-one, semi-structured, open-ended interviews began 6 months into fieldwork. Initially, these were intended to be face-to-face, but the COVID-19 pandemic demanded an online approach. Consent had already been obtained for interviews and an ethics amendment and approval was gained for online data collection. The purpose of the interviews was to uncover the 'unseen' of the participants lives and expand an exploration of concepts formulating in my initial data analysis. Therefore, purposive sampling was used based on the participants

suitability to inform the study further and give insights into existing theories and themes that were evolving (Etikan, Musa and Alkassim, 2016).

I also selected participants for interview who I had had little conversation with during fieldwork. I was aware that data would be skewed if only collected from those I had built closer relationships with. I wished to discover more about a variety of perspectives and experiences so as not to make assumptions in my analysis or overlook new insights.

Having built trust and camaraderie with participants over the previous 6 months I believed most would have been willing and candid enough to share ‘their story’ with me (Turner, 2010, p. 133). I emailed my research participants to request an interview and ask for their preferred platform, Whats App, Messenger, Google Meet or Skype. Due to the abrupt end to fieldwork and face to face contact, contact with some of my participants was difficult to maintain. I did not receive responses from all those I wished to interview. The men seemed to be more connected to social media and confident with technology. Several of the women did not reply to my communications, but with the help of Julie, who made contact with ‘lost’ research participants, I was able to hold online interviews with those who agreed.

I developed topic guides for the interviews (appendix B) with slight variations relevant for the different creative groups and facilitators (Turner, 2010). Input from my PPIE contributors helped me to formulate relevant areas of significance. I also added specific areas for further scrutiny with certain participants based on my fieldwork observations and encounters. The topic guide was based on my research questions, but I made it clear to the interviewee that their answers could be open-ended.

Open-ended interviews gave the advantage of uncovering things that were important to the participants and allowed the interviewee the freedom to express themselves, particularly when discussing sensitive topics (Renedo and Jovchelovitch, 2007). This reduced researcher bias as

the interviews were not just directed by my researcher agenda. My approach took the form of an active interview (Hostein and Gubrium, 1995) as it was conversational, interspersed with my own insights and reflections. By referring to my fieldnotes I was able to recall specific behaviours, dialogue and creative action which evoked memories, encouraging the interviewee to elaborate and provide deeper insights on specific events and subjective meaning.

Conducting interviews online required frequent verbal affirmations. Facial expressions and non-verbal nods were less detectable on a mobile phone or computer screen. Therefore, such affirmation was a useful strategy which encouraged further insights from the interviewees, alongside probing techniques of further questioning of a topic and requests for further explanation (Bernard, 2013).

The shortcoming of online interviews was that I was unable to use artwork or photos as planned, to elicit memories and conversation. Some participants were unreachable through email and social media and others had poor internet connection that interrupted the flow. I found that for one or two interviewees they were aware of the presence of people in other rooms in their homes, and they moved to close doors before continuing. This may have influenced some of their responses.

The benefits to conducting online interviews, however, were plentiful. There were less interruptions and distractions than would occur in a public place. It was straightforward for those with internet provision to meet me online. There was no travelling involved and the safety of myself as researcher and the research participant was not an issue. Finally, I found the online space to be quite intimate. Most interviewees were very keen to talk and share and without external distractions (except for those mentioned in the last paragraph).

## 4.8 Data analysis

Analysis was primarily inductive and data-driven, commencing as soon as data collection began. Although I was immersed as a participant, I was also a researcher with a research question and sense of purpose in mind (Pink, 2009). Therefore, I was actively searching for meaning throughout fieldwork to construct a conceptual framework to understand the broader significance (Imenda, 2014).

My analysis was led by my epistemological approach, acknowledging that multiple perspectives and interpretation were at play and that socio-cultural context guides action, interaction and meaning. Therefore, I sought overall concepts and meaning with an understanding that experiences differ and are sometimes contradictory. I strove not to force the data into theoretical a priori codes based on other people's theories but did not completely bracket out key theoretical concepts when coding the data (Fereday and Muir-Cochrane, 2006). I was, however, primarily led by the information I gathered (Charmaz and Mitchell, 2001).

A reflexive approach helped to create some distance and understanding to avoid drawing rash conclusions (Edvardsson and Street, 2007; O'Reilly, 2012; Pink, 2009). As Atkinson (2020) states, 'the big stories in the social sciences...often stop us from seeing and hearing what is in front of us' (p. 87). Therefore, although connections with existing ideas and concepts became evident I did not set out to prove a theory or to create a new one. I used the counsel of Boje (2001, p. 2) in my interpretative analysis to avoid creating what he described as a "counterfeit coherence and order on otherwise fragments and multi-layered experiences of desire". That is, I identified areas of thematic significance from a complex collage of data, rather than produce a narrative tale without conflicting views or experience.

I recognise that things I deemed meaningful and relevant were influenced by my situated knowledge, choices, interpretation and conceptual propensities (Jones, 1985). This was addressed through reflexive consideration of these factors during analysis and in the production of this ethnography (Ellis, Adams and Bochner, 2011). Multiple perspectives from my research participants, PhD supervisors and PPIE contributors, were combined in the rigorous thematic analysis which guarded against potential narrowed interpretations and provided triangulation (Nowell *et al.*, 2017; Raw, 2014).

Familiarisation was the first important stage to analysis: writing fieldnotes by hand, typing up to revisit data and expand the detail. I included photographs and images such as Facebook screenshots to link the data together and revisited all visual data in my ongoing analysis of written texts. Fieldnotes were analysed from the initial notetaking to typing up and themes and categories were created as the fieldwork progressed. Okely (1994) describes the way fieldnotes, photographs and audio ‘trigger’ the unwritten information held within our memories, bodies and in the senses. This sensory analytical approach helped me to connect an array of data as Pink (2009), an advocate of sensory ethnography, had explained. Photographs and audio recordings, associated with the text, also took me back to a place in time whilst I analysed fieldnotes and interview data. They evoked memories and emotions which assisted a shared understanding of research participants’ accounts of their experiences within the groups.

Analysis of interview data occurred during interview and then during careful transcription. I listened to the audio recordings once through with a focus on listening, not just to the words but on the stresses, intonation and the mood that cannot be derived purely from the written transcript (Jones, 1985). This also helped to trigger a memory of the body language and

general demeanour of the participant. Then I transcribed carefully, listening and relistening. Solicited diaries were also scrutinised, read through and notes made and areas highlighted.

All textual data was read and re-read alongside analysis of all the other data. Thematic, conceptual analysis was employed and the interpretations formed were data-driven but also guided by existing theory and knowledge. The overall structure of my analytic approach was as follows:

- With a deeper understanding of the content, themes were coded, and reoccurrences of these themes were collated
- Closer examination was made of the themes and irrelevant categories were eliminated
- Clear descriptions were made for each theme; these were then interpreted to the point of saturation and results recorded
- Verbatim interview extracts that were most relevant were selected to include in the report to illustrate the findings in relation to the research question

When coding, my aim was to analyse how people construct meaning and how meaning is constructed across the communities studied. My analysis explored individual and collective meaning through the norms, practices and interactions created within these new communities (Hellström, 2008; Schutz, 1967). In this ethnography the ‘truth’ is based on the informants’ subjective reality. The things they choose to remember, select or even exaggerate can also reveal something that has meaning for them and contrasting accounts of experience are interesting points for analysis.

Categories of information were placed into thematic codes based on commonalities in ideas, explanations and experiences (Creswell and Poth, 2018). My approach was to look for broader patterns, themes and meanings. As this was an interpretative study I was mindful not

to simply describe subjective meaning of a phenomenon from each perspective. I heeded the advice of Braun and Clarke (2006) to avoid extracting themes directly from the words spoken or written. Instead, I unpicked and interpreted my data for 'latent meaning' of individual and group experience and shared practices (Daykin and Stickley, 2016, p. 75).

I managed my data by creating visual maps on paper, highlighting themes in fieldnotes, diaries and interview transcripts (figure 7). Due to the volume of data, I also used QSR NVivo 12, a qualitative data management software for this process (appendix E and F). NVivo enabled the synthesis of a variety of information to enhance understanding across the data (Barron, 2013). Computer software is used increasingly to manage vast and varied ethnographic data (Dohan and Sanchez-Jankowski, 1998). It enabled me to store fieldnotes, interview data and visual data and easily access it when needed.

Alert to prominent themes and commonalities, I made connections between codes and hierarchies of codes and collated them within NVivo12. Dohan and Sanchez-Jankowski (1998) warn that the process should not become mechanical as the software cannot do the thinking for you. My analysis was intellectual in the selection and formation of nodes then progressed into themes. Connections became apparent between events and the communities.

The use of computer software has the benefit of reducing potential bias in ethnographic analysis as multiple codes were generated and connections between concepts were made by the software that may have been overlooked. NVivo 12 enabled me to link images, audio, text and documents which coding and visualise connections more effectively and form associations (Jackson and Bazeley, 2019).

I considered all available data and then categorised and discarded as necessary. During analysis I did not favour one form of data over another and analysed it holistically seeking out concepts that stretched across it (Atkinson and Hammersley, 1998; Jackson and Bazeley,

2019). Each piece of data was scrutinised separately initial coded broadly into themes and then sub-themes (Appendix D). Coding enabled me to identify patterns and relationships between concepts such as inclusion and the social determinants of health. Such connections and identification of areas of significance for my research participants developed into an interpretation of my findings (Coffey and Atkinson, 1996).

I constructed visual maps, initially, to explore social connections, placing people in proximity to those they appeared close to (Figure 8). Over time these working documents helped to inform my understanding of the influence of specific relationships.

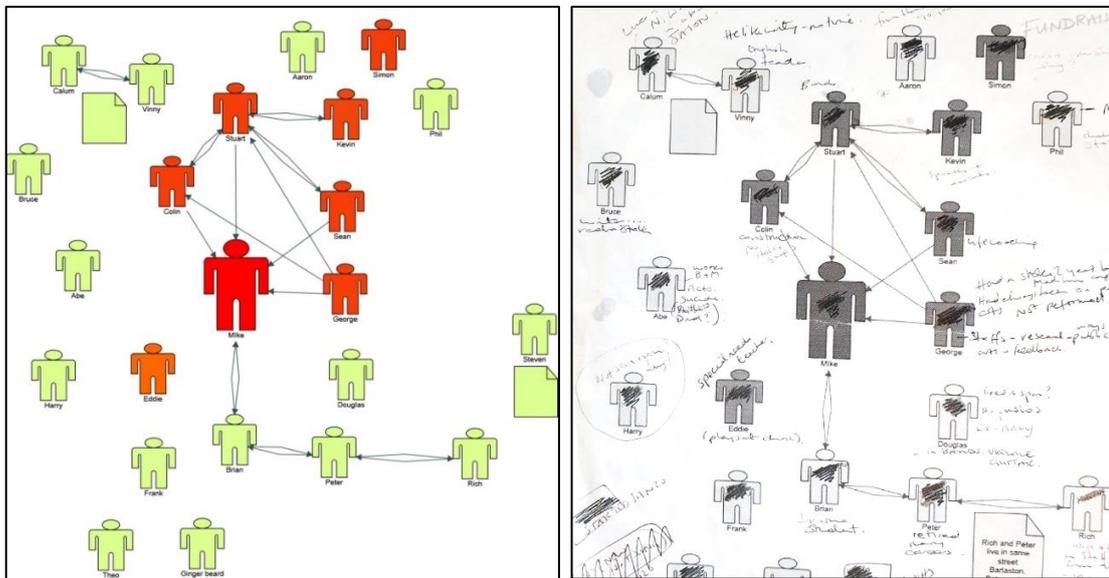


Figure 8. Visual mapping of social connections

I adopted the constant comparison process which involved moving between all the data and returning to it (Goetz and LeCompte, 1981). This was a non-linear undertaking, a back and forth in multiple directions. I inductively created open, broad codes (Williams and Mosser, 2019). Then, from open coding, I created subcodes as the nuances and complexity of context and concepts became evident. I wrote notes and memos, relating to the formation of codes both in and outside of NVivo. This began the process of writing my findings and discussion,

connecting key concepts from my analytical coding to one another and existing literature and theories.

With my initial research question in mind, I grouped codes to understand how they related to each other. This process of linking and refining subcodes and combining them further enabled me to create overarching themes (Williams and Mosser, 2019).

A summary of my thematic analysis approach, based on that of Braun and Clarke (2006):

1. Familiarisation and re-familiarisation with data.
2. Creation of initial codes: broad codes and subcodes.
3. Connecting these codes to create broad themes.
4. A refining of themes.
5. Examining the themes together to draw out the key points of the study.

#### **4.9 Reflection on my methodological position**

This interpretative and inter-subjective study required the constant application of reflexivity to account for my position within it. That is, how my role as researcher, the relationships I formed, my behaviours and ethical responsibilities might impact on this ethnography (Pope, 2005). It was important for me to be alert to how my presence in the field would influence ‘normal’ behaviour and the outcomes of the study. Entering an all-male community as a woman, for example, needed consideration of the influence of gender on behaviours and interactions. So too, in an all-female environment.

An ethnography is not only a methodological approach, but a textual product where a cultural group’s reality is shared within a researcher’s understandings (Atkinson, 2020). I placed myself within this text, acknowledging my cultural positioning, feelings and actions which

may influence interaction and interpretation (Davies, 2008; Etherington, 2007). Rigorous analysis and the use of participant voice was also employed to balance my position, reflecting the key findings in relation to my research questions. I adopted the reflexive approach of distance and attachment to avoid immediate interpretation from either fieldwork encounters or the ivory tower of academic theorising (O'Reilly, 2012).



# CHAPTER 5, 6 and 7

## Findings Overview

In this section, I provide an overview of the following three findings chapters. My initial conceptual model (Figure 2) included the social determinants and their relationship to social capital building and placemaking. As my study progressed and data analysis began, I identified and focused on this interconnection. This informed my decision to name and order my findings chapters as: Chapter 5, *Space, Place and Belonging*, Chapter 6, *Motivators and Barriers* and Chapter 7, *Experience and Meanings*.

I accounted for context alongside creative experience in this study to gain a more robust understanding of behaviour and learn of the deeper significance of creative participation. Therefore, the chapter order is intended to build the contextualised foundations of the participants' lived experience of health, wellbeing and creativity.

I begin with chapter 5 and the topic of *Place, Space and Belonging* to offer insights into the nature of past and present places external to the creative groups and also within them. These experiences of place build the narratives of the research participants and intersect with the social determinants and structural norms and constraints. From my data, I identify key themes such as exclusion, belonging and safety and tie my findings to literature which connects the nature of places and social positioning to health and wellbeing (Bernt and Colini, 2013; Winter, 2012; Marmot, 2020). My data aligns strongly with this premise, as does that of the peripheralised place, overlooked and undermined (Kühn, 2015).

I unpick how the creative groups offer alternative spaces for some in this study. I draw on the theories of place and placemaking, including those of Massey (2005), to illustrate that the

formation of community groups such as CCP and Chrysalis can hold new, ever-changing associations. In this way, symbolic interactionism theory underpins this chapter as social and creative interaction shaped perceptions of place and re-constructed how people see themselves and others (Burr, 2015). In this chapter, I begin to identify that the process of bridging and bonding social capital occurs in such places if conditions are appropriate. I refer to the ideas of Carpiano (2006) and also discuss boundary crossing in reference to the work of Demian (2017) and Gershon (2019).

Chapter 6, *Motivators and Barriers*, builds on the findings of perceptions of place and belonging. I illustrate structural factors which motivated and discouraged creative engagement, within the frame of health inequality and social disadvantage. This chapter elucidates the elements which encouraged participation in creative, health promoting activities. These include the intentions and approach of the facilitators alongside the challenges they faced. I draw out motivations to attend for health and wellbeing as the participants were from a population identified as possessing a reduced capacity to make healthy lifestyle choices (Cochrane *et al.*, 2013; Protheroe *et al.*, 2017).

Chapter 6 reinforces how social determinants such as unemployment, education and gender were influential factors which affected creative engagement and wellbeing (WHO, 2022). My findings are embedded in a wider context beyond the creative activity and demonstrate the need to account for personal, cultural and socio-economic factors, whilst understanding how opportunity can be created for particular groups and populations.

I conclude with chapter 7, *Experience and Meaning*, which focusses on social, individual and creative experience in order to demonstrate its nuanced nature and the complexity, or assemblage, as identified by Fox (2012). I present vignettes and ethnographic detail to aid this understanding.

In this chapter, I unpick, to a greater extent, the creative experience and tie in theories of materiality relating to the creative object and also the act of being creative (Belk, 1988; Gell, 1998; Turkle, 2011). I also focus on what it means to socialise, create and perform with others from a social constructionist and symbolic interactionist perspective (Burr, 2015).

Within my analysis, I make the relationship between my findings and the theories of social cohesion, collective identity and collective strength (Burbidge, 2017; Durkheim, (1897) 1951). The data presented in this chapter demonstrates how creative activity facilitated trust-building and the formation of bridging and bonding social capital (Putnam, 2000). Such bridging enabled new and group identities to be formed (Claridge, 2018; Kirkby-Geddes, King and Bravington, 2013).

These findings demonstrate how such groups function within a place of social disadvantage. They also provide rich insights into how and why people accessed creative groups and the potential they hold to combat structural constraints and poor health outcomes. To help navigate the data in the following chapters, Appendix A contains key research participant information. It was extracted from fieldwork and provides a variety of insights not intended to be uniform across all participants. For example, George is described as identifying as gay and this was information that he openly shared during my data collection. However, I was not made aware of the gender orientations of all participants. Therefore, not all types of demographic data are provided for every research participant.



# CHAPTER 5

## FINDINGS. Place, Space and Belonging

### 5.1 Introduction

In this chapter I unpick the influence of places and spaces on the experiences of my research participants, as cultural, social, economic and environmental conditions are argued to be integral to the health of communities and neighbourhoods (Carpiano, 2006; Marmot, 2020). As discussed earlier, the characteristics and structural antecedents of an environment can enhance or prevent opportunities for social connectedness and the building of social capital (Carpiano, 2006). With this in mind, I am also guided by Murray and Crummett (2010) in this chapter as they stressed the importance of accounting for cultural and social context in arts interventions in order to address structural inequality.

The men and women in this study came together in Stoke-on-Trent, a place in poor health. Within this chapter, I discuss perceptions of place and belonging within the city, including the physical and social environments of work, home, education and the creative places. These include socially constructed norms that excluded and caused fear. I consider how these sit with their experiences within the creative groups which strove for wellbeing and inclusivity.

The places discussed in this study were physical, sensory and also virtual. Meaning was tied to past and present personal narratives and I examine the ways in which the creative groups performed a role in creating a sense of place and community. I consider next how a sense of place was formed and from the perspective of an outsider, it was interesting to see how people permeated the 'thick boundaries' of the local (Williams and Van Patten, 2006, p. 42). If community groups are to be inclusively utilised to support health and wellbeing in the form of

social prescribing, it is crucial to understand these processes. I conducted my research at a turbulent time of unprecedented social isolation with pandemic restrictions and clear societal divisions within a post-Brexit England (Hobolt, Leeper and Tilley, 2021). A focus on belonging and community building through placemaking seemed more poignant than ever.

### **5.1.1 Defining place in the context of the creative spaces**

As discussed in chapter 3, Massey described the formation of ‘place’ as the result of a multitude of interrelations where people from different lifeworlds meet (Massey, 2005). The creative places of CCP and Chrysalis became ‘zone(s) of entanglement’ (Ingold, 2008, p. 1), where the threads of life from inside and outside were twisted and connected, the past, the present and anticipation of the future.

Place was not simply the geographical location of Stoke-on-Trent or an art workshop; it was formed by the cultural, creative social connections between people that resulted in place attachment (Hidalgo and Hernandez, 2001). In this way, spaces where social and creative interaction occurred took on specific meaning for people. Associations formed because of shared past and present experience, alongside the creation of new memories, reinforcing a sense of place (Casey, 1996; Tuan, 1977).

## **5.2 Place and belonging**

[Places] shape the way we live our lives, feel about ourselves and the relationships we have with others. Moreover, places – not least because of their history, character and physical form – contribute significantly to personal and societal well-being. [...] Most of us have immense affection for the places where we live: they might be places where we grew up, live or work now; where we have family and other relationships; and places are full of memories, stories and our lived experiences (Reynolds and Lamb, 2017, p. 1-2).

### **5.2.1 The social ties which bind us to a place**

In this next section, I explore the study participants' connection with place and their sense of belonging. Many had experienced periods of social isolation and feelings of difference, exacerbated by factors such as divorce, bereavement, redundancy, retirement, social anxiety and illness. It is this loss of social connection and the regaining of it that is important to explore within the theme of placemaking.

Social connections can aid with placemaking through the formation of the 'memories, stories and lived experiences' as Reynold and Lamb articulated (2017, p. 2). Interestingly, loneliness has been reported as the feeling of separateness, despite being with other people and it is meaningful connection that supports health and wellbeing. (Adams *et al.*, 2016; Wang *et al.*, 2018). This indicates that finding one's place goes beyond simply occupying the same physical space.

Through shared experience and meaning it is argued that we become more bonded to a place (Plunkett, Phillips and Ucar Kocaoglu, 2018). As Reynolds and Lamb (2017) succinctly stated that bonds to a place occur over time and through experience and, for most, through familial connection. Such connections are often absent when new to a location and I draw on the experiences of Ruth to illustrate this.

Ruth, as a young woman, moved to a particularly deprived region of Stoke-on-Trent from London a few years previously. Her positive memories of her youth and hometown made her nostalgic: *'I was born in London, Enfield. I had a good childhood. I miss those days.'* In Stoke-on-Trent, she was unemployed and lived in rented accommodation, hoping, she told me, to move to a nicer area of the city. She had a boyfriend who was from the area but described how she was by herself: *'I've not seen my mum for a few years now...she lives in Scotland. My dad's in Peterborough... I don't really see him much. I'm basically on my own.'*

Ruth's social ties in the area were limited and Chrysalis gave her a purpose: *'Just getting out of the house, it gave me something to do.'* Alongside her Thursdays at Chrysalis, she had also been cooking at the community café next door on Fridays. These connections were valued by her articulated during the COVID-19 lockdown: *'I'm just stuck in the house...I can't wait to get back to the group.'* The group held meaning for her, something she looked forward to and missed when not there. For Ruth, new to the area, it anchored her to a place and served in placemaking.

Although from Stoke-on-Trent, Bruce's narrative describes a disconnect from people and place due to bereavement. Bruce, a 60-year-old CCP member, brought up the topic of the loss of his familial connection in his early twenties, in interview. Despite the years that had passed, he drew on this incident as significant to the importance of CCP in his life. As an only child, Bruce's parents died suddenly while he was at university. After graduating, he explained the emptiness of returning to his family home. At the time, he pushed the bereavement to one side in what he describes as an unhealthy way. Although busy socially and *'out all the time'* Bruce was not able to share his feelings with his long-standing social group:

*I had quite a good network of friends ... where we sort of go to the pub and see lots of bands...but never the kind of friends that I could talk to.... So it's all very kind of superficial... there was no actual talking about what had happened or feelings.*

Despite what he described as a friendship network, which tied him to his hometown, it did not support or fulfil him. His career as a social worker and then as a writer, also created a solitary existence with limited social connections:

*I've been a loner, I've had friends but very select, in a very narrow way, just drinking in the pub together and as the solitary writer, it very easy to just be in a bubble. Doing this creative thing where it's a group of people has been unique - Bruce*

Placemaking and belonging through family and work were not an option for Bruce, however, CCP enabled new ties to be made. Despite describing himself as a loner Bruce sang, laughed and joked alongside the others in CCP. The group nurtured trust, something ongoing, he told me. He had experienced loss of familial ties and lack of meaningful connection in the place of his birth. The CCP community connected him to others in a way that he believed were important and the relationships in this place were 'under construction', in the words of Massey (2005, p. 31-32).

### **5.2.2 Perceptions of place, belonging and identity in Stoke-on-Trent**

Perceptions of Stoke-on-Trent varied for my research participants and contributed to their sense of belonging. Disadvantaged and post-industrial UK towns and cities, such as Stoke-on-Trent, are known to carry stigma (Keene and Padilla, 2014; Thomas, 2016). For the communities living in such places, stigmatisation can serve to increase a sense of solidarity and belonging, which in turn can alienate those who do not share this collective identity (Keene and Padilla, 2014; McNamara, Stevenson and Muldoon, 2013; Thomas, 2016).

Eddie, described how coming from the outskirts of Stoke-on-Trent, made him feel a sense of difference. He described the city as an urban place with increasing social problems:

*A few years ago, somebody was really putting Stoke down at the bus station and they were saying that people were not nice and wasn't a nice place. I don't consider myself to be from Stoke, because where I am from, Staffordshire Moorlands, it's very different, it's all green ... Unfortunately, Stoke-on-Trent's reputation has gone down a*

*lot and a lot of people are dismayed at what it's become, and there are a lot of issues, there are a lot of homeless people.*

I asked Eddie if, despite this, he felt a sense of belonging in the city:

*I do, I'm defensive about it if people are moaning about it in the shops and things.*

Others, like Eddie, who were born in Stoke-on-Trent, perceived themselves to be different in a variety of ways. For example, Marie did not feel that she fitted what she saw as the local mindset. Her father died when she was young. She believed that because her mother was from outside the area it possibly contributed to her feelings of being slightly 'other':

*I've always said, people in Stoke-on-Trent, they're born in Stoke-on-Trent, and they live and they work and they marry and they die in Stoke-on-Trent. There's nothing wrong with that, but that was never the path that I was going to take...My mum is from North Wales, my dad was Stokie. So that's another thing already, how I identify with Stoke on Trent, it's never been 100% – Marie*

Marie evidently intended to take an alternative route to, what she perceived, to be the normative path for the area. Further and higher education then moved her physically and in aspiration, away from the trajectory of the local community:

*So as soon as I went to university and was outside of the area, I was already on a bit of a divergent tangent, in terms of the local culture – Marie*

Her mindset and experiences created a sense of difference from the people she had grown up with, but she stressed that she did not want to sound arrogant or superior. Marie then moved to China to teach for six years and described how this experience altered further her sense of belonging when she returned:

*I felt a bit worried about moving from a huge metropolitan, modern city like Shanghai to Stoke-on-Trent, which is like, at its very heart, small, very close knit...I felt like I was bigger than it somehow. I don't want that to sound arrogant - Marie*

Returning to Stoke, she wanted to re-connect with the city, she told me. Old friends were still important to her, but she was keen to make new connections, “*For who I am now*”, she explained, she felt changed by her experiences. She discovered Chrysalis and it offered her a place for her new sense of self. Marie had stepped out of her original social order, crossing boundaries and selecting an alternative social group (Demian, 2017; Gershon, 2019). The subject of Brexit was raised by Marie, which hinted at a difference in outlook to those commonly held in the locality:

*The whole Brexit thing started happening when I was away. Basically, I came back into this and I heard that Stoke-on-Trent was one of highest voting Leave [...] I was thinking that's really telling, but day to day, the people I come into contact with, I can't say I've met a massive amount of people whole I would say are horrifically racist - Marie*

Marie's generous statement that people are not too racist, acknowledged that those views were held by some she encountered. She continued to explain that she chose to distance herself from such people. Within the Chrysalis art room, although not connected with everyone in the same way, she demonstrated a sense of ease within the space. During our online interview, during lockdown, she smiled as she recalled the room:

*The space is a riot of colour and they have those bright green cupboards at the back. And there are bits of old projects hanging around. And we made the pom window and that's very jazzy as well. I always arrive at the group slightly early but there are always people who arrive earlier than me, and I think people really look forward to it [...] So,*

*I walk and there's people already there and they're doing and they're talking, all that activity. Visually and auditorily, not in a frantic way.*

Her description perfectly conjured up the sense and sensations of the art room on a Thursday morning and I felt a sense of nostalgia and loss when she spoke. I asked her if her contribution of the woollen decorative pom poms, placed in the window, made her feel more part of the art space.

*Yes, definitely, that's my pom window! And if the glass gets dirty again, I'll be like I need to give that window a clean. Little things like I know where the Wi-Fi password is so if people come for the first time, I can give it to them, and I know where the kettle is, stuff like that – Marie*

When we met during my fieldwork, Marie had been attending Chrysalis for two years.

Although her job as a translator made regular attendance difficult, it did not affect her sense of ease when she did attend. Marie arrived with a smile and sat alongside others, picking up where she left off. She was eager to assist Julie with practical tasks, finding her way effortlessly around the resources and this knowing, illustrated in the above quote, creates feelings of belonging. Marie's creative and physical energy was woven into the space, forming connections with it. This demonstrates how creative participation is a complex assemblage of elements that facilitates wellbeing as Fox (2012) theorised. The physical, social and emotional connections created a place of comfort and aided placemaking in a location where Marie had felt a disconnect.

A lack of connection to the identity of Stoke-on-Trent, despite being from the city is also described by Colin. He lived only 20 minutes from the city centre, in more rural, market town:

*I'm not a true Stokie, I grew up in Leek and I've lived most of my life in the Staffordshire Moorlands. It's only since getting involved [in CCP] that I've spent more time in the area and around the city - Colin*

For him, the identity of a 'Stokie' seemed to be tied to the main post-industrial city. His lack of prior involvement with Stoke-on-Trent, despite the short distance, was interesting and the separateness of identity of each geographical town was evident. The city centre had held no obvious draw for Colin before joining CCP, and he did not recognise himself as part of its community. It was the creative opportunities that encouraged his involvement within the city. The activities served to embed him in the community and view the place more positively:

*Part of the thing of going self-employed and getting involved in the arts was the rise of the cultural scene [In Stoke-on-Trent] and I kept hearing people saying or reading it, but I was struggling to see evidence of it, struggling to understand how I can get involved. So, now I've started to get involved and I've started to understand how it works. Who people are and I can definitely see it's on the rise - Colin*

His involvement as a voluntary arts advocate in the city and with CCP helped to forge a positive bond with a city that he did not identify as home, '*From that slightly outside perspective, I'm really fond of the place, I really like spending time in and around it. For all its.....*' He stops a possible criticism here and then continues, '*I can definitely see things changing slightly.*'

Similarly, it was an interest in community creative projects and the ability to make a difference that served to connect Marty with the city. She had lived in Stoke-on-Trent all her life but explained that her bond with the area had taken time. This, she believed was due to the fragmented nature of the city, discussed earlier in my methodology. Her affection for the city was clear, however, and she described her desire to help and improve things:

*I've grown to love it. In a sense, the people really make it for me, I really love the community, quite a scattered community sometimes. But when you get to know one person it kind of.... it's like a catalyst, it just spreads and I think I found myself very capable of doing things in this city. So, I've been given some great opportunities which I don't think would have happened in a bigger city. Unfortunately, there's lots of areas which are very deprived and lots of things we can do to try and help or change things. I won't stay here forever, but I've really enjoyed this chunk of my life here and I'll always come back.*

Marty's sense of belonging and embeddedness evolved through creative engagement and involvement with the local community. Like Colin, making a positive change was important. I talk more about how this desire for social change aligns with the motivations of the facilitators also, in Chapter 6.

In addition to those born and bred in Stoke-on-Trent several my research participants were not originally from the city. Leona had discovered Chrysalis when she came to study fine art at the local university.

*It did take a while getting settled in to Stoke and things like [Chrysalis] really did help me find my place in the community - Leona*

Leona believed the group enabled her to find her place in the city and within this thesis I describe additional mechanisms that facilitated this for her. Another geographical outsider was Pam, a retired teacher, from the south Midlands who stated that she did not have many social connections locally. She was a regular attendee at Chrysalis where she chatted with abandon and seemed to relish the company. She took the opportunity to talk with pride of family and also the house she kept in the Midlands, in addition to her home in Stoke town.

She returned to her other home regularly and her connections seemed elsewhere, except for her ties to Chrysalis.

Julie was originally from Yorkshire, arriving in Stoke-on-Trent in 1991. As the facilitator, she demonstrated her deep involvement in the local community during my fieldwork - organising events, talking with insight about local organisations and sharing reminiscences with the other women about local people and places. Initially, however, she had found attitudes and the culture very different:

*I didn't know anything about Stoke. I must admit...it was so different to Leeds and I found that quite difficult... At that time, I'd lived in a very culturally diverse area and I was a bit shocked with the racism I encountered. I thought oh my god, where have I come to? It took me a while to find people.*

By working in arts and health in the city and setting up Chrysalis, Julie found her place and her people: *'I just got very involved and I absolutely love it now!'* Although a geographical outsider, the connections she made with the arts community helped with placemaking and belonging as it did for Colin and Marty.

As Ruth was from London she did not share a connection with the city in the same way as others. She lived in a particularly deprived part of the city (as mentioned earlier, Stoke-on-Trent is a place of nested deprivation) and she witnessed social disadvantage daily. After living in Stoke-on-Trent for a few years Ruth had formed negative views of the people and the area and would air these openly at the Chrysalis workshops. When she chose to speak in the sessions, which was not often she would state that the area was full of *'druggies and homeless people, it's horrible'*. This was something she repeated several times during my fieldwork.

For the others in Chrysalis, feelings about the city were fond, despite its economic hardships. The creative group enabled a chance to reminisce and share memories. Alie, who was in her 70s and June, 49 both born and having raised families in Stoke-on-Trent talked particularly of places that have now disappeared. June described herself as ‘born and bred’ in Stoke but she could see an outsider’s viewpoint of the area:

*I think there’s a lot of negativity about Stoke, but people who live in Stoke don’t see the negativity that other people see. If you were travelling through Stoke you might form a different opinion about Stoke, than what you would have if you were living in Stoke.*

Despite this sense of positivity about the city now, she reminisced fondly about past experience:

*I used to live in Stoke town itself in quite a deprived area, more terraced houses, a lot of rental properties and there was a lot of crime in the area, a lot of crime. But there was much more of a community spirit. It was much more closely knit, you knew your neighbours, you could chat, you could spend time with them, lots more open doors. You could ask people favours and rely on them. Whereas where I am now, it’s semi-detached houses, there’s not really a lot of communication between people.*

This data extract illustrates that community interaction was important to June and almost helped her to overlook the deprivation and crime. Numerous stories of hardship were recounted by others with fondness and humour, filling the room with laughter. Memories of poor living conditions, outside toilets and the scarcity of food. Although social and economic disadvantage is not unique to Stoke-on-Trent, it was a bonding point. There was a sense of working class pride, at having experienced it.

In summary, the identity of being a ‘true Stokie’ was not felt to be possessed by many I encountered. The reasons were perceptions of differing mindsets, socio-economic backgrounds and the inability to share cultural and social memories. Shared social disadvantage as Thomas (2016) stated, created a solidarity for others with a nostalgia for times gone by. This is a trait described by Boswell *et al.* (2020) displayed by communities who feel ‘left behind’ economically, culturally and socially. Not all felt positive attachment to the city, but this served to magnify the comfort and enjoyment people demonstrated within the creative spaces. Their involvement with the creative groups aided a formation of new bonds and shared experience.

### **5.2.3 Constraints which impact on placemaking and belonging**

Social inequality and unequal power relations are the result of socially constructed behaviours and norms, evidenced to negatively impact on health outcomes (Lynch *et al.*, 2001; Mattheys *et al.*, 2016; Szreter and Woolcock, 2004). It is not simply personal economic hardship that constrains, but accepted, embedded norms, access to resources, unequal power that impacts on participation and opportunity (Galtung, 1969; Winter, 2012). Therefore, in a place such as Stoke-on-Trent I consider experiences of social and creative participation in the broader context of social structures.

Several of my research participants were active in the creative community, energetically instigating local art projects which were discussed with the others. At the start of my fieldwork, Leona was launching a new art class business, based locally with a small charge. She shared her excitement with us during the Chrysalis sessions, as she passed around her newly printed business cards and flyers. Each week people asked how it was progressing and Leona lamented at a lack of uptake.

Marty, as I explained in the last section, had a keen interest in community engagement. She had also experienced the difficulty in gaining local interest in creative projects:

*I think it's hard. A lot of people in Stoke might not meet their baseline needs sometimes. People might not be interested. But with my projects?[pause] I found people quite open. So, I did one project which was exploring how we move around the city. Like the bus systems and stuff. I was interested in how that impacts on our climate and air pollution etc. But it kind of turned into an exploration of the heritage of our buses and how our buses are used here, it's quite traditional and I did some really nice interviews and I think the simplicity of it people really enjoyed, people really wanted to be interviewed about it. - Marty*

*'People can relate to it?'* I asked in interview.

*That's it, relatable. Last year, around October, we set up a little creative space in Longton. I decided to open it up to the community, and we started doing little community workshops. I did little sessions where we did clay making. It was hard to engage people, again, because a lot of these shops were unused or run down. And I think people are a bit cautious at times.*

This caution hints at feelings of a lack of safety in places of disrepair. Marty's insights came from first-hand experience. They highlight that people may not prioritise creative activity, when suffering financial hardship. Marty reinforced the view that people in the area were quite inward looking, 'traditional' and reticent unless activities related to their circumstance. An understanding of place and local population is, as Putland (2008) asserted, important in places such as this, for wide community engagement in the arts.

Many of my research participants were affected by a variety of constraints, not just financial but caused by gender, education and ill-health, limiting involvement in activities that promoted societal ease, involvement and connectedness. I next focus on gender within spaces and places, significant in a study of single gender groups.

### *The gendering of places*

Places are theorised to carry with them socially constructed, stereotypical associations which negate a sense of belonging (Murphy, Kroeper and Ozier, 2018). Normative practices within certain environments, such as a hegemonically masculine workplace, create feelings of powerlessness and discomfort. However, gender hierarchies are complex, socially constructed, relational and dependent on the context (Connell and Messerschmidt, 2005; Evans *et al.*, 2011).

As my data gathering and analysis progressed, the theme of gendered spaces became prevalent in the narratives, predominantly of the men, in relation to experiences prior to, and outside of the creative groups. Colin, one of the founding members of CCP described unease in a predominantly male workplace:

*I work for a construction product manufacturer and it's very male-dominated. Over a period of time, I became increasingly aware that I didn't really fit in, although I could fit in, but I didn't really want to partake in the banter or the behaviour or the jokes*

- Colin.

Such 'prejudiced places' are theorised by Pronin and colleagues (2004) to cause people to withhold parts of themselves in certain environments. Colin steadfastly chose not to join in, but as a result, stood on the periphery. This theme dominated the behaviours and discourse of my research participants. The men of CCP recognised the impacts of hegemonic masculinity

in the workplace: tyrannical management and self-made pressures to achieve. CCP gave them a space to share experiences and realise they were not alone in their views:

*When we've talked about experiences at work, we've shared our dissatisfaction with tradition male viewpoints or of male domination of the workplace – Colin*

George also explained to me how his fear and unease of other men was almost debilitating, making everyday encounters difficult. The underlying threat of their own gender was frequently expressed by the CCP men. They described uneasiness and sometimes outright fear. Several of them echoed George's unease and their initial apprehension of being in the same space as men. Eddie, in interview, described his experiences of bullying:

*I had been picked on for being 'gay' since the first days at primary school aged four, long before I had any inclination of what that meant. At secondary school, the name calling and bullying, getting hit, kicked, spat upon and called vile names was horrendous.*

His sexuality made him the target of verbal and physical abuse before he could even understand why. Eddie's recounting of his social reality from a young age powerfully demonstrates exclusion from his peers, pushing him to the margins and creating a sense of unease, particularly around men.

The prejudiced place of school was not the only place of aggression for him as his father also bullied him and his mother. However, he and several of the CCP men revealed how women were a positive influence growing up, influencing their outlooks in later life:

*My dad was always there growing up, but he wasn't there. He was present, but absent all the time. So, it was my mum and my gran that brought us up, me and my sister, so we were very close knit. And working in a primary school, I was the only male teacher*

*for 14 out of 16 years. So, I feel confident around women...So yes, I was very wary about going into an all-male group – Eddie*

*I don't think I've had those traditional paternal influences in life so that may go to some way to explaining why I'm a bit more open to the nature of this type of thing when we talk about our feelings, quite willing to share. I haven't had a huge amount of that very masculine influence – Colin*

*I never knew my dad, I think this plays a part in the way I go about things, because he left when I was just a few months old and I never met him – Sean*

These data extracts exemplify that Colin and Eddie particularly, were familiar and comfortable in predominantly female environments. They were places where feelings could be shared, places of comfort and confidence. Unfamiliarity with a male space and a male presence reoccurred in the data gathered from the CCP men, with predominantly negative associations with such spaces. Their experiences made many of them unfamiliar and ill at ease with other men, summarised by Frank:

*I've never had men in my life, being brought up by my mum with no contact from my father, I'm suspicious of them.*

The destructive effect of childhood hegemonic masculinity was carried with Bruce into adulthood. He only acknowledged it as significant when he underwent a period of counselling for depression and anxiety. His experiences stem from the cultural and gender expectations of his social network at the time:

*I was never totally sure why I seemed to get picked on by some of the kids... I think there was very much a kind of the masculine thing of, boys don't cry and having to very much put a brave face on certain things... I think there was a culture of bullying,*

*very much a masculine thing as well, that went on with some of the teachers. And so that it was legitimised as being entirely normal. So, you know, corporal punishment was used a lot...there was a lot of use of the cane.*

Bruce and Eddie's experiences demonstrate a normalised rite of passage which made boys proficient at masking their true feelings. Bruce described an approach that was condoned, not only in the playground, but ingrained in institutions of the time.

For the women of Chrysalis, their stories were different. They did not speak directly of a powerlessness or fear in a male dominated world. However, when they explained their reasons for joining and enjoying the group it was evident that there was some discomfort felt around the opposite gender:

*It was a place where I could potentially meet friends, especially female friends, because it's ladies only, so that comes with connotations of perhaps being safer, a softer environment. You're not going to have guys coming on to you, guys trying to impress you or you feeling like you've got to impress the guys - Marie*

*It's quite nice that it's all women as well. Because I like never felt on edge or anything...It's like an exclusive club. I remember in Church Street you'd get the odd guy walking in, and everyone would be like 'it's a man! When are you leaving?' (laughs). It's not in a bad way, it's like we just need this time together as females - Marty*

The restriction felt in the presence of men was one factor that impacted many of the women, consciously and perhaps unconsciously. Gendered spaces from a feminist viewpoint are places where men hold the power and status (Spain, 1993). For some, Chrysalis as an all-

female environment made them acknowledge an unease when men are present, that they did not experience in the creative space.

In this section social discomfort was specifically tied to gender, in certain places and specifically around men. Their stories convey the normalisation of violence and aggression resulting in feeling unsafe. Such experiences of societal dysfunction and violence create mental anguish, anxiety and isolation which is known to impact overall health (Lynch *et al.*, 2001; Mattheys *et al.*, 2016; Szreter and Woolcock, 2004).

The single gender spaces explored in this thesis created opportunities, rather than constraints. There was a solidarity in these places as people related to others' experiences. The creative spaces offered the ability to share stories of gender and build an understanding that gender behaviour need not be hegemonic.

***The impact of ill-health and unemployment on placemaking, identity and belonging***

Places of employment can provide opportunities for social relations, identity building and belonging. A personal sense of identity is often connected to the work one does, facilitating a sense of pride, fulfilment and achievement (Belle, Burley and Long, 2014). The male identity, specifically, is recognised to be hegemonically tied to monetary worth and employment (Haywood and Mac an Ghail, 2003). Workplaces also foster a sense of belonging, not only from social networks, but also from a connection to the organisation, including its status and reputation (Van Knippenberg, Van Dick and Tavares, 2007). I argue that in the absence of workplace organisations, which foster pride by association, community groups may offer an alternative.

Until the 1980s the ceramics industry in Stoke-on-Trent employed a large proportion of the local community and its wares were acclaimed on a world stage. The city and its nickname the Potteries, were once deeply connected with the occupation, the product and the

international esteem. Over the years, the ceramics industry has declined and multiple deprivation pervades. Local people are less likely to associate themselves with the ceramics organisations of Royal Doulton or Spode.

Although many of my research participants were in paid work, many also lacked a place of work. Some disclosed that they were unemployed due to ill-health, redundancy or retirement. Others were between jobs, working part-time or doing voluntary activities within the community. These aspects of their lives influenced their perceptions of themselves and their place in society.

Workplaces for some, rather than fostering belonging and fulfilment, had been unhealthy environments where structural norms forced conformity to unhelpful behaviours. Sean, from CCP, related his experience of a pressure to belong through proving his worth in a high powered profession. This had led to a physical and mental burn out. He spoke of it as a cautionary tale at the CCP Living Library event, and in a TED talk, evidently passionate about sharing his story. In our one-to-one interview he explored the origins of the pressure to fit in and find a place:

*I was really shy as a kid. I used to describe myself as little weird me...as a four-year-old boy, I had an eye operation, so I had a patch over one eye, I had these big thick horn-rimmed glasses and twisted teeth and my mum always used to dress me in a velour jumper with 'OK' on the breast! In order, probably to convince myself that I was okay, but really, I was an insecure child. So, I was never confident. - Sean*

Sean expressed how he realised early on that his friends at school were outsiders and this was not where he wanted to be. One day he made the decision to join the rugby team where he immediately felt accepted into the mainstream, a more hegemonic notion of masculinity. *'I changed my friendship group overnight.'* As an adult Sean became the epitome of physical

strength and health, entering triathlons whilst building a successful career. That is, until his 'burn out'. In an attempt to fit in and find his place, he explained that he drained himself emotionally, mentally and physically. The expectations he placed on himself of work, family life and maintaining a physical persona were too much.

Work pressures and a '*culture of bullying and the daily fixed grind*' resulted in a breakdown for Stuart, also, who gave up his engineering job. He highlighted that '*what do you do?*' dominates opening conversations and types of employment are a social marker. Exclusion from mainstream society through loss of employment was experienced by many of my research participants.

The theme of isolation from unemployment and ill-health became dominant in my data. It removed them from the physical workplace and community. One woman's experiences were revealed one day as we sat around the table working. June, a former teaching assistant, shared many aspects of her ill-health. She could no longer work because of a cancer diagnosis and described her upset from no longer being part of the school community, a place where she was both educated and had taught. In interview she elaborated on this:

*Walking away from work was massive, because it was the school I went to as a child, my children went there and I'd worked there for 19 years. So, it was massive, massive.... I've gone from... I don't want to label myself... a working woman, in a school community to someone who is classed as having disabilities, retired at an early age, lost the ability to drive, lost the ability to work. Yes, it felt very negative to enter a community that I wasn't part of - June*

She not only lost her employment but also her identity, self-worth and sense of belonging which was tied to her job. June had lost her place in society. Similarly, for George, who had a stroke, his illness and inability to work affected his confidence:

*The shock of knowing that I'd had a stroke hit me hard...I thought I'd have a bit of a break from work...I've since done a few bits of freelance work, that haven't really worked out very well...because my balance can just go randomly... So I think it knocked my confidence a lot in that and I don't feel reliable - George*

He talked a lot about his stroke during my fieldwork, revealing what a detrimental effect it had on his sense of self. George's identity and self-worth were tied, not simply to his occupation, but his ability to feel competent and reliable. Loss of wellness and inability to work created perceptions of separation from 'normal society' for several my research participants.

In contrast, the creative groups evidently provided many of them with a place for identity building, enabling a sense of purpose and flourishing associated with paid employment (Conner, De Young and Silvia, 2016) and aligned to the criteria of personal wellbeing (ONS, 2020a). They gave them a sense of place, connection and belonging with an occupation that gave them pride in their accomplishments.

The societal norms, expectations and pressures to achieve began for many prior to adulthood. They were also felt during their stages of formal education and expectations of learning. Just as workplace organisations can create exclusion, so can educational institutions and the structural expectations. I next explore examples of my research participants' accounts of learning, to unpick how the creative community spaces are perceived differently.

### ***Educational expectations and opportunities that create social exclusion***

As discussed, structural factors restrict opportunities and place certain groups on the periphery of society (Baah, Teitelman, and Riegel, 2019; Dutta, Sonn and Brinton, 2016). Education is a key social determinant of health which can impact on job prospects, the ability to manage ones life situation and on social integration (Public Health England, 2017a).

It is argued that good education provides a space for opportunity and cultural inclusion (Biesta, 2008). Stoke-on-Trent has suffered low educational attainment for many years, ranking low in national league tables (Dann, 2016; GOV.UK, 2019). I examine my research participants' early educational and creative experiences in relation to the theme of inclusion and exclusion and, ultimately, their wellbeing. Levels of self-reported education and learning ability varied within both CCP and Chrysalis, but the prohibitive aspects of literacy and rigid learning dominated conversations. Mike's experiences of formal learning demonstrated this, *'I find learning difficult. Personally, I always have since school, it's not a good relationship.'*

For many of the women, the learning was important, not just the social interaction. Barbara explains how she was extremely keen to learn:

*I started coming to the group and I come on leaps and bounds, learning new activities I'd never done before... It got me out the house. I felt loads better in myself. I was doing things that I've never done before - Barbara*

I discovered over time that Barbara lacked confidence with writing and the formal academic culture. This is something I discuss further in section 7.5.2. Despite this, within Chrysalis, she repeated several times her comfort and eagerness to try new things.

An under-confidence from educational experience underscored Ruth's narrative. She told me with some resignation that she could not draw - the marker of ability within high school art education. It seemed to have instilled a lack of confidence, exhibited through frustrations when her artwork did not go to plan. However, she was never reticent to ask for the help of others, including myself, during the art workshops.

Despite no formal art training, Ruth described herself as *'an arty person'* from an early age, encouraged by those around her. Unemployed, she made jewellery at home, with beads and

wire, attempting to sell them online. Early influence and encouragement, she believed, came from her mother who made and sold handmade cards. The creative space held particular attributes for Ruth that contrasted with a school environment:

*Julie gives us a safe place to go and makes us do things. What I like about the group is we can do what we want. We don't have to do what everyone else is doing. Is not like a classroom where everyone's doing the same thing. Which makes it a bit more at ease*

– Ruth

Her statement above hints that her experience of school creativity was that of uniformity and unease. She makes the comparison with Chrysalis, describing it, not as a place of discomfort, but as a safe space. The creative space seemed to nourish her as she worked keenly, each week, arriving early, full of ideas. It is the freedom and choice that was evidently a draw.

The spaces of CCP and Chrysalis offered opportunities for challenge and learning that was viewed as informal, flexible and unlike traditional education. This was articulated by many throughout my fieldwork. June explained that she had tried other art classes but described them as too formal and structured. She preferred Chrysalis because it was more *'relaxed and friendly'*.

Determination, despite educational disadvantage was demonstrated by 23-year-old Sarah, a regular at Chrysalis. As we sat next to one another one Thursday morning, painting a banner for a local festival, she talked openly of her dyslexia and autism. *'I'd gone to college to study catering,'* she told me, but it was *'a four-year struggle'* one which came to an unsuccessful end. Sarah was keen to share her experiences with all. There was no obvious judgement from the women sitting alongside us. They chatted quietly to one another, about pets and knitting. Some, like Ruth, worked in quiet absorption. Sarah spoke openly about how she first came to Chrysalis:

*I had a care worker since I was small. They tried to decide whether I could live alone.*

*This group was suggested and the care worker came with me the first few times...I*

*hadn't used public transport alone before - Sarah*

The confidence she gained from attending Chrysalis led to her travelling alone and using public transport. She proudly announced that she was doing more things for herself; a few days previously she had shopped independently. Sarah mentioned how expectations from those outside the group had been low: *'they didn't think I would be able to do [a, b and c],'* for example, managing her own bank account.

Sarah recognised that her achievements were because of attending Chrysalis. Her involvement enabled her to reconnect with other aspects of the physical and social environment. Formal education had created a sense of failure for Sarah and she was aware that expectations of her had been low. Julie and others offered the encouragement that she needed to regularly attend the group and overcome barriers to social participation.

An educational and societal lack of expectation is something recognised in deprived areas (Dann, 2016). It was something highlighted by Bruce from CCP. Growing up in Stoke-on-Trent, he explained that he was not pushed to pursue higher education:

*I think that a lot of the people that I knew at the time, the circle of family and so forth, it was very low kind of expectations. And college brought me into a completely new world. It changed everything entirely for the better. There's no downside to really those three years of college. It was transformative and I'm so glad that that's what happened - Bruce*

His lived experience evidenced how societal norms and gender expectations restricted Bruce's ability to be openly as creative:

*I very, very privately I wrote bits of poetry and things, I was incredibly embarrassed that anyone would ever see. .... boys don't write poetry. Music was a subject that I just didn't dare do because, from the bullying aspects, I would have been seen as a big sissy... I secretly had piano lessons from about the age of 10. I used to go to a piano lesson on a Saturday morning and I'd walk to it and pass through various streets and parks and things where I'd know people. And I used to hide the music, tuck it up my shirt because I was scared to death of being found out.*

This extract from interview conveys memories from many decades before, but Bruce's palpable fear of physical and emotional harm from discovery is striking. Within CCP these constraints were not evident. Bruce talked of a freedom to be himself and participation was *because* of others, not despite them:

*With the singing, the comedy improv and this poetry group at the moment, I've kind of done it because of those people, I've felt that I wanted to, because they're a good group of people, creative people, supportive. With the poetry thing, I've not had any problems sharing stuff that I've done since I've been there, because it's a sense of trust between us, that bonding. It's been positive. I've felt I've been able to be myself, rather than put some kind of an act on – Bruce*

The educational system had alienated many within my study. As a result, opportunities for socialisation, personal expression and later societal inclusion were missed. I argue that community groups such as CCP and Chrysalis created alternative, non-institutional spaces for learning and challenge. The informal and supportive environment encouraged participants to try new things. They were given learning opportunities to gain knowledge and flourish in ways that often elude people in deprived communities (Dann, 2016). In summary, the elements detailed in the previous sections highlight factors and structural conditions which alienate,

prevent opportunity and create discomfort. I next, consider aspects of place that create feelings of belonging for my research participants.

#### **5.2.4 The safe space: Company, equity, safety and belonging**



Figure 9. Inside the Chrysalis art space

#### **From my fieldnotes (24/10/2019):**

Once inside the compact, warm foyer of the building, I could no longer hear the rasp of the traffic. There was a signing-in book and a welcome sign with instructions printed in a colourful, 'friendly font'. Doorbells for each community organisation housed in the building ensured security and created the feel of entering a home. I signed in, pressed the Chrysalis bell and heard a cheerful 'ding dong' chime. The door swung open and Julie greeted me with her characteristic broad smile. As I stepped into the room, warm air and a riot of colour - pom poms, flags and paint pots, enveloped my senses. Next came welcoming smiles from those who looked up from around the crafting table.

In therapeutic interventions the concept a safe space and trust building is considered essential for healing to occur (Welkin, 2013). The need for a safe space in community, therapeutic, non-healthcare settings is also acknowledged as necessary. Participants from an AoP scheme,

for example, believed that a judgement-free space, contributed to the effectiveness of their intervention (Stickley and Hui, 2012a). Healthcare professionals express concerns relating to the quality and legitimacy of community resources within the social prescribing model, unsure of the environment to which patients might be sent (Brandling and House, 2008; Mossabir *et al.*, 2015). Although my research participants are not ‘patients’ referred through the healthcare system, the creative groups were promoted as supporting wellbeing, attracting potentially vulnerable people. It is important, therefore, to examine the safe space and practices which facilitate it.

Ensuring a safe space was not simply a physical consideration, with the security of locked doors. Mike, indeed, would lock and unlock the theatre doors to admit the men into the choir practice. In the same way, he admitted us into the virtual invitation only Zoom singing during the COVID-19 restrictions, reluctant to admit anyone he did not recognise. Julie answered the doorbell each week to let the women into the craft room (Figure 9). The safe space was also interpersonal and relied on the formation of trust. From their reported sentiments, behaviours and interactions, my research participants perceived themselves to be in a safe place.

At my first Chrysalis session we made paper by hand, which involved soaking it, then pressing out the water in a press. When I suggested drying the paper outside, as it was a warm September day, Barbara frowned; if it was left outside ‘*someone might damage it,*’ She said quietly, almost to herself. This statement exhibited an underlying mistrust of the behaviours of others on ‘the outside’. Inside, I could not imagine any harmful intent. The contrast of the inside and out space was expressed by June one day. She said, ‘*this is my safe space.*’ ‘*Why,*’ I asked. June paused and said, ‘*it feels like a bubble, somewhere separate from the outside world.*’

Similarly, Vinny, a teacher, was a fairly new member to CCP when I began my fieldwork. He tells me as we stand by the teas and coffees in a choir break that he finds social situations difficult. However, in CCP, his experiences were that: *'Everyone is so nice. The environment is like a bubble.'* It begged the question of where and why they did not feel safe and what creates these conditions of perceived safety.

The creative groups were felt to be safe by the participants. However, they were not closed groups but open continuously to new people. Unease from new faces and social encounters was possible and newcomers entered these groups during my fieldwork, with the core remaining steady. Some of the men and women expressed disorientation at the entry of newcomers each week: Ruth tells me, *'I get nervous when there's new people. New people coming in all the time. Makes me nervous.'*

Colin was in the original men's project and formed strong bonds. The start of CCP with new people threw him slightly:

*It's just there was that confidence there in the start of oh, there's still that little group of us, people I've got to know [pause] and I really, really need that thing of having got to know people. Some of the new people that come along, I have a bit of a chat but until I get that time to have little bit of a deep dive with someone to build a slightly stronger bond than just something on the surface – Colin*

At the same time, Colin and many others, who describe themselves as awkward in social situations, recognised this discomfort in others. Several men explained how they would work to welcome new, or isolated people: *'If I see anyone on their own, I'll make a B-line for them'* said Eddie. This intention was echoed by Rich: *'If somebody was looking lost I'd talk to them.'*

It is interesting to examine how these spaces are kept safe under such circumstances. The underlying feeling from participants was that they were safe and that they shared the responsibility for the safe space. Marty describes calls an *'unspoken truth,'* within Chrysalis. She explained how this had been handed down over the years. It was an etiquette, social norms, a way of being. This was felt also by Sean when he reflected on his perceptions of CCP as a safe environment: *'I think there's an unwritten level of respect and honesty in there,'* he told me.

Sitting around the big Chrysalis workroom table one day, I asked the women what they thought about the possibility of an unpredictable newcomer. To this Marie answered immediately, *'We'd keep each other safe.'* I asked Sean also, what they would do if someone was aggressive or behaved inappropriately at CCP. He confidently believed that everyone would step in and take responsibility:

*I don't think it would attract that sort of person in the first place. I think there's a natural moat around it. The sort of stuff we do wouldn't attract that sort of guy anyway. If one did slip through our moat, I think he'd quickly get asked a few questions. I don't mean in an aggressive sense; it would provoke some interesting discussion. Non-judgemental discussion, I think that's how it would play out - Sean*

The idea that the group itself attracted certain people was interesting, how the nature of it filtered out possible threats and people with different outlooks. This suggests that clear marketing and description in promotional material is key to avoid misinterpretation. Shared purpose and intention were the entry key and served to create the moat that Sean described. It was recognised by people in both groups that the facilitators, Julie and Mike were in control of the situation and that they were in safe hands. Their ethos guided the behaviours:

*Julie is so calm. That has a massive impact on the group....Everyone is very respectful of each other...she controls things ...but it's very, very low managed - June*

When I asked Sean about Mike's role in keeping the group safe from perceived harm he told me, 'Mike wouldn't have problem in making a point, I also think he's got a massively supportive brethren there.' Mike himself made it clear that strategies for ensuring safety have been carefully considered. Nothing was left to chance:

*You would hope to mitigate any displays of anti-social or aggressive behaviour in the way that you set up the space. I don't mean physically, the parameters that you set at the beginning of a session, the 'get in a circle', the check in. If we can make sure we create a safe space and say, you don't have to sing if you don't want to...if you want to walk out halfway through, that's fine, if you want to sit down in the corner and just listen whenever you want that's absolutely fine, there's no expectation for anyone to behave in any way in the session or achieve any level of proficiency during the session – Mike*

He used the example of a possible racist comment made and explained that he and his co-director had researched techniques to deal with this:

*You want to make sure the session's not disrupted, and the focus doesn't become about this person's behaviour, but you also want to demonstrate to the rest of the group that's not acceptable in this space – Mike*

It was clear that they had pre-emptive strategies in place to protect and minimise the risk of harm. No such incident occurred in either group during my fieldwork, but an example of Mike stepping in, when he felt a situation was unacceptable, is described in my analysis of Experiences and Meaning in Chapter 7.

### **5.3 The digital and virtual space**

The spatial realm of participation moved from the physical space, to virtual, after six months of my face-to-face fieldwork. This was due to the COVID-19 UK lockdown, when, in April 2020, CCP and Chrysalis activities moved online.

A few weeks into the UK national lockdown I was invited by Julie and Mike to join the CCP and Chrysalis private discussion groups they had set up. It was here in these virtual spaces that I could see the re-emergence of these creative communities. One by one I could see familiar names added as members. These spaces were managed by the facilitators and felt similar to the safe physical space in the way we had to be invited in and accepted by the facilitators. Only members could participate and see posts in these private groups. Despite this there were many participants who did not engage this way.

The virtual the space felt intimate to me; we saw each up close on a screen, head on, face to face. We saw each other's homes, the parts, at least, that we wished people to see. Online live interaction aligned to a great extent with Goffman's theories of self-presentation (Goffman 1959). We were each both actor and audience, presenting intentionally or unintentionally a representation of ourselves and our lifestyles.

There was an element of staging with the online interaction. For the numerous weeks that I met with both CCP and Chrysalis online, we appeared to each other, framed by the camera lens, with the backdrop of our homes. During these video meetups, I became familiar with seeing home environments. Some rooms were spartan, others contained curious belongings that created conversation. Susan, from Chrysalis placed a bright stripey cloth behind her as a backdrop each week, concealing curious shaped objects underneath. Julie's setting was music themed, with stacks of records and CDs on shelves. Every fortnight, during the CCP online choir practices, Mike would greet us in front of a virtual background with moving images. He

would play world music, to which he and those less self-conscious would sway and bob whilst waiting to begin the practice. This was carefully staged and created a sense of event and energy.

The pressure to perform felt more intense online than in the physical space. Face-to-face participants were able to sing or paint relatively unnoticed if desired. Several of my research participants referred to this discomfort within the virtual space. We were there, face to face. Behaviour felt altered due to expectations within this new, virtual environment.

We seemingly discovered more about one another, about our lives beyond the once familiar art space and choir practice rooms. The private, safe space of the groups was no longer an enclosed space, specifically for us and our activities. We had entered the more expansive spatial realms of each other's homes. Some chose to blur backgrounds or sit almost silhouetted. For others, pets and partners were brought into shot.

During this lockdown period the nature of the communities changed. In their analysis exploring the differences between virtual and non-virtual interaction Kane, Alavi and Labianca (2014) highlight that the nature of the platform dictates how people interact. They state that particular types of social interaction blossom, while others do not. Social media platforms introduce differences in terms of how relationships form and develop and may also affect the dynamics of traditional, offline social networks (Ibid).

Limited research on the topic of virtual creative participation evidences a mixture of reluctance to engage online and the benefits for those who struggle to physically attend creative activities (Tribe, 2019). Therefore, digital spaces offer up new challenges and opportunities for inclusion and exclusion.

A study of arts engagement during the pandemic highlighted that it was those with higher education levels who engaged online consistently throughout COVID-19 restrictions (Mak, Fluharty and Fancourt, 2021). However, it appeared that previous predictors of creative engagement had shifted. Barriers that may have existed for people with diagnosed mental health conditions may have been reduced, leading to greater engagement; however, for older people, a lack of technical competence reduced engagement (Ibid).

Julie predicted that many of the women, of all ages would struggle to navigate social media, either due to poor internet access, lack of hardware, or technical knowhow. The digital divide in the UK has been evidenced as high by the Office for National Statistics (2019). The UK charity, the Good Things Foundation suggests that digital exclusion leads to social exclusion and poverty, and, in turn, health inequalities. The reasons identified were:

Lack of access, mostly on account of an inability to pay for devices and their running costs; lack of motivation among people who do not believe that connectivity is relevant to their lives or worth the effort; and lack of digital skills and education (Watts, 2020).

This reinforces how structural barriers of income and education can restrict opportunity and social participation. Therefore, the online spaces were not accessible to all. Those who did enter these new online creative communities demonstrated the ability to control the impression of self they gave to others (O’Leary and Murphy, 2019). However, prior social interaction and understanding of one another made interactions feel honest and open. I unpick in more detail, in chapter 7, the experiences of online participation for my research participants.

## 5.4 Chapter summary

This chapter has explored the places and spaces where creative participation occurs and the wider context of people's lives. Structural factors were significant in enhancing and inhibiting social and creative opportunities. Education, employment status and class, although viewed as a reason for lack of wider cultural consumption (Bourdieu, 1984; Phillips *et al.*, 2014) did not deter the desire for creative involvement in these community groups. I argue that the characteristics and conditions created within these groups encouraged a conducive environment, as Carpiano (2006) asserted, for a sense of wellbeing. I discuss this further in the following chapters.

My main findings illustrate that:

- a) Creative spaces enabled people on the margins of society to feel a sense of belonging, social cohesion and safety.
- b) They also enabled people to find new social orders, cross boundaries and form alternative identities and communities.
- c) Trust built during creative endeavour facilitated a safe space, allowing the freedom to be oneself.

Overall, participation with CCP and Chrysalis offered a place for belonging, acceptance and meaningful connection. The activities occurred in a forgotten and left behind city recognised as disadvantaged and in need of levelling up (Gove and Johnson, 2022; Harari *et al.*, 2021; Oxford Consultants for Social Inclusion, 2020). In this way CCP and Chrysalis disrupted perceptions of place.

A dominant concept was that these were almost places of amnesty from societal barriers, assumptions and expectations. The groups were intergenerational and diverse, but age, unemployment, illness and gender were not the focus for most whilst participating. In the

creative places, the boundaries of class, status and geography were porous and ideas, energy and support moved between social orders as a result of creative participation (Gershon, 2019). Many people formed new outlooks and behaviours, conflicting with Bourdieu's theories of cultural consumption and class as fixed (Bourdieu, 1984). People were also able to construct and control their outward identities within online interaction in a way not always possible in physical spaces.

CCP and Chrysalis as places of creativity, offered opportunities for social relations that may not have occurred otherwise and ensuing social capital building. Through the sharing of experience, past and present, an alternative sense of community and group identity was formed where spaces became places (Massey, 2005). Symbolic interactionism was evidently at play as social and creative interaction shaped perceptions of place and re-constructed how people saw themselves and others (Burr, 2015). The spaces and places were fluid and ongoing as lifeworlds overlapped, merged and sometimes remained separate. In the next chapter, I consider how perceptions and experiences of place and placemaking influenced motivations to facilitate and participate in these community groups.

# CHAPTER 6

## FINDINGS. Motivators and barriers to involvement

### 6.1 Introduction

In Chapter 5, I highlighted how my research participants were affected by structural constraints within workplaces and educational spaces. Ill-health and gender impacted on the nature of their participation within society and their sense of belonging. Building on this further, this chapter illustrates the importance of motivating factors and understanding the barriers to creative community participation. Participants' experiences are presented alongside the facilitators', including perceived difficulties and strains. The impact of the COVID-19 restrictions was also important to address as I explored aspects of participation during the UK national lockdown. Motivating factors are framed within the context of health and wellbeing and I consider how non-medical resources are perceived and utilised by those who use them.

### 6.2 The facilitators and their intentions for the community groups

As discussed earlier in Chapter 2, community arts organisations are driven by an agenda broader than facilitating creative activity and outputs. They are underpinned by ideologies such as positive social change and inclusivity (Crehan, 2011; Daykin, 2020; Jeffers and Moriarty, 2017; Kelly, 1984).

The lead facilitators of CCP and Chrysalis, Mike and Julie, reiterated this agenda; Accessibility and inclusion were at the forefront of both groups. They were free of charge, with no expertise needed to participate, attracting people from a diverse range of backgrounds. This was in opposition to the narrative of the exclusive ivory tower of high art

and culture where the privileged classes demonstrate their position of power (Chan and Goldthorpe, 2007; White, 2009). Such privilege has been found to enable those with higher cultural capital of class and education to be greater consumers of art and culture (Silva, 2008). The conundrum faced by community arts groups is how to make activities and outcomes relevant and accessible to both participants and the general public as equitable access is not adequate if the resources do not resonate with the community (Crehan, 2011).

CCP and Chrysalis were driven by the vision of fairness and equity of opportunity. In this way, they resembled social movements whose facilitators were 'clear about the change they want to see in the world and have the energy to start to bring that change about' (Burbidge, 2017, p. 10). Both organisations had embedded themselves for several years within the community of Stoke-on-Trent.

Members of the public were attracted to these community projects in a variety of ways. Some were attracted by advertisements on social media; others were persuaded by friends and relatives. Whether 'self-referred', attracted by online promotional material or directed by word of mouth, people were guided by particular expectations. Facebook was the primary approach for recruitment to CCP, alongside their public performances. The accessible nature of CCP, the lack of pressure and the wellbeing focus is clear in the online choir advertisement both on the Facebook page and on the CCP website (Figure 10):

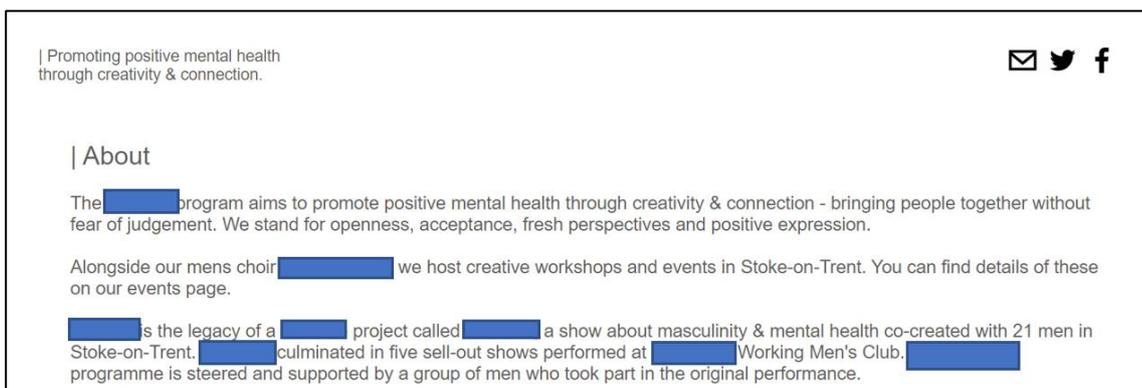


Figure 10. Screenshot from the CCP website

At each public CCP choir performance, Mike would talk a little about the wellbeing aspects of the project. I witnessed how their performances which were rapturously received. I was told how the CCP men were approached by audience members who were keen to share very personal experiences of mental health difficulties. In this way, the wider community appeared to recognise that the choir held more value than simply the performance.

Chrysalis also had a Facebook presence through their main organisation (Figure 11). The organisation highlighted a focus on supporting creativity for people with health and wellbeing needs:

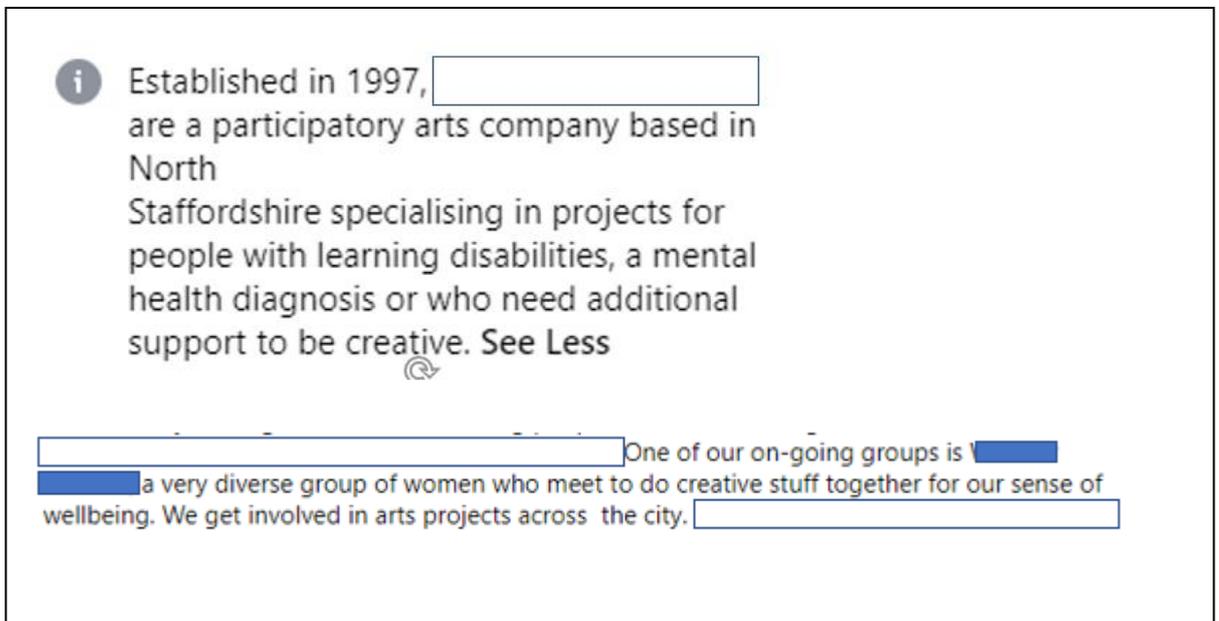


Figure 11. Chrysalis's Facebook presence

Chrysalis was not promoted in the same way as CCP. There were no weekly callouts or reminders and yet they had a following of over 20 members. New people frequently arrived during my fieldwork across the spectrum of health. They were working people, students and retirees, keen to make art and take part.

Julie explained how, in the early days, people like Marty, a student at the time, walked in off the street. It was mainly reputation and word of mouth that brought people to the activities.

Mo believed that, in Stoke, the arts community understood and welcomed projects such as Chrysalis and CCP. However, she believed they were sometimes viewed by the general public with suspicion:

*Within the arts in this city, there's a great understanding of arts and health, from artists and from the arts and health community...but for some people, unwellness is a weakness or a scary thing and (community arts) groups are scary. So, the stigma will still be attached to it in some way – Mo*

Therefore, the stigma of ill-health perhaps does not only sit with medical interventions, but also with community groups such as these. The creative outputs of both groups served as what Mike described as ‘*a conversation starter*’. They piqued interest from those who joined the groups and the wider community, providing a creative route in for health and wellbeing benefits for people who may not have anticipated them. Throughout my fieldwork and beyond, I encountered public reaction and comment that demonstrated a respect and admiration for them. CCP and Chrysalis collaborated with a variety of stakeholders to address social and wellbeing concerns through participatory art projects. These were driven by the facilitators at a grassroots level, and I stress this to emphasise the degree of personal motivation and investment.

### **6.2.1 Mo and Julie and the formation of Chrysalis**

Prior to the start of Chrysalis in 2016, Julie and her co-founder, Mo, ran general drop-in art sessions, available to both genders. Their motivation to set up Chrysalis came out of an insider’s understanding of certain health and wellbeing needs of women within the community. They described the way they were approached which demonstrated agency and self-direction by certain members of the public:

*When we were at the old location on the high street, we were really public-facing and they could see us through the window. So they would just tap on the window, ask, 'what are you doing here and is there something I can join in?' We realised we needed something around here. We realised it was all women who had nothing to do. That's how it started – Julie*

'Nothing to do,' she clarified, described an absence of something enjoyable for themselves, away from unpaid responsibilities associated with being a woman, for example childcare and domestic tasks (Doucet, 2000; Van Der Lippe *et al.*, 2011). Many of the women were actually time-poor, restricted by school pick-ups, part-time jobs and hospital appointments. Free time was described by Barbara and others as the boredom of being stuck in '*the four walls*' of their homes. It differed from the luxury associated with leisure time and enjoyable pursuits (Gayo-Cal, 2011). Family responsibility, ill-health, limited time, money and transport restricted their opportunities for fulfilling activity.

Alongside providing creative activities for women Julie and Mo's intentions also stemmed from witnessing the poor health of the people around them.

*I think, because we were in Stoke itself and in that public space, we were actually seeing people go by and seeing the health or the lack of health in people. It was really obvious for me and I think we had many conversations didn't we [Julie] about how people's health just looked not good? - Mo*

From their perspective people in the area struggled to take care of their health, exacerbated by economic disadvantage. '*Just so much poverty and ... lack of people having that ability to look after themselves,*' Julie responded. Living and working within the area helped them build relationships, understanding and empathy. In this way they could identify the needs within

their local community and provide resources to support their health and wellbeing needs.

They were led by a non-elitist approach and Mo described the aims of Chrysalis:

*I don't think our organisation would exist if we had an elitist art manner. Just the whole purpose is to work with people to provide access to the arts that is free, with no barriers, as little as possible. It has to be accessible - Mo*

During our discussion, Julie nodded in agreement when Mo described the rationale behind the work they do. Time was spent carefully selecting and organising visiting artists, materials and activities suitable for the participants. During my participant observation, Julie facilitated activities that were achievable and of interest to a range of people. This she found challenging, she told me, as the skills of the participants were so varied. Each week we were offered a choice of activity, from badgemaking to weaving, with the option of individual and group work. This enabled us to find a place of comfort that suited our self-perceived capabilities.

Both women had worked for many years in the community arts, health and wellbeing sector. Their friendly and relaxed demeanour conveyed the enjoyment produced from facilitating the activities. Less visible was their background expertise, personal motivation and commitment to overcome challenges, which enabled the smooth running of the group. This latent understanding came out of the data over time and as a result of information gathered from the facilitators away from the participants, in interview and through email.

### **6.2.2 Mike, Suzanne and CCP**

Mike led the CCP activities, and his co-director of the organisation was his wife, Suzanne. He talked to me at some length about the foundations for his motivation to provide accessible, participatory activities:

*I love being able to provide this place, this space that remembers how difficult I found getting involved with music growing up... I feel like from having those experiences, I can create a place that you don't feel you have to have a specific skillset or even a certain set of experiences to come and enjoy the creative process - Mike*

Mike's feelings of creative exclusion were one driver for his involvement with inclusive participatory projects. His personal experience informed his approach, projects and delivery. Mike described his occupation as '*definitely a vocation*' rather than a job and this was demonstrated in the passion and commitment I witnessed in the running of CCP. As with Julie and Mo, many unseen hours were set aside to plan and execute the activities. It was only after some time, and particularly during the COVID-19 lockdown, that I fully appreciated the technical craftsmanship that he used to create the music, videos and backing tracks for the singers. Songs were carefully researched to their place of origin and people local to that country assisted Mike with translation and cultural meaning. To the fortnightly choir member, this would not have been immediately evident. Only the ease and energy he portrayed almost as a performance at rehearsals which was captivating to watch (Figure 12).



Figure 12. Mike (first on right) at an on-stage performance rehearsal

Mike was earnest when he spoke and the topic of mental health and the role the group played was not taken lightly. The concept of the vocational approach of participatory arts facilitators in mental health interventions is reflected in the recent Baring Foundation report (Cutler, 2020). This report explored 170 UK mental health-related participatory arts projects and revealed that many practitioners were drawn by personal experience of mental health and 'quietly passionate' about what they do (Ibid, p. 5). Mike was no exception.

His passion to alter attitudes and approaches was built on a desire for social justice, which was articulated powerfully throughout my fieldwork. CCP was explicitly built because of the lack of male participation in participatory arts projects. It was also led by the desire for social change, to reduce the stigma of mental health and to start, he says, '*a conversation*':

*We're doing this, this is for men and we acknowledge that we don't talk about our mental state, openly, quite enough, and when we do so, and get together and be creative, we all heal and the world becomes a better place - Mike*

Mike clearly identified himself within this statement, as a male with lived experience of mental health struggles. He clearly believed in the power of social and creative connection as a force for good. Towards the end of my fieldwork, Mike discussed future hopes and plans for CCP and his organisation:

*...to empower communities to fully accepting that they are capable of making significant change in their immediate communities than anybody else. If they were just permitted to do so. I want to set up our own local authority – financial advice, what support's available, what bank's a good bank to borrow money from, or I've got a product that could enhance people's lives....A hub of personal and community development - Mike*

This vision did not focus simply on creative activity it revealed a greater social ambition. That of encouraging and enabling the people in the community to make a positive change to their community. In 2021, his organisation successfully secured funding for a hub in Stoke-on-Trent in which to instigate these ideas. The creative element would be the catalyst for bringing people together to facilitate this vision of social change.

### **6.3 Health and wellbeing as a motivator to participation**

*It is something I enjoy and it's a valid way of looking after yourself and doing something that is quite transformative. Art is like another level, ancient wisdom, yoga, mindset type stuff. [...] the idea that I'm creating something that I might be able to achieve something 'look I made this or I've drawn that' - Marie*

Creative projects have been said to offer what Stickley *et al.* (2017) describe as an 'expanded definition of health and wellbeing' (p. 18). The above quote demonstrates that Marie recognised the positive benefits to wellbeing that Chrysalis brought. However, people do not always recognise what is good for their health, particularly non-healthcare resources and I interrogate the views of my participants in this section.

Although the organisations promoted a wellbeing agenda through their websites, presentations and social media posts, a health condition was not stated as a pre-requisite for involvement. My research participants were on a spectrum of health and wellness. Some openly shared their lived experience of a variety of physical and mental health conditions: stroke, depression, cancer, diabetes, arthritis, to name a few. Some took prescribed medication and attended clinical treatment and support groups. Others did not discuss any conditions of ill-health.

Within the delivery of the groups and activities wellbeing and health was never the immediate focus, it was creative activity. However, my participant observation revealed that aspects of

ill-health were openly shared in these spaces and the benefits to wellbeing from participation were felt. Suzanne talked of the approach of CCP:

*...although there are unintentional health-benefits...we never set out to prescribe outcomes on people's lives, we just set out to make art together around a social issue.*

Participation influenced wellbeing for some as a secondary consequence of creative participation, different from the clinical support they received. June attended a support group for her cancer diagnosis. She extolled the positive aspects of her breast cancer support group one day at Chrysalis. It was a place, she explained, where she could share experiences of her condition, including the side effects of her treatments. However, Chrysalis offered her something away from illness - an alternative identity, other than that of a patient as evidenced by Secker *et al.* (2007):

*I wanted something that wasn't related to the cancer, that I could look forward to going, not that I didn't look forward to going to my other support groups, but it was just me, for the enjoyment of me – June*

June repeatedly eulogised, to me and to others the virtues of Chrysalis throughout my fieldwork. When I asked one day about a break we had had as a group, she replied, '*I missed it, I missed it so much!*' She recognised how important and beneficial Chrysalis was to her, describing the activities as '*something to look forward to...a distraction.*'

Pleasurable creative anticipation was important for many participants. Fiona, for example explained that attending Chrysalis, was '*very much about artmaking, not just the social.*' After coming out of hospital for what she described as anxiety, she needed to make art and was '*always thinking of creative things to do,*' she told me. She had returned to Chrysalis one Thursday morning after many weeks away and sat quietly next to me. Marie came over and

hugged Fiona warmly. Julie stood quietly by and asked, almost inaudibly, how she was. Fiona explained that she had been in hospital *'to get well.'* She described her experience positively, particularly the food and the badminton sessions. She took anxiety medication three times a day which she felt worked to *'remove the anxious feeling'* and had developed strategies to cope over the years. This included learning to slow down when anxiety approached and using creativity to support her wellbeing.

Fiona embraced the help she received in hospital alongside this non-clinical and community support. This contrasted with Ruth whose perceptions of the health service was less positive. In interview Ruth explained that she had suffered from anxiety and depression since she was 16, taking antidepressants ever since: *'Has a doctor ever suggested going to anything like an art group?'* I asked. *'No,'* and she frowned. *'They just give me antidepressants and basically just tell me to get on with it.'* She recognised that attending Chrysalis provided support and company. *'Going up to Chrysalis on a Thursday has helped with my mental health...it's given me something to do, I'm not sitting around all day doing nothing.'* Her statement speaks of the purposeful occupation previously identified as aiding wellbeing (ONS, 2020a).

A study of public perceptions of social prescribing and the take up of non-clinical resources revealed that attitudes towards the healthcare system impact on health decision making and help seeking (Pescheny, Randhawa and Pappas, 2018). The research evidenced a resistance to seeking initial GP advice as people felt they would be offered only a medical solution. In contrast, others resisted the non-medical social prescribing approach as their expectation was medical treatment (Ibid). Many of those who did use the social prescribing resources believed that the non-medical approach had longer standing benefits for them than medication.

As mentioned in chapter 3, medicalising activities and social spaces may deter those who seek alternatives to a clinical approach and feel the stigma of health diagnosis and treatment.

Within CCP, some men displayed some reticence toward the healthcare system and taking medication. They described a desire to find alternatives to antidepressants for mental health problems. Rich, for example explained that he underwent a period of anxiety and depression. He was at a low point, unable to work, but despite this he described a reluctance to take medication:

*They tried [to give antidepressants] I won't take it. I doesn't suit me. It doesn't work.*

*You get the same effect from exercising and singing. It's only chemicals, it's just working out how you get the brain to produce it naturally rather than taking a pill -*

Rich

Rich's resistance to his GP's suggestion was based on some previous experience of medication. He decided instead to take a non-medical approach, with some understanding of how various activities affect physiology and mental health. Similarly, Sean, after what he described as a breakdown, felt that antidepressants were almost forced upon him. He explained that what he wanted was to talk to somebody instead.

These perceptions are key to understanding the health and wellbeing factors which motivated participation. Many of my research participants confirmed that the creative groups played a role in supporting their wellbeing. Kevin, another long-term member of CCP said the activities were, '*A much-needed way to get the stuff in my head out when other ways don't work.*' He described how they provided an outlet for him to express himself and deal with problems.

After suffering from a stroke, in 2017, George described how he had struggled both physically and mentally. The CCP project enabled him to be part of the world again and moved him away from his illness:

*[The stroke] knocked my confidence a lot in that I don't feel reliable...the creative bits and pieces have all sort of come about to support me to keep control, so I don't get agoraphobic and I don't just sit in the house all the time - George*

Creativity was a resource which George and others described drawing on from a young age to combat social challenges, anxiety and physical ill-health:

*[As a child] I became increasingly insular and used creativity as an outlet for the turmoil I was feeling inside. Confusion about a world where I felt I didn't fit in was what drove my need to make and create - George*

*Very early on I sang at chapel, music was always an escape. I often spent dinner times and break times, in my later years at school, in the music room...It's always been an escape - Eddie*

For George, these early experiences of creativity enabled him to express how he was feeling. Eddie used it as a diversion from difficult social and ill-health situations. He shared with me an early memory of watching *The Sound of Music* whilst suffering a debilitating headache, something which would often reoccur. He felt transfixed, he explained, and transported away from the pain as a result. Both Eddie and George were able to draw on creative outlets in later life, understanding how it had previously supported them. Early exposure to supportive creative experiences enabled an understanding of their value in adulthood.

Alongside mental wellbeing, physical wellbeing benefits were also identified by some research participants. Stuart recognised the benefits to his physical health from participation in the CCP choir. He believed that it supported his lung health:

*From a physical health point of view, this may only be minor, but despite smoking for 30 years my breathing was getting better through singing and the breathing exercise this gave me, this has kind of reverted since lockdown - Stuart*

Singing for lung health is a recognised intervention for conditions such as COPD with physiological and mental health benefits (Philip *et al.*, 2021). Stuart's reflection was communicated to me by email after several months into the pandemic lockdown, as the absence of singing had negatively affected his health.

Physical wellbeing was promoted unobtrusively in Chrysalis by Julie who provided free homemade vegetable soup and wholemeal bread. All were invited to stay and eat after the session and there were usually a group of 5 or 6 of us who sat together and ate eagerly. Julie's invitation was always gentle, with no healthy eating agenda. Barbara, however, recognised a benefit to her health:

*I'm not vegetarian, whereas Julie is. But it's healthy, it's part of your five a day. It something I wouldn't get. The time I get veg normally is at the weekend when I have Sunday dinner. You could have two or three ingredients in the soup. It's healthy. It's fresh, it's what Julie makes herself – Barbara*

The mental and physical benefits felt were entwined within the creative and social environment. In Chapter 5 I illustrated that it is was not easy for some to find places that gave them comfort due to societal dysfunction and exclusion. I now consider how feelings of disconnect and a need for social connection drew people to these creative places.

Many in this study described positive benefits to their wellbeing from the social connections made since joining the groups. We are reminded that social support is strongly evidenced to promote better health outcomes, particularly for those in areas of social and economic

disadvantage (McNamara, Stevenson and Muldoon, 2013; Pevalin and Rose, 2003; Secker *et al.*, 2009).

The creative groups of Chrysalis and CCP were embedded into many of the participants' social worlds as they had attended for many years. They were not a fleeting creative fix or a short-term health intervention. These people included Marie who had set about to make new connections after returning to Stoke. Several years later she had continued to attend and offer her support. Colin was also a long-term member of CCP and he reflected in his diary how his CCP involvement was a chance to 'strengthen bonds' made in the first project. Motivations to attend, therefore, were because often they had made deep and lasting connections. This was supported by Stuart:

*Why do I keep going? I enjoy it. There are men there who I grew close to through the [first project], so it's been good to maintain those relationships. I have brought along old friends to join and have made new friends with the other men who have joined -*  
Stuart

A desire to find common ground on which to build connections was similarly articulated by Abe, a relatively new member of CCP. This need was a motivating factor for his continued involvement:

*One thing I get...is a sense of grounding and belonging and having the chance to just really listen and learn from other men like me – Abe*

His language ('like me') revealed perceptions of 'sameness' within the group. As we stood by the piano one evening at the choir practice Abe sighed and yawned. He explained that he had completed an exhausting work shift at a local homeware shop. In this exchange he earnestly explained that he prioritised CCP over materiality and work. With a grimace and a smile, he

talked of his working hours, *'There's a limit to how long you can work there!'*, referring to his day job. In a later email he revealed that he had turned down a promotion as it would have meant he could not attend the choir. *'A little bit more money was not worth sacrificing this time. It's important to meet others and share things. I see so many people leading isolated lives,'* he wrote. Abe weighed the value of the social experience against time and financial reward and made a judgement.

The importance of the social connection was also stressed by Eddie. He was motivated by the enjoyment of the collective experience:

*Some people go to choirs because they want to be seen as a performer and they might want to show off their brilliant skills, we go to choir because we love the camaraderie and the fun – Eddie*

Eddie, an accomplished musician, described how the social connection and, what he and others referred to as camaraderie, took precedence. His statement speaks less of individualistic gains from participation and more of interpersonal outcomes.

Many of these stories speak of the deep value that people place on the social connections they have gain from attending the groups. Tied throughout this thesis are accounts of mutual support from like-minded people. Such accounts align with the positive effects of participatory arts in supporting people on societies margins (Kearney, McCree and Brazener, 2021; Western, McCrea and Stimson, 2007). The pleasure and recognition of support is evident across my data, gained from the maintenance of existing bonds and the building of new ties. This aligns with the theories of health and social capital building felt to be possible because of these groups.

The majority of those who engaged with the groups demonstrated a recognition of the range of wellbeing benefits gained. However, they did not associate these places with ill-health, but with health and wellbeing enhancement. The groups provided a place unconnected to challenging life situations and conditions and, whether due to mistrust of the healthcare system or fatigue from the identity of patient, these places offered respite and support in alternative ways. The ability to understand, choose and draw upon activities with wellbeing associations drove participation. This indicates a level of health literacy which informed decision-making, something not common within the area and other places of deprivation (Panagioti *et al.*, 2018; Protheroe *et al.*, 2017). Therefore, the promotion of creative community participation in public health is important to enable people to draw on these resources across their lifespan.

#### **6.4 A desire for skill development and creativity**



Figure 13. Collaborative ceramics work. Photo credit Chrysalis Facebook page

Aside from an understanding of the health and wellbeing affordances of engagement with these groups, many of the participants of CCP and Chrysalis explained that they were initially drawn in by an interest in the specific activities. Although no previous experience was demanded for participation in either group, most had some prior creative interest. The women talked of creative hobbies such as painting, knitting and jewellery making. The CCP men also enjoyed a variety of musical pursuits, such as learning the guitar, playing in bands and drumming. The range of ability was quite vast and where some lacked formal training such as reading music or being able to draw and paint, others were trained to degree level. A common element expressed, despite this, was an under-confidence.

Often the activities were collaborative (Figure 13) and the participants readily described the pleasure of learning from others and from sharing their own knowledge. Learning new skills, both social and creative was something Barbara relished:

*I was doing things that I've never done before, making new friends that I would never have thought. I wasn't really an arty person until I started, it's like a new skill. And I think it's because it's practical not written, I'm not very good at writing and that. I like that it's more hands on. I will ask for help if I need it - Barbara*

She talked passionately about her feelings of growth and achievement, highlighting areas where she felt inadequate. Her statement reiterates the barriers of written literacy and lack of creative experience for people in disadvantaged areas, shown to discourage participation (Phillips *et al.*, 2014). The activities, social interaction and support made the group accessible for her and she described the environment as 'comfortable' on many occasions.



Figure 14. A Chrysalis clay workshop

The positive appeal of accomplishment with Chrysalis was evident when Leona collaborated with the other women to produce her fine art degree project. This occurred the year before I began my fieldwork, but the experience was clearly still fresh in their minds and referred to on several occasions. I learned how they had all attended Leona's graduation exhibition at the nearby university to witness their collaborative work and they reminisced fondly about it. Julie described the evening exuberantly as, not only did the women have their work in her degree show, but Leona also won an award on the opening night:

*Their work was in the degree show. They went and some of them were so nervous about going to the university and then absolutely loved it! They were so thrilled that they were part of that. That upped people's ante in a way - Julie*

The nervousness Julie described emphasised a lack of confidence and feelings of unfamiliarity within the higher educational space. Their confidence and desire to achieve was boosted by the experience. They entered a space that, for many was alien and crossed through a social barrier. This fear was overcome by their joint sense of accomplishment and external affirmation. Julie believed it gave them the impetus to push themselves further.

CCP and Chrysalis offered opportunities for personal and creative self-development that societal constraints had previously prevented. My research participants were brought together by the activity and individual motivation became interconnected with social and group achievement. Their commonalities created connection and motivated further participation.

## **6.5 Choice and collaboration influenced involvement**

Social prescribing has been advocated to help people gain autonomy and take control of their health (Howarth *et al.*, 2020). Those in this study demonstrated a high degree of self-management as they had, in effect, self-referred to these creative community groups. Their involvement was a personal choice, not a medical referral, as occurs within the social prescribing model.

However, to say they were autonomous, suggests a complete freedom to choose and access activities that support their health. Autonomy is a term frequently used in discourse on health behaviour, but it is argued to be difficult for people who lack 'knowledge, money, power, prestige and beneficial social connections' (Phelan, Link and Tehranifar, 2010, p. S37).

'Autonomy language is often used to hide the workings of privilege and to mask the barriers of oppression' (Sherwin, 1998 p. 25). It must be recognised that not all have the freedom to fully undertake opportunities due to limited access to information, resources and activities. Therefore, rather than autonomy, the term agency more accurately refers to the ability to make choices within the parameters of structural constraints (Ibid). Inequity of access must be considered when implementing the use of community resources to enable self-management of health and wellbeing. This is a topic I discuss further in section 6.7.

The ability to choose ones level of participation in community activities is recognised as a motivating factor for involvement (Matarasso, 2019). Such conditional participation was a

key characteristic of CCP and Chrysalis. The creative groups offered choice and freedom that was positively received and enjoyed. Mo, who co-founded Chrysalis explained the approach:

*It's about an attitude, it's about not having huge expectations, you have to behave like this and you have to behave like that, it's not about that you have to achieve this. It's really about your level of success, However you feel that day as well. That's the ethos of our organisation, everybody is welcome. Nobody is going to be judged - Mo*

Flexible attendance was also a feature of both groups, unlike more formal art groups and choirs and some arts interventions and AoP schemes. Many of the regular attendees of CCP chose not to perform publicly, for example, or take part in the other creative activities whilst still relishing the evening choir practices. My fieldwork experience taught me that attendance for some was sporadic and this was accepted by facilitators and fellow participants.

*People's mental health might mean they can't take part for a few months. It isn't like if you miss three sessions, you're out of choir. And yeah, we're all free to be ourselves. I feel quite comfortable that I can pick and choose what I want to do - George*

George understood and described the situation of a number of the CCP members who lived with ongoing mental health conditions such as depression and anxiety. Family and work commitments also made regular attendance difficult for the men and women, but this flexible approach enabled people to re-join when they were able and select activities that suited them.

Such choice was highlighted as a motivating factor for attendance across both groups. For example, Marty, I observed, would often arrive late to Chrysalis and simply sit and talk but not create:

*I liked going in and somebody asking me how I was every week. I thought, it's really nice somebody really cares, and all the women kind of felt that as well. It was like,*

*even if we just didn't do anything because we were feeling a bit stressed that day.*

*Have a cup of tea and talk about it and it helped a lot - Marty*

The creative spaces offered a place where pressure was not exerted and Marty took comfort in this. She could come to a place of support, knowing she did not have to be creative. Her statement suggested that she believed others shared her feelings and that there was no expectation to produce. Formal learning environments, as discussed in chapter 5, held negative associations for some. They were described as places that caused unease and were rigid and strict. I asked Marty how Chrysalis had compared to her university experience:

*I like meeting a wider range of people, it [Chrysalis] felt a bit more real in a sense (...). It was just very relaxed and nice. And I was kind of exploring my own creativity and encouraged to do so. Because in uni, studying photography, it could be quite rigid... and I just wanted to play with paint! - Marty*

There was also clear guidance, support and leadership within CCP and Chrysalis, however, people appreciated that they could make personal choices.

Within Chrysalis, decisions about the aesthetic of a design were left to the women, and this was enjoyed by Marie:

*There's always a certain amount of flexibility to it. But I don't feel we can say 'no I don't want to do that' not when it's something that's got funding attached. But it's art, right, so you can't pin it down 100%. And I don't think we've ever produced something that's way off and didn't meet the brief. We've always been able to put our individual styles and touches in, Julie is very clever because she uses something like colour schemes to tie these things all together, so you don't notice they're wildly different - Marie*

Marie described an obligation to produce specific collaborative pieces, but relished the personal control and freedom within the creative process itself. Her statement demonstrates an understanding of Julie's approach and guidance facilitated this.

Participatory and community arts favour the concept of democracy, co-production and partnership (Crehan, 2011). Julie and Mike involved participants in the creative activities, gleaning ideas for ongoing and future projects resulting in a mix of contribution, reluctance and occasional opposition.

I regularly heard Julie say, to paraphrase, '*What do people think? ...What should we do?*' She expressed some disappointment to me, relating to the reluctance of some women to take on more responsibility. She was keen to empower them and increase confidence in this way and she took pleasure when it occurred. '*She has come on so much*', Julie told me gleefully when describing the change in Barbara after a few months with Chrysalis. I myself noticed how Barbara confidently offered suggestions, distributed and collected materials and remained behind to help meet a project deadline.

Likewise, Mike garnered others' ideas and opinions and often spoke out loud when ruminating over how to solve a musical problem and the men were eager to jump in with their ideas. To facilitate co-production Mike decided that CCP should be informed by a steering committee. It consisted of six men who were involved in the previous project. They met monthly to discuss plans for future activities and I joined two of these during my fieldwork. I witnessed the levels of collaboration and understood better their perceptions of autonomy.

Sean explained his decision to be part of the steering group:

*I need to say how proud I was coming out of the first men's project. It left a real mark. So, when Mike said right, we're going to go for funding and we're going to turn this into a project and we'd like a committee, I thought I'm hugely passionate about this,*

*and it's got to go somewhere...This was such an amazing project it would be such a shame to let it fizzle out - Sean*

The pride Sean described illustrated a sense of joint accomplishment. By collaborating on the steering committee, he and the others had a sense of input and control over the decision making. Sean, however, acknowledged that Mike ultimately leads the project with his drive:

*We've got a mix of people, different ideas...Mike has been very inclusive...he's sourced ideas from the group... I think it takes a huge amount of credit to Mike and his energy levels and commitment to be able to do that. - Sean*

Stuart also took part in the first project and he described his motivations to join the CCP initiative:

*I jumped at the chance to be involved...there are few more powerful things than to hear the massed human voice. It's primal and powerful and I believe it is capable of creating powerful connections, between both the members of the choir and the choir and the audience ...my primary drive has been to get people talking and to help to highlight the current issues, as I see them, with mental health and particularly masculinity - Stuart*

Stuart's statement evidences his passion for music, but also his commitment to the embedded social and health agenda. He describes a motivation to inform others of the benefits he had experienced himself. It is also apparent that he shared Mike's aims and was driven by this collective purpose. For him, involvement was not only about individual creativity, but a wider social change, previously identified as possible with the participatory arts (Crehan, 2011; Daykin, 2020; Jeffers and Moriarty, 2017; Kelly, 1984).

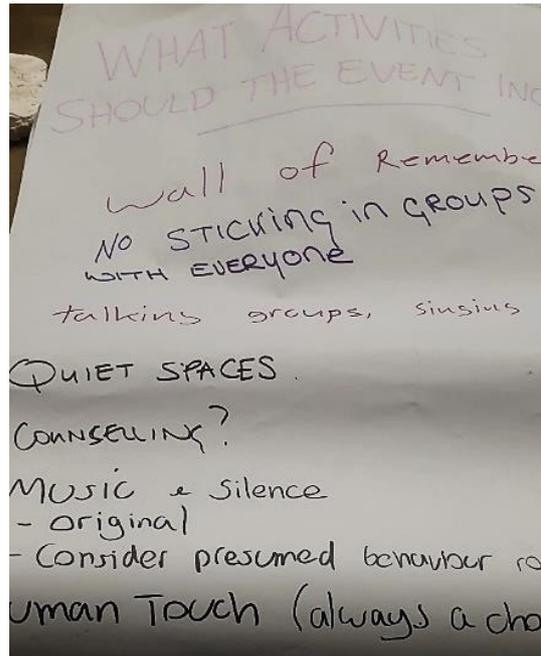


Figure 15. CCP suggestion board for a suicide vigil

All projects were open to the public and an example of this was the suicide vigil planning workshop, held one cold winter's day. Figure 15 shows a suggestion sheet that was available during the session. Its purpose was to source ideas from people touched by suicide. There was no pressure to contribute and the sheets were laid to one side while we took part in other activities, including a ceramics session. This exemplifies how opinions and ideas were garnered from others, gently and democratically, and many fed into the CCP programme, with the delivery adapted as appropriate.

Although CCP allowed for co-production and voices to be heard Peter expressed a sentiment several others did, that Mike ultimately led the group. He was full of praise for Mike, a man he had known for less than a year:

*Mike could be head hunted. He's very special, very modest. Very, very talented.*

*Without Mike we wouldn't have a group. He's the top of the pyramid, he's the leader of us all - Peter*

In Peter's view, Mike enabled and empowered, instilling trust and respect through his expertise. The group, therefore, was not without hierarchies, leaders and steering members. Occasionally, tensions were evident relating to decision making and voices being heard; dissatisfaction about ideas put forward that were not always pursued including activities and song choices. These tensions have been previously reported within a specific community choir study, alongside a pressure to perform (Clift *et al.*, 2016). However, the latter which was not expressed by CCP members as performing was always optional, not expected. Although some tensions lay close to the surface, even those who described them accepted the decisions that were made.

Colin described how his part in the steering group allowed him some influence in: *'spreading the good work of what we do.'* He used collective vocabulary. His use of 'we' evidences Belk's idea of shared responsibility and ownership for the work and the outcomes (Belk, 1988). He explained that he would welcome being given even more responsibility and also for new voices to be heard:

*We made a commitment in the terms of agreement of the group that we would open it up to other people, and definitely over the year where people have been turning up to the choir regularly maybe now's the time to get new voices and new ideas - Colin*

One of the ideas discussed at the steering meeting that came to fruition was the comedy improvisation workshop and this was instigated by Colin, who recognised its mental health benefits. *'One of the things I'm proudest of is the fact that the improv thing was something I brought to the table,'* Colin wrote in his diary. His ability to have some control over the activities gave him an obvious sense of achievement. Some, like Colin sought more responsibility but acknowledged that this comes with a time commitment.

Mike more evidently directed the groups and as leader of the choir his physical presence and guidance took centre stage. Julie's approach was perceived as gentle, but she steered the activities and planning none-the-less, recognising how reliant some of the group were. They were not able or ready to take on too much decision making and responsibility but were encouraged to do so. These insights highlight that many wanted their voices to be heard and personal investment recognised but valued the overall leadership from the facilitators.

## **6.6 Barriers to attending the groups**

I have discussed motivating factors significant for facilitators and participants. Harder to glean were factors which deterred participation, under-explored in existing literature of community art participation. At the start of my study I obtained consent for email contact with participants who stopped attending, which all my research participants agreed to. In reality, non-engagement was more difficult to decipher, as attendance was often sporadic and in my final six months it was virtual.

### **6.6.1 Personal barriers**

One commonly felt challenge to participation, extracted from my data, was that of overcoming initial social anxiety and nerves. Entering an unfamiliar space with strangers was described by Marie and June:

*I was so nervous. I think my mum dropped me off...I struggled to find the door...I was standing outside, having a little moment...and then [Julie] appeared and said, 'Hi are you here for [Chrysalis]?' and she was just so lovely and she really disarms you. You just immediately feel welcome - Marie*

*I know I struggle with group conversation. I'm somebody who can talk very easily to somebody on a one-to-one basis but then once there's other people in the room I tend*

*to step back. It was a bit of a challenge not knowing who was going to be there, how many people were going to be there and how I was going to fit into that group – June*

Some people arrived initially with a friend. In many cases the friend chose not to return, but this initial support over the threshold was all they need to keep coming. For others, the anxiety still pervaded:

*I nearly backed out tonight as my friend couldn't make it...and I find social situations difficult - Vinny*

Within successful social prescribing schemes, a link worker will offer support to help people overcome social discomfort, but the 'patient' must feel a sense of agency and power in the process for continued attendance to occur (Wildman *et al.*, 2019b).

Two participants of CCP only attended a few times and with their prior permission, I contacted them to discover the reasons. Harry was a young man in his 30s. In an email he described his experience: *'I really enjoyed the first few sessions as it was so different and I really like the thought of performing with the guys.'* He enjoyed the singing, he told me, but overall felt he had little in common with the others. They seemed already bonded and difficult to relate to. Harry explained that he would be willing to travel further to attend *'a more traditional choir.'* I cannot interpret his statement further but recognise that singing foreign language songs, without accompaniment, with such a diverse group of men made this choir unique. 'More traditional' may relate to the repertoire and more formal approach I had witnessed with other choirs in the area.

Brian was the other participant who responded to my email enquiry after he left the group. He was an 18-year-old man, studying performing arts at college. He attended the CCP practice one night early in my fieldwork. Brian's college tutor recommended it, confident of the

positive reputation of Mike and his organisation. He was visibly nervous in the first session and stood away from the other men. Gravitating to me at break times he explained how singing helped him lose a stutter that fragmented his everyday speech. The social and wellbeing aspect of the group had encouraged him to come along:

*I am trying to love myself more and I joined the choir because I thought it would help me, confidence-wise, with new people and make me feel better about myself - Brian*

Although his conversational interaction was limited with the other men, Mike and the others encouraged Brian with his singing. He trialled a solo as practice for an audition he had the following week. After a nervous but powerful performance of a song from Les Miserable, everyone smiled and clapped, offering words of support. Their gentle words brought tears to his eyes and he shook, visibly. However, after three sessions, Brian did not return. I emailed him and asked why this was the case. Brian replied, *'To be honest, it was a step out of my comfort zone.'*

Harry and Brian's discomfort demonstrated that the fit must be suitable for continue participation. A complex array of factors can influence engagement, the initial sense of nerves and belonging, nuances of delivery, ethos and the nature of the activities. I acknowledge that my study lies predominantly with data collected from those for whom the fit or the conditions were right. It is important to recognise that this was not the case for all and an interesting focus for alternative study.

### **6.6.2 Financial and transport barriers**

In addition to his social anxiety, Brian revealed, in his email to me once he had left, that financial difficulties were also a barrier. He was unable to afford transport to CCP. Where and when activities are held influence accessibility and motivations to attend. Financial and transport problems have previously been recognised as a barrier to creative participation,

particularly for older people and also in the uptake of social prescribing (Greaves and Farbus, 2006; Pescheny, Randhawa and Pappas, 2018). I experienced the trials of the poor public transport system in Stoke prior to and during fieldwork. My fieldsites were never more than four miles away but often required two buses. This was financially costly, time-consuming and physically tiring. As described in my methodology, the linear conurbation of the city made travelling arduous, restricting choice and opportunity for residents without cars or the finances for taxis. Most of the Chrysalis women did not drive, but predominantly lived close to the art space. Others travelled by bus or relied on lifts. Julie frequently ferried people home after a session. June mentioned to me and the others at Chrysalis one morning how, although she had found other art classes she was interested in, they were not practical to get to. Due to her cancer diagnosis, she could no longer drive and the other classes were a £16 taxi ride each way, *'This is not an option for someone like me,'* she concluded. Ill-health for June had brought a loss of financial freedom and restricted her independence. Chrysalis was close by, just a short walk from June's home, which made it accessible.

Many of the CCP men travelled much further afield to attend the activities as many of them lived on the outskirts of Stoke-on-Trent. They were also willing to travel at night to the choir practice, which for me, was a little off-putting in the dark winter months. Many of the men described feeling unsafe around others, particularly men. This included Abe who was reluctant to socialise outside the safe space of the choir practice as he had been recently assaulted. Eddie discreetly shared this information with me and explained that Abe had agreed to a coffee after practice, one evening and he and others accompanied afterwards him to his bus stop. As Colin had said to me, *'There's nothing worse than being stuck in Hanley bus station.'* I interpreted this to refer to the sense of threat that I had experienced there: aggressive voices, watchful gazes and a pervading sadness and misery.

### 6.6.3 Commitment and external responsibilities

Other factors which impacted on decisions to participate were work and family commitments. Many of the Chrysalis members manoeuvred around child-rearing, caring and part-time work. It also became clear that many women were primary carer-givers, as discussed earlier, which restricted their time and financial ability to fulfil personal ambitions. The demands on their time support existing evidence that women tend to hold domestic and caregiver roles, resulting in a lack of paid work (Doucet, 2000; Van der Lippe *et al.*, 2011).

Barbara, a single mum and carer for her adult son who had sustained head injuries several years before, described how she had limited opportunities for employment and social freedoms. Her son's weekly visit to a day centre gave her the opportunity to attend Chrysalis.

*It's being with others and not being on me own. Before , it was like [her son]'s out, I'm stuck in. It was like the walls were caving in on me...I'm glad I'm out and about. To be doing something creative. And having a catch up with everybody – Barbara*

Without the day centre and the release of her time, Barbara would not have had the ability to be involved in the group, which clearly enhanced her wellbeing. Leona was a young, single mother of two, one of whom had special educational needs. During the COVID-19 lockdown, she seemed keen to join in the video calls but was always in the throes of shopping for food or at home in the chaos of a lunchtime preparing food for her children. Life was hectic and her children took priority.

Constraints of work also created a barrier and the men frequently arrived at the CCP choir practices declaring how tired they were. After a day at work, particularly on a cold winter's night, many mentioned that they had been reluctant to attend the practices at the theatre. Once there, however, they stressed how pleased they were that they did. Vinny explained to me one choir practice that he infrequently attended because his teaching job is '*all consuming.*'

*'Getting away from the wife and kids'* was stated as a motivating factor by a few of CCP. The group was a creative distraction from the stresses of work and family. *'Creativity is very important...jobs get boring... and the strains of having a family,'* Adam, who worked in healthcare, stated. For many, the creative groups offered an escape from their commitments, ill-health and the strains of structural constraints. However, financial difficulties and time constraints were key factors that influenced creative participation.

## **6.7 Challenges to sustaining the creative resources**

On a sunny, but cold November morning I entered the snug art room. Julie popped out of the kitchen smiling breezily, she was making hot drinks. She moved in and out, taking orders from the women already seated, chatting around the big crafting table. This was now a familiar opening ritual. I followed her into the small kitchen where, on the wall by the kettle, was a long, handwritten list of names with reminders such as 'coffee, two sugars, milk etc'. While the teabags soaked and steamed, I asked her how she was. Although smiling as always, she looked tired and told me, 'I'm busy ...and a bit stressed.' She spoke quietly, confessionally, concealing her voice from the main room. As she retrieved the teabags out of cups and added the required amounts of milk and sugar, she described several local community projects she was working on. Julie was also about to embark on a long drive to Scotland to care for her mother with terminal lung cancer – something she did every 2-3 weeks. Last night she texted us all to remind us about Chrysalis and find out who wanted a 'hummus lunch'. This transpired to be shop-bought bits and pieces and not her familiar homemade soup and bread, suggesting extra demands on her time. This morning, with cups of tea in hand, we finished our hushed kitchen chat and Julie re-entered the main room. Smiling broadly, she placed the steaming drinks in front of the waiting women.

**- Chrysalis fieldnotes, 21/11/2020.**

Over time, I formed an awareness of the commitment of the facilitators of Chrysalis and CCP and the responsibility they felt for all those involved. Their personal and organisational struggles, although not hidden, were not placed on the participants. The two-way relationship, although supportive and reciprocal, did not allow for equal support for the facilitators. The risk of burn out among arts practitioners, specifically in the mental health field, has been identified as a cause for concern (Cutler, 2020). The welfare, including the financial hardship of community arts practitioners is not a new issue. A 1977 community arts evaluation identified that those involved in running community projects often endured taxing personal and financial conditions (Arts Council of Great Britain, 1977).

### **6.7.1 Funding concerns and sustainability**

It became evident to me that Julie and Mike devoted a large proportion of their time on funding applications. At the time of my study, funding came from the Arts Council, Lottery funds and smaller charities rather than from the healthcare system. Long-term plans were aspirational rather than a certainty and funding providers required targets and hard outcomes. Julie explained to me how this sometimes involves trying to create projects to fit the funding criteria rather than the people they are trying to serve:

*You do find yourself trying to fit round posts into square boxes. We try to be honest. Because the outcomes are...soft and not always immediately visible, that's one of the most difficult things - Julie*

Her statement that positive outcomes emerge over time and are not easily proven, highlights the dilemma of evidencing the social influence of the arts on health and wellbeing. This opens up questions about the evidence base required for more health-based funding. In the early days of setting up her community arts projects, Julie explained that she and her creative partner did not factor this time-consuming activity into the running costs of their organisation:

*With the sort of projects you get funding for, you have to spend so much time on the admin and the risk assessments – all necessary. Probably through naivety, we didn't pay ourselves to do that, we paid ourselves to do session of work, to be creating things. So, business-wise that probably wasn't very clever - Julie*

Only with more experience did Julie learn the reality of writing short-term funding applications. It highlights the extra costs and strain that must be factored into a community arts project. Similarly, Mike's co-director at CCP, Suzanne, spoke to me of her concerns regarding integration into the social prescribing model:

*My concerns around social prescribing...[it] will just add a load of admin to artists/arts organisations to prove the benefits of artmaking with people. Even as an arts organisation who invest a lot in evidence and evaluation, our evidence is still not 'hard' enough for some social funders and wouldn't be enough for proving impact on health especially.*

Mike and Suzanne did not shy away from evidence as she explained, with case study evaluations and media outputs. It was clear that the difficulty of gaining funding was a challenge, specifically for health-related projects. I asked Suzanne how she felt about the concept of social prescribing generally and the collaboration between sectors:

*Some projects were more suited to social prescribing or health outcomes... like dance workshops with a focus on physical wellbeing or singing workshops with a focus on mental wellbeing.... these strands of our work feel like a good match for social prescribing and we'd be happy to collaborate with healthcare workers, but more around addressing barriers...not necessarily on the content or direction of workshops – Suzanne*

At the start of my fieldwork, Julie gathered us together to explain that the Chrysalis funding had ended. This did not seem to come as a surprise to the women seated around me and it triggered a sense of comradeship, of being 'in it together.' Ideas were shared about what could be done. Julie mentioned that she had put together a joint funding application for an arts café with two other organisations. It would be somewhere they could sell things they had made. Leona offered to donate some of her prints and others offered their services. Unfortunately, the application was denied, but Julie continued to run Chrysalis without funding, providing art resources and lunch for those who attended.

The roll out of social prescribing in the UK is said to have created a vast amount of 'unfunded demand' with little financial support for the organisations coming from the NHS (Cutler, 2020, p. 6). Daykin (2020), an advocate for the utilisation of arts for health, believes that there are many challenges to implementing social prescribing including the lack of funding and resources for community arts groups. I asked Mo and Julie one day about their thoughts on this. Mo told me first-hand of how cuts to local services, including community groups, '*have paralysed us.*' On the possibility of providing a social prescribing service Julie also referred to the problem of funding, asking Mo, '*How many times have we looked at this?*'

*It's a financial thing to be absolutely straight. They set up those link workers but then there was no money if you were setting up a group. They just wanted us to say, 'Oh, yes, tell them that they can come down to [Chrysalis] and it's free' - Julie*

Mo and Julie viewed the concept of social prescribing as important, but described the barriers also:

*There's a genuine need. I think this is a very poor city. If we were rich city, then there would be different opportunities for social prescribing. And yet, the poorer the city, the more need for social prescribing, but the less money it has to support it - Mo*

Julie was extremely keen to be involved in the roll out of social prescribing in Stoke and frequently talked about it during the course of my fieldwork. She had attended social prescribing conferences in other parts of the country to learn more. However, she believed that local context made a difference, referring specifically to a health conference in the Southwest of England, somewhere she felt had plentiful resources. Rather than being inspired she described:

*A disconnect. I couldn't comprehend. I just felt disconnected from it. I feel our barriers are so much - Julie*

She identified a vast regional difference between the Southwest and Stoke-on-Trent. The barriers she referred to were the social differences of economic deprivation and social disadvantage. Additionally, Julie and Mo identified a lack of funding and local resources to be the primary sticking points to the rollout of an effective social prescribing model in the city. Therefore, context must be considered to combat such barriers and alleviate inequalities of provision of social prescribing initiatives in the UK.

### **6.7.2 The strain of responsibility**

The COVID-19 pandemic magnified the existing weight of responsibility that both Julie and Mike felt for the participants. There were feelings of failure when people did not engage with the new ways of interacting and worry for those who were silent.

During the first six months of the pandemic and national lockdowns, Julie and I spoke regularly about the Chrysalis participants. She had gone to great lengths to attempt to regain contact with them, ringing those who had not taken part in the online interaction; cycling door-to-door to drop off painting equipment, concerned for their wellbeing. She *'felt terrible'* she said about not knowing how to keep things going. I spoke to her on a video call in May 2020 after about five weeks of the first national lockdown. I asked if she had heard from the

women who had not appeared online. *'Not all and I'm really worried about them,'* she said. She then looked around the room despondently, saying that the work she does *'is all about being together,'* To which she meant her participatory arts practice. *'...that will all have to be thrown out and started from scratch.'* How this would be done she did not know. Julie and I met on several occasions, online and for walks in the months that followed. During an online interview, she described to me a sense of isolation and pressure at this time, highlighting her own personal commitments:

*What I found quite difficult, which is probably why I've been calling you, is because I've been feeling all on my own and going on an uphill thing. And we've all got our things going on and people we're trying to look after as well - Julie*

Julie's perception that she was alone in her plight highlighted that she was not part of a network or interconnected with other services. She did receive some support from other participants of Chrysalis, including Barbara:

*I have had a conversation with just me and Julie. She was wondering what to do. We just bounced ideas off each other. I'll help with anything, like she'll throw something at me and I'll say, well, yeah, that'll work, but you want to try to see if you can do something that's going to apply to everybody who's got things at home...that might not use your money, you know, save your money for when you can reopen...give them a message and say right we're doing this and we'll try to do it online and have a giggle. We were just bouncing ideas of each other - Barbara*

Barbara described a phone call with Julie during lockdown. Her recounting exhibits a desire to help and a confidence that her advice will be considered. It also demonstrates a deep understanding of the financial restrictions that Chrysalis face and the situations of many of the participants, like herself, who have little or no access to art equipment at home. Julie referred

to this conversation when I interviewed her: *'I was talking to Barbara last week, we were both a bit in the doldrums. It was really good for both of us.'* Julie had rung the women to check on them and offer support. As a result, she received some in return, but the ongoing pressure was still palpable. The weight of responsibility on her was immense. Julie exhibited a great emotional strain that I believe would not be felt by a tutor of a simple painting class. She felt she could not relinquish her role and was motivated to proceed through the variety of challenges encountered during my fieldwork: lack of funding, bereavement and finally, a pandemic. *'It's just like a snowball that keeps going!'* Was Julie's assessment of her ongoing commitment to Chrysalis.

Mike also demonstrated a deep-seated personal commitment during the pandemic. He worked tirelessly to connect to the men online, with Facebook discussion and online singing. He expressed uncertainty about how successful he had been on occasions, berating himself about a particular online singing session.

His personal investment seemed to come at a cost and he recounted the experience of putting together the first men's project. As an audience member, I vouch for the powerful impact it had on the audience and later discovered the transformative effect it had on the men who took part. However, the process had an unseen detrimental effect on Mike and his co-director, Suzanne, who also developed the show:

*We came out of that project saying we're never going to making a show again, we felt horrible! [pause] Depressed - Mike*

The reasons for this, Mike explained, were multiple. It was all consuming and exhausting, particularly due to the mental health content, known to be draining for participatory art practitioners (Naismith, 2019). The topic of masculinity and mental health highlighted Mike's

own mental health difficulties, he told me. Distance and professionalism meant, however, that he was not able to receive the same mutual support as the participants did:

*We were hosting this discussion - let's be open about our mental health...You do a project because you've got a personal interest in it...so you're hosting that, but you're also a participant in that. Balancing those two roles...and I'm having the same sorts of feelings that many of the participants...then reminding myself you're hosting, you've got a project to deliver.*

The wellbeing of the facilitators must be understood as key to the sustainability of these community arts resources. As illustrated, they were the cogs which drove these creative communities. 'How can you be supported?' I asked Mo and Julie. 'Not having to put in constants bids – I love doing the work and planning projects, but I find the funding bids really hard,' was Julie's response. Mo, like Mike explained that the strain and responsibility of starting and sustaining Chrysalis nearly broke her. Part of that was working alone, without the input from others and outside influences:

*I don't want to work alone, it's draining. Chrysalis was so hard. I need to be fed in other ways, my art practice, I need to be supported by others, not lone working. I felt so responsible for all those people. But there's no back up for us. No systems in place*

- Mo

*It's such a responsibility because you want to get it right - Julie*

The professionalism of the facilitators meant that, despite the strong support and comradery of the participants, they ultimately shouldered the responsibility. The 'emotional labour' required to maintain these groups and projects was clear to me (Daykin, 2020, p. 63; Needham, Mastracci and Mangan, 2017, p. 288). The facilitators masked underlying feelings

and concerns to maintain a trust and a positive environment that I witnessed on the surface. The facilitators demonstrated an intense personal commitment to all aspects of the projects, planning, funding applications, creative content and delivery. Their input was emotional, physical and time-consuming and their testimony revealed a need for support on a variety of levels.

## 6.8 Chapter summary

In summary, social, environmental, economic and structural factors such as gender, education, occupation, were powerful factors which affected the nature of creative, social engagement. These determinants for good health and wellbeing (World Health Organisation, 2022) intersected for my research participants and proved significant to their motivations to attend the creative groups. My findings reinforce the need for consideration of context in a study of creative activity and wellbeing.

Motivations for participation was primarily creative activity and skill development. However, this provided a vehicle for secondary and unintended wellbeing outcomes, which fuelled continued participation for many. The physical benefits, such as lung health from singing and nutrition from the lunch provision with Chrysalis were identified. Additionally, people recognised the mental health and wellbeing benefits from social connection, self-expression and personal empowerment. Participation worked alongside or as an alternative to traditional health support. It provided a wider, or expanded type of wellbeing, as described by Stickley *et al.* (2017), in a place separate from ill-health, free from social stigma and negative associations. These places and activities were catalysts which encouraged bridging and bonding and, for most, enhanced their sense of self and wellbeing.

A keenness to participate was enhanced by specific characteristics of the groups and the delivery and processes. These included flexibility, choice and ability to contribute. Future planning and shared creative purpose prompted enthusiasm for ongoing participation. Purpose in some cases was expressed as ideological and there was a sense that what they did was important, for themselves and the wider community.

The facilitators drove the ethos and approach and their delivery focussed on accessibility, equity and ultimately levels of social change. Julie and Mike were the driving forces behind the delivery of both groups. They articulated a desire to address missing wellbeing needs for under-represented and disenfranchised people; providing accessible resources and activities and empowering individuals to connect and achieve. Their motivations extended beyond creative interests and was informed by personal experience and a grassroots understanding of the social and health inequalities within the communities they served.

Decision-making occasionally created points of tension, but most people appreciated the ultimate leadership role of the facilitators. For many, despite work and family commitments, the groups were prioritised, although transport, demands on time and financial constraints were key elements that negatively affected participation. COVID-19 also shifted motivations and created new barriers of accessibility, practical and psychological.

It was evident that for projects to be sustainable the facilitators required support of a financial, creative and personal nature. Both organisations recognised the positive role of the concept of social prescribing but were wary that it would be financially prohibitive and that outcome led activities may restrict the nature of their programmes. Overall, the feeling was that greater collaboration with community and the health service would be positive for the incorporation of participatory arts for wellbeing.



# CHAPTER 7

## FINDINGS. Experience and Meaning

### 7.1 Introduction

This chapter illustrates the experiences of the people who came together to be creative in a social environment. I interpret the significance to those involved in the frame of health and wellbeing. Both the individual and interpersonal, creative experience was explored, with consideration that meaning is influenced by and shared with others (Ryff and Singer, 2008). Therefore, I interpreted action through a social constructionist lens, asserting that meaning is shaped and transformed by a collective social reality (Burr, 2015). I sought to understand the holistic experience rather than focus only on individual creative activity.

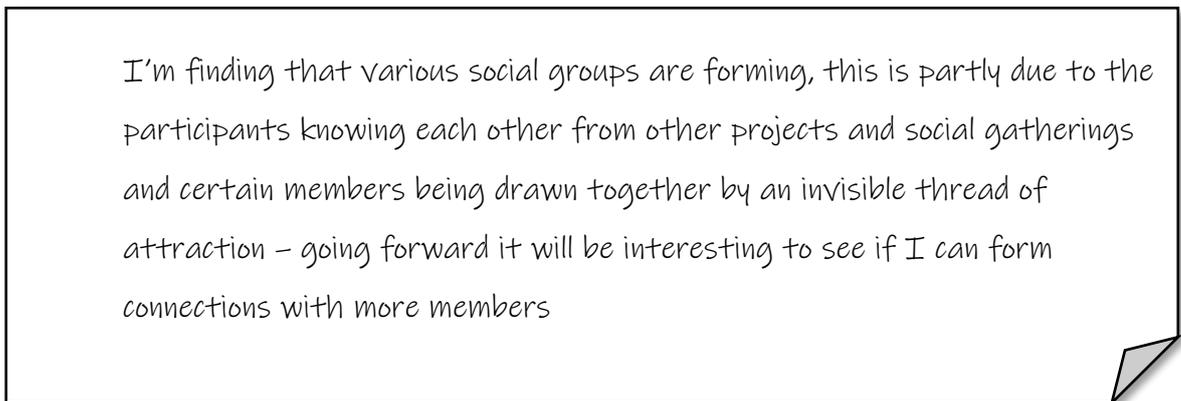
Although my findings are divided into categories of experience: 'social', 'creative' and 'transformative', I assert that meaning and experience cross and overlap these factors. What occurred in a creative setting was multiple and nuanced and the range of data I present captures a variety of experience. Experience was social, individual, material, sensory and emotional; the assemblage described by Fox (2012), referenced earlier in this thesis. I have illustrated the complexity of these realities and considered the experiences of my research participants in the context that they were encountered. Additionally, I draw on elements of personal histories highlighted by my research participants because they deemed them important. I believe references to personal narratives informed their own and my understanding of subjective experience. Among this interpretative analysis, common themes emerged, but I appreciate that views and experiences were sometimes contested, contradictory and dissimilar.

## 7.2 The social experience

This frosty morning, I sat in the familiar cocooned warmth of the Chrysalis art room, witnessing and enjoying over an hour of arrivals and chatter. As we sat back in our chairs today, no fingers fidgeted with ongoing art projects. Instead, some, like Alie and June, talked quietly to one another, others passed jokes and laughter across the room. When Pam arrived clutching a large container of chocolate cake there were cheers and greetings. Her homemade cakes, I noticed, were carefully cut into small squares, adorned with white icing and little silver baubles, made, I assume, just for us. Today no-one seemed anxious to begin, not even Julie, who was running the session. Eventually, though, she gently called for our attention. The level of noise in the room was high and it took her several attempts before voices were lowered and eyes moved to where Julie stood patiently, smiling, ready to explain today's activity - Chrysalis fieldnotes, 13<sup>th</sup> February 2020.

When CCP and Chrysalis gathered for a creative experience, social relations were cultivated. My research participants did not all verbalise the social as important to them, but it was evidenced in their actions and behaviours. *'We are definitely here for the art,'* announced Esme emphatically one day as we awaited the start of the craft activities. I asked her why she attended Chrysalis. The 'we' in this answer included Sarah, who sat next to her eating a cumbersome baguette. Unable to speak, Sarah nodded in agreement. I broached this question out of curiosity as I noticed that for several of the women, sociability seemed to supersede creative urgency. Many were keen to share plans and dilemmas relating to family and relationships when together. Sarah, on arrival, would frequently confide in Julie, keen to divulge a relationship difficulty or share a health concern. Julie would listen, and sometimes offer advice and others would also provide input if invited in. Julie read the room and exerted no pressure to begin the creative task if the conversation was the priority. 'The art' may have motivated attendance, but the social environment evidently provided support and company.

The value of the social experience was less obvious to an outside observer with CCP as the activities themselves did not give much time or space for conversation. However, interaction was an integral part of the creative processes and the periods prior to and in between activities were rich with exchanges and conversation. Several men had demonstrated and expressed in their diaries and interviews the strong connections and bonds made, particularly those from the first project. It was within these additional sources of data where they also highlighted feelings of guilt that they were excluding others. In the early stages of his involvement Aaron wrote numerous entries in his reflective diary expressing hopes of getting to know people better (Figure 16).



I'm finding that various social groups are forming, this is partly due to the participants knowing each other from other projects and social gatherings and certain members being drawn together by an invisible thread of attraction – going forward it will be interesting to see if I can form connections with more members

Figure 16. Transcription from Aaron's diary

His diary entry shows an awareness of the strong bonds between people previously evidenced to exclude others. Despite the negative aspect of bonding social capital, described in my synthesis of the existing literature (Hampshire and Matthijsse, 2010; Leonard, 2004), his hope is to bridge and make connections.

Later in his diary, Aaron noted that he felt he had achieved strong ties but worried that he was now excluding others. Many expressed the same concern. Colin mentioned he had never felt part of what he described as 'a clique' before, until CCP. He expressed mixed feelings; of enjoying it, but also feelings of guilt from understanding how exclusion feels.

Eddie also described an awareness of not wishing to exclude:

*I was curious to see what it would be like when we started up the choir. I thought we'd have camaraderie; I think there's five of us from the original project. What I was wary of is I didn't want it to be them and us for the newcomers. I love the way we all gelled together and that camaraderie that we felt with [the men's project], I now feel it with the choir - Eddie*

I asked if he felt more bonded to the original members: *'Considering I spend less time with the singers, I feel a much closer a bond already than I did with the [previous project].'*

George also felt that the new bonds made were on a par with the first project. *'Whatever happened in [the previous show] happened with the choir, and I forget that a lot of those men aren't from [the first production] it's sort of all merged in.'* Rich explained his experiences from the perspective of a newcomer:

*With any group of people there's always cliques, with [CCP ], it's quite difficult, because you've got quite a few people who were involved in the original project, who were completely established and they knew each other. It took a while to develop the relationships a bit more, but it feels far less cliquy than it does in other choirs, the other choirs I'm involved with - Rich*

Therefore, experiences of inclusion and bonding varied, based on past experience, expectations and personal approach. It was clear that people gravitated towards others who shared interests and outlooks. However, the facilitators and participations demonstrated a desire to include, through bridging across and out of existing cliques and through the sharing of space, materials and mutual support. Creative participation facilitates social cohesion and a sense of belonging (Lyengar *et al.*, 2012) and I draw on this assertion in my analysis of events.

### 7.2.1 Finding common ground to bridge differences and form new communities

*I look around the room and think a lot of the times you wouldn't really get this cross-section of people in a room. I like that, that we don't necessarily all look like we would be together... you watched us come on stage...I think we're so different. I don't think there's anything, any one other common thing that links us all, because I think we're also sort of different - Peter*

As discussed in Chapter 5, CCP and Chrysalis spanned the age range, with heterogeneous social, ethnic and gender identities and lived experiences. Carpiano (2006) asserted that bridging across social differences, or social cohesion, flourishes under the right conditions (the structural antecedents), enabling diverse people to develop mutual trust and connection, which increases health opportunities. It is in cohesive environments that people are purported to gain better access to networks and resources which then enhances their health and wellbeing (Ibid, 2006). Both the creative community groups in this study strove to create conditions of accessibility, inclusivity and safety where trust and connection could build. Difference was generally acknowledged, but bridging was also recognised:

*We're all so different but here for the same reasons. We're all in there together.*

*There's no teachers and students, there's no them and us, there's no gender - June*

June described how a shared interest in creative activity overturned societal inequalities. She recognised hierarchical difference and gender as areas which divide, but this was removed in the creative space. Shared intention and activity in a safe place obscured difference.

The levels of connection among individuals emerged from the stories people told. Many recalled incidents, interactions and feelings that involved others in the group. The regularity of the use of 'we' evoked a sense of unity and stories were often of belonging and support.

These stories also demonstrated a sense of a shared past, a shared history. Not all my interpretations of group identification come from stories of the past. They were formed during fieldwork interaction where, over time, I also developed an association with the groups. I contributed to these new stories and creative outcomes and became part of the 'we'.

Connection also came for some, not only from a shared an interest in creativity, but also a lived experience of mental ill-health. For example, Marie and Fiona, both young women of a similar age, but diverse backgrounds, had formed a deep friendship over several years of attending Chrysalis. Marie explained how they sometimes met outside the confines of the group to sketch and visit museums. In addition to an evident passion for artmaking their bond was strengthened through a discovery of shared mental health difficulties: *'We think alike in a lot of ways... We both struggle with anxiety and depression,'* she said. Within both groups, my participants spoke of personal interactions they had had with one another. Many opened themselves up to those they had only known for a short time through the creative groups:

*One night, after practice, Abe and I both shared really, really painful things that had happened to us as children. He said he's never shared those things with anyone before*  
- Eddie

Such levels of honesty abounded in the stories and interactions of the men and women in this study. In these places of perceived safety, my participants formed powerful levels of trust. Eddie had talked of Abe whose father had been a victim of suicide. I had learnt from Abe how this had had a detrimental effect on him from a young age. After his exchange with Eddie, Abe attended a CCP suicide vigil ceramic workshop with his mother, mentioned in the last chapter. Whilst handling clay, conversation flowed and difficult stories were shared. Some worked silently, just listening, the moulding of clay buffered direct attention from the sensitivity of the narratives and emotion they conjured. Afterwards, Abe told me that meeting

others changed his mindset. He acknowledged that they had not been singled out and targeted. *'It's not just us,'* he said. This reciprocal emotional support in these creative groups resonates with findings in existing literature on participatory arts groups (Daykin *et al.*, 2020).

This mutual support was described by Eddie who was, at the time, a supply/substitute teacher. He stressed how important the social connection he got from CCP was. As a supply teacher he lacked financial support and occupation during school holidays, something that triggered his depression:

*I feel useless and I'll want to go to bed all day and not get up... You get up and think what's the use? I may as well get up tomorrow. What I love is the supportive network. [George] and we have these really long conversations by text on WhatsApp. And we share really personal things - Eddie*

The stories of Eddie and earlier Marie, demonstrate how the groups provided a lifeline for some that extended outside of the groups themselves. One of the founders of sociological concepts, Durkheim, described a cohesive society to be “one that is marked by an abundance of mutual moral support, which instead of throwing the individual on his own resources, leads him to share in the collective energy and supports his own when exhausted” (Durkheim, (1897)1951, p. 210). This idea of the strength provided by others proved to be a key feeling throughout this study. The support Eddie received, he felt, enabled him to regain his mental and physical strength. His narrative of a supportive network illustrates how collective energy can restore and revive (Burbidge, 2017).

Difference, but also similarity, is celebrated by many in both groups. Rich laughed when he described how different they all seemed to be in CCP, not people you would expect to be together, *'You must recognise that it's a very strange collection of people.'* However, through spending time in the group, common experience was uncovered: *'When you talk to people,*

*you're like, yeah, I've done that, and that.* Rich appreciated gaining knowledge of their eclectic lives over time: *'It's interesting when you get to know what the backgrounds of people is [pause] and where they've come from.'*

Considering the diversity of my research participants and their intermittent attendance, I was surprised by an overwhelming sense of group purpose. This was expressed in several ways. Many of the CCP men seemed to celebrate that they were a group of individuals who did not conform to societal norms. On several occasions Peter rejoiced in their differences:

*I was accepted straight in with misfits of the world. I'm a misfit. Unique men. They were just so welcoming, no judgements. We've all been there - Peter*

Similarly, others articulated their feelings about how diversity and unconformity connected them:

*It is belonging, but you can be individual. The space to be yourself, but in a group of people who are so different that you're almost all very similar - Colin*

I asked Rich if despite their differences, involvement in the group had benefitted him:

*I think being in a group of men, and not feeling the normal experience that you would feel being in a group of men, knowing that what underpins it is about men being able to talk about their problems - Rich*

Rich was bolstered with the knowledge that he was part of an unusual community of men who have not demonstrated the hegemonic male behaviour he has previously known. This was also expressed by Frank:

*I've found [the CCP men] very trusting and supportive, I've never had that from men before and it feels good. It's also nice to meet gay men, older men, and hairy biker men and see how everyone is accepted no matter what our preferences are - Frank*

CCP and Chrysalis both had a wellbeing focus and this seemed to provide a common intention from people with experiences of physical and psychosocial problems. At no time did the participants express shame or stigma with this association and they frequently shared aspects of themselves that can cause stigmatisation in society. When stigma is concealed from others it can have negative consequences to wellbeing (McNamara, Stevenson and Muldoon, 2013). My findings demonstrate that people who are stigmatised or have suffered disadvantage benefitted from sharing experiences and gained a sense of group identity rather than exclusion.

At public performances, Mike and the men of CCP would address the audience about the underpinning ethos of the group as a conversation starter for men to talk about their mental health. In this way their identity was not only creative but related to mental health. Colin described his and others' attitude to this:

*We had a photo taken from the Sentinel and we were asked if we wanted to be in it, there's that thing, do I want to be in a photo to do with a mental health support group? I was thrilled that so many people were up for it - Colin*

This desire to be associated with the intentions of CCP illustrates a consensus among the men's group. Common ground was found in the CCP and Chrysalis projects that bridged difference and helped form a group identity. A strong desire to learn about others was evident which increased feelings of acceptance and mutual support.

### 7.3 The creative experience

As discussed in chapter 2, participatory and community arts organisations strive to address the needs of a community, facilitating self-expression and social change (Crehan, 2013; Goldbard, 2006). The emphasis of creative activity is less on outcome and more on delivery, process and social interaction. I consider, with this in mind, the experiences and processes that occurred within the groups in the next section.

#### 7.3.1 Creative experience and group achievement

The people in this study did not identify as solo creatives, artists or singers and were strikingly modest about their abilities. Not being able to draw or sing were refrains that were repeated to me and others throughout my fieldwork. Some of the men played in bands and Douglas was one such man who mentioned that he, *'played the ukulele and banjo badly'*. Most participants displayed little confidence in their abilities, in this way. From my own experience, I understand how creative endeavour can sometimes provoke anxiety and personal feelings of failure. Societal expectations, such as an emphasis on the quality of the outcome, the product, rather than personal exploration and process, often took precedence. Community and participatory art focus on the importance of process and experience rather than the finished product (Matarasso, 2019). Although the groups' facilitators imparted skills and guidance as the experts, they worked collaboratively with the participants (Crehan, 2011). The focus was not primarily on the individual outcome of 'the artist', but on the group processes and collective achievement.

Within Chrysalis, I and others often tried new techniques and activities and despite my art school education, I shared their feelings of uncertainty on occasions. Support abounded, however, not only from Julie, but also from the other women. People were not afraid to say,

“*I’ve not done this before*” and ask for help, which would be given readily by anyone who could. I became familiar with the behaviour of support and encouragement when craftmaking.

Marie articulated her approach and experience of the environment of mutual support:

*I do really enjoy guiding people and giving them constructive feedback and encouraging them. I think people can be quite hard on themselves, myself included, about their own artwork. It doesn't mean it takes away your worry, if I hear someone say 'I like your work' it does take the edge of a bit, it's a nice thing to hear - Marie*

Her own experience of creative insecurity gave her an empathetic understanding and desire to support. Such co-production was common practice within these creative groups. Marie’s statement, describing ‘the edge’ within creative activity highlights that although aspects are rewarding and pleasurable, there is also angst and an element of risk. For the men, singing in front of others at the CCP choir practice also held this element of risk:

*I remember when it started and Mike would stand right in front of you, to put you into groups and that’s one of the most vulnerable things I’ve done - Sean*

Although Sean seemed to me, a confident man, a public speaker and an actor, this statement illustrates that even he had feelings of trepidation. There were many others in CCP who had no experience of singing or public performance and their nerves and anxiety were shared with me prior to practices and performances. However, a common feeling among them was that they were safe and supported. Bruce stressed that he could not sing, but the environment removed any concern:

*During the time, I’ve seen people make mistakes and it doesn’t matter. And I’ve felt more able to challenge myself – sing higher parts – Mike’s just encouraged me to do it, and nobody seems to indicate I shouldn’t be doing it - Bruce*

Individual creative production can lead to an introspection and perceptions of other's abilities that lead to insecurity. Working in a group environment, Bruce gained confidence and an ease realising the fallibility of others. Mike both challenged and encouraged which resulted in the bravery that Bruce described.

George and others frequently mentioned that they were unable to sing alone, emboldened when singing with the others. The concept of collaboration and group achievement is recognised by several of the CCP men and summarised by Colin:

*When we perform the different harmonies together well, and there's a collective sense of achievement and satisfaction in the room - Colin*

Stuart reflected on the first project. He explained that he had not committed to performing, but his initial intentions developed into something unexpected:

*My involvement got deeper and I found myself in the dubious position of giving one of the monologues in the show. This was something that even now I still can't actually believe I managed to do. It genuinely was a triumph of coping strategies over my own personal reality; without the support of the cast & crew and without my own feelings of the value of what I felt I was trying to put across I never would have been able to do it. That for me was a triumph of the power of collective creativity - Stuart*

Stuart, who disclosed suffering from long-term anxiety describes a sense of accomplishment with this first men's project. The support network gave him self-belief and enabled him to manage his anxiety and he identified his achievement as personal whilst recognising it was as a result of collaboration. The plural pronoun 'we' is used repeatedly by participants in both groups and here by Colin when discussing activities and accomplishments in his diary reflection:

*'It's really heartening to see how many new [CCP] men we are 'creating' through the choir and the programme of events,'* he wrote. These data extracts build a picture of the sense of group identity that was felt and how it motivated and built a self-confidence.

The interaction that occurred during the creative activities served to forge new bonds. For example, after each additional CCP event or activity, I noticed warmer exchanges between men who had previously stood apart. The fortnightly practice served as a barometer of social relations and levels of cohesion within the group. One key event that instigated this solidarity was the comedy improvisation workshop held one Sunday afternoon. It was designed to address aspects of social anxiety (Figure 17) and led by an external facilitator selected by the steering committee.

**Improv Comedy Workshop (online advert)**

A workshop in comedy and improvisation, inspired by research around comedy improv as a tool for **reducing social anxiety**.

About your workshop leader:

■ is one half of dance-comedy duo ■ and has been bringing his unique hilarity to the stage since 1994. ■ has created, directed and performed internationally - on stages, at festivals and on television.

During the workshop ■ **will guide us through spoken word and movement exercises that allow ourselves to be open, honest, silly and courageous. We will look at how comedy can help us speak to ourselves and others with honesty, clarity and passion. We will consider the mental health benefits of devising and performing comedy and building confidence by taking a brave leap outside our comfort zones - you'll be in safe hands and good company!**

Ready to realise your comic potential?

Sign up for the workshop here: ■

This workshop is part of Stoking Curiosity 2019 with Arts Keele and is suitable for anyone aged 16+ No experience needed.

Figure 17. Facebook advertisement for the comedy improvisation workshop

Phillips Sheesley, Pfeffer and Barish (2016) identify the therapeutic properties of comedy improvisation, including how play can facilitate social connection. Additionally, comedy

improvisation has been found to enhance collective thinking, promote active listening and encourage risk taking (Steitzer, 2011).

I intended to be an observer on the afternoon of the comedy workshop, but Mike and others persuaded me to participate. Alongside twenty men I took part in a variety of exercises and activities. They encouraged an alertness to the presence of others as we worked in pairs and larger groups. We crawled on our knees and also moved at speed, focussed on avoiding collision. We made up stories on the spot and nonsensical languages and, eventually, stood exposed to perform in front of the group.

As we sat together at the end of the 3-hour session we were encouraged to reflect on the process. People articulated feelings of vulnerability from, standing in front of others with no script and no plan and a lack of control. The mood at the end was one of elation. The men teased each other and the conversation and chatter were boisterous.

*'The experience of being in a room filled with people all wanting to do the same thing is unbeatable,'* Kevin reflected afterwards. His statement echoes June's from 7.3.1, that a common purpose produces something important. Even for people with differences, *'all wanting to do the same thing'* brought them together. The following week, during the choir practice, the men who took part recalled their experiences: *'The comedy workshop, wasn't that brilliant? That day gave me so much confidence in myself,'* Peter said with a broad smile. The experience encouraged us to take risks and, to quote the advertisement, to be 'open, honest, silly and courageous' as the advertisement had promised.

The collective identity within Chrysalis was formed through the time and labour invested in various creative projects and in the day-to-day social practices within the group. Marie recalled how she supported Chrysalis in their move to a new location, the art space where they were housed during my face-to-face fieldwork:

*That was nice, being able to move up to the new space with them and sort of feel like I was part of it [pause] and I was helping them carry it [pause] and I did a little bit of cleaning and organising, like I helped clean the window in the new place, nobody asked me to, I just felt like I wanted to – Marie*

Being ‘part of it’ was important to Marie as it was for many of the other women who showed their support through their eager contribution of ideas for projects and commitment to completing commissions out of hours. Marie’s efforts to help set up the new space, including cleaning and unpacking was akin to a family moving home, and she beamed as she recounted the memory of it.

Group achievement and collective identity for CCP and Chrysalis was felt due to shared purpose and creative strength found through collaboration. The ability to cope and overcome difficulties collectively has been related to a sense of group identity (McNamara, Stevenson and Muldoon, 2013). My participants overwhelmingly recognised the gains from working alongside others. It inspired their actions, gave them courage and ultimately is expressed as giving them a sense of achievement.

### 7.3.2 The significance of the outputs of creative involvement



Figure 18. Examples of my craft pieces made during my Chrysalis participant observation

For those involved in these creative groups, perceived achievement was both collaborative and individual. Creative achievement came in various forms: the sounds produced by collective voices in the CCP practice room, or banners displayed around the streets of Stoke. These outputs and outcomes of creative activity held value, meaning and evoked memories (Turkle, 2011). These ‘secondary agents’, as Gell (1998) described them, functioned to help the participants 'realise their intentions' (p. 21). During my fieldwork, I accumulated a variety of objects that I had made alongside the women of Chrysalis (Figure 18). These outcomes themselves were not skillfully made but held meaning for me. They triggered memories of

sensations and conversations long after the making. Such tangible outcomes were important to many of my participants, not simply the experience of the activity.

June highlighted this when she spoke of her experience of attending Chrysalis:

*I would get pleasure from it and there would be an end result from it, I'd be creative and I'd be able to get something out of it - June*



Figure 19. June working with clay

June was fiercely independent and relished the opportunity to produce work of her choice. She would adhere to the instructions given for a particular task, but once completed, without haste, she would begin work on her own creation (Figure 19). This was the case for others too. When attending the group in the first 6 months, I would often arrive to see Ruth had arrived early, head down, focused on her artwork.

Her passion was to design T-shirts, frequently making gifts for others. The subject matter was given careful consideration and Julie would assist with a Google search and use of the Chrysalis printer. Sarah, too, had a desire to make for others. Whilst she crafted, we would learn of the upcoming birthdays and anniversaries of the recipients of her labour. Belk (1988, p. 144) theorised how:

Psychic energy [is injected into an] object to which we have directed our efforts, time, and attention. This energy and its products are regarded as a part of self because they have grown or emerged from the self.

The anguished decision-making that I witnessed relating to appropriate subject matter demonstrated this transference of energy. The object, in this case T-shirts, cards and

paintings, as extensions of the self (Belk, 1988; Gell, 1998) resonated with the mental, emotional and physical energy infused into these objects.

Marie often worked on her self-directed artwork due to work commitments which meant she could not attend regularly. When she did attend, she would collect her artwork from the storage cupboard by the window and join the rest of us at the work table. Marie's independent artwork consisted of overlaid images traced onto acetate (Figure 20).

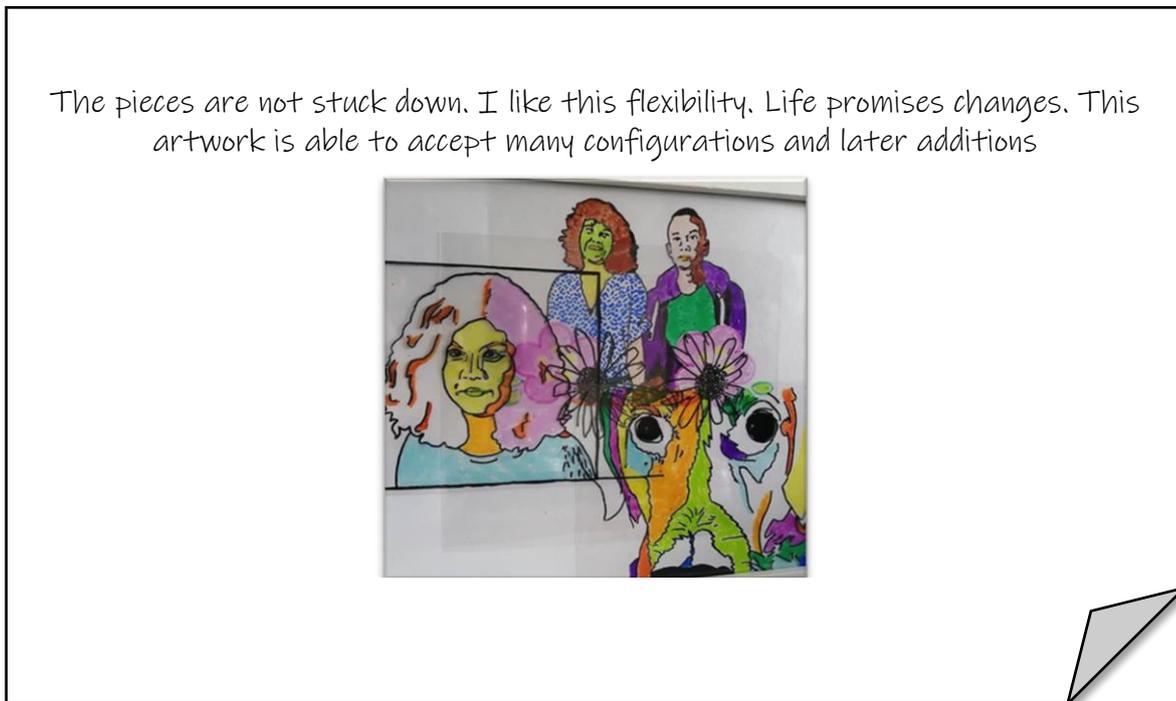


Figure 20. Marie's diary/journal transcription 14/11/2019

They represented her, her boyfriend and her dog, Marie told me. She spent the session focused on tracing and moving the images about. In her reflective diary she explained that she liked how they could be moved and changed. Her creative subject matter was deeply personal and her creativity was connected to her ongoing experiences.

Despite the evident pleasure from working independently, my research participant accounts and data gathered during my fieldwork fore-fronted the value placed on working together.

The collaborative work that Marie had produced with Chrysalis held both a connection to the

group and individual achievement. She noted in her diary: *'My partner and I visited Newcastle festival and I felt so proud to see my banner on display, adding lots of colour to the park.'* Marie's statement suggests that her work had added something positive. She had been given the ability to make an impact on the physical environment in a place with little aesthetic merit.

Barbara expressed how it felt to have her outwork in the public domain:

*I like doing the banners, they were on the buildings...because the work, everybody done together as a group and you knew you were a part of that creation, and it's out in the open, not just shoved in a cupboard, so it's out in the open, everyone can see what we've done...and then somebody says, 'who's done that?' and they say*  
[Chrysalis] – Barbara

Her account encapsulated the pride she felt in the co-construction of the art object. She became visible through the public display of artwork, but visible as part of a collective identity, that of Chrysalis. As a full-time carer, unable to work, this sense of pride of achievement and connection to an organisation echoes the associations with employment (Belle, Burley and Long, 2014; Van Knippenberg, Van Dick and Tavares, 2007).

Marty similarly described her enjoyment of group achievement and feeling like part of a whole:

*I like the collective projects [...] I like when we get like a commission to do it as a group. It's nice because we're working together to achieve [...] we made a big ceramic plaque as a group and individually, it's outside Stoke market. And it's really beautiful and it says, collaborated with [Chrysalis] and I love seeing that. If I ever go away and come back to Stoke, I see that, and think, ah, [Chrysalis] – Marty.*

In this way the sum was bigger than the parts. People gained cultural and social capital that they may not otherwise have done.

The primary activity for CCP was the choir and the outcomes of this were the songs sung and performances given. Music and songs hold cultural significance and are linked to a sense of identity and place (Hudson, 2006). Music can conjure memories and associations. Mike chose a musical genre that would remove this:

*The melodies and rhythms are not so familiar to an English ear and I believe changing our aesthetic environment can do our mental health good; having English words can imply an intention and even isolate participants – non-English means we're just dealing with the melody and the rhythm and we're all on an even playing field –*  
Mike

His reasons to focus on unfamiliar songs from Eastern Europe resonated with positive experiences in other studies (Perkins, Yorke and Fancourt, 2018). Mike's intention for inclusivity was understood by Bruce who explained how this helped to unite them:

*I think it's been a really great levelling thing. The fact that nobody's familiar with the material, nobody's got the background in singing those kinds of things. So, we kind of feel like we're all in the same boat –* Bruce

The songs they sang were primarily polyphonic folk songs from Eastern Europe, Georgia, Ukraine and Chechnya. Polyphonic refers to the different pitches which come together but can also describe the social interaction that occurs within this form of singing (International Research Center for Traditional Polyphony, 2022). Polyphonic songs, specifically those from Georgia, are traditionally associated with a very hegemonic male identity, with themes such as war and honour and the process of drinking and singing reinforces male bonds (Tsitsishvili,

2006). Although the meaning of the words were not understood by my research participants, Mike outlined the 'story' to them. They featured wrestling, drinking and mothers-in-law! The sexist nature of them was highlighted in rehearsals but also caused hilarity. In contrast to the machismo of the subject matter, many of the tunes were gentle and haunting. Others were rousing and ended in a crescendo with fists punched high into the air. Mike created phonetic song sheets which guided the participants and although designed for those without musical training, were also a complex combination of letters and sounds (Figure 21).

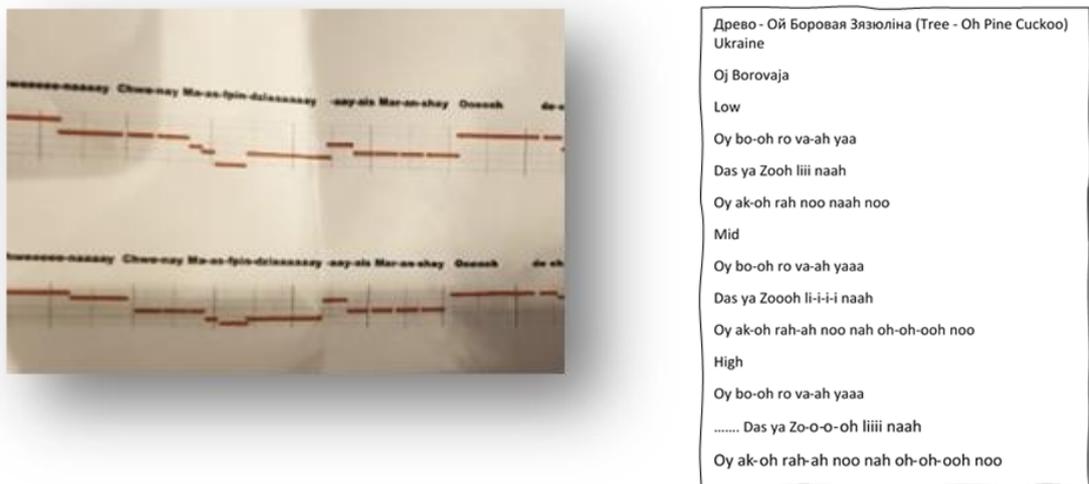


Figure 21. The CCP song sheets

I witnessed a session where a new song was introduced. Voices were initially soft and unsure. Mike would assemble the three voice groups - high, middle and low pitches, allowing people to decide where they felt comfortable. They shuffled together to hear one another; their eyes locked when they lost their way.

*When Mike has established what voice we've got and he's put us into groups, immediately, you're closer together, in terms of physicality. You're looking out for one another; you're making sure everybody is joining in – Eddie*

That evening and on other occasions, I sat to one side, observing the practice, I noticed how Mike's ease of movement served to create a synchrony and to free up the other men:

*Mike's always entertaining, he's got a way about him. I like the way he moves; we all do. Just watching him moving, it just fills you full of joy. You can see how much he enjoys it and how much gets into it. And he doesn't get care! [laughs]...You can tell he's just into it – Rich*

Mike's unselfconscious physicality impacted on how Rich and others felt. I noticed that his freedom of movement set the tone. When they sang, they swayed, side by side, picking up on Mike's and each other's movements. Feet tapped as the songs were repeated and animation and confidence built. Some bent their knees and closed their eyes as their bodies rocked. Synchronous movement accelerated the appearance of social bonding and is stated by other scholars to create profound connection (Pearce *et al.*, 2015; Valdesolo, Ouyang and DeSteno, 2010).

By the end of the session, with song parts overlaid, the combination was powerful. Vibrations moved through the air as the range of male voices filled the practice room. This sound took effort and often the two-hour practice session would run with only a 10-minute break. Mike was engrossed, as all the men were, and the activity held challenge that required intense concentration. Some wrote notes carefully, as Mike gave instructions, other clenched and unclenched hands hidden from view behind backs (Figure 22). Aaron wrote in his diary, *'I am finding some of the music challenging, but rewarding when it sounds good.'* This reinforces the concept of eudemonic wellbeing discussed in Chapter 3. That is, how fulfilment ensues from challenging occupation and skill development (McMahan and Estes, 2011; Swindells *et al.*, 2013). Bruce emphasised how important the collective sensory outcomes were to him: *'I love being part of the choir – I love the sound we make together.'* The sound was 'made' and

built through a process that was not always easy, but this was important to them. Many of the men explained that they carried these songs with them into their daily lives and were lifted by them.



Figure 22. Sketches made at the CCP choir practice focussing on tension and body language

These outcomes of creativity held different meanings for different people but were the result of a complex social and creative process. It is these processes, interactions and feelings that Daykin *et al.* (2020) believe influence and create wellbeing. The poignancy of creativity for wellbeing was influenced by past and present experience, the social and the sensory.

### **7.3.3 The experience of public performances**

The CCP public performances were another product of creative endeavour and they connected them to a community beyond the practice room. Performing publicly was not required to attend the practices and Mike never exerted any pressure. A relaxed, ‘*Can anyone make it?*’ was a regular refrain at rehearsals, prior to a scheduled public performance. It indicated a

level of trust from Mike, and each time a large number would turn up at different venues, nervously ready to perform.



Figure 23. CCP on stage at a local business award ceremony

I wrote in Chapter 5 how participants perceived safety within the group in the ‘safe space’ guarded by all. In different spaces, however, gender, ethnicity, class and overall cultural differences can influence power relations and affect how we inhabit a space (Ahmed, 2013; Koskela, 1997). Feelings of difference recognised to be caused by class and gender (Dutta, Sonn and Brinton, 2016) were exhibited when the men of CCP were invited to perform at a local business award ceremony to mark the opening of a new university building.

At this event, some seemed nervous. When I arrived I noticed them, standing rigidly to one side of the hall. They stood quietly, mostly wearing casual attire: open-necked shirts, jeans and T-shirts. This contrasted with the other guests who wore suits and shiny dresses in which to accept their business awards. The collective decision had been made by CCP to wear what they wanted to reflect the diversity of the group. As a result Stuart, for example, sported an alternative look of a T-shirt, cap and piercings with long hair and a beard. *‘I find shirts and ties stressful,’* he said, continuing nervously, *‘and performing and audiences scary. I try not*

*to make eye contact with anyone.* ' Socially constructed norms of conduct affect behaviours within different environments and Sklar (2001, p. 30) highlighted that 'not moving in the socially agreed way marks that person as an outsider'. Being different was something George had always felt: *'I walked differently and spoke differently'* he had explained:

*For my entire life I had always viewed the world as a hostile place. Apart from my family and close friends I never felt safe and relaxed because I had built up a catalogue of experiences where people singled me out for being different and were aggressive towards me, particularly CIS straight men. I would instinctively view any CIS straight man that I met as a potential threat; walking into an environment populated entirely by men would be something that would fill me with fear – George.*

When on stage (Figure 23) their stiff body language changed. As they sang, Mike characteristically swayed and bobbed. Their eyes were fixed on him and some mirrored his movements, their voices became louder, reaching the balcony at the back where I stood, watching with nervous empathy. With each song they gained momentum and energy, which was evident in their increased animation and volume.

The performance received a loud applause. However, when the men regrouped afterwards, in a backstage room, they were in general agreement that they were *'not wanted'*, to paraphrase. The room was full of *'alpha males'*, several of them said, including Mike. From my perspective as an observer, the audience was receptive, but hard to read. Despite this feeling, they were elated after this performance. The room was full of gregarious chatter and laughter. A sense of alienation from their audience seemed to reinforce their group identification and comfort within CCP.

Another CCP performance that I attended occurred at an all-day choir event in January 2020. Sixteen local choirs took part in singing workshops, culminating in a performance by each. It

was held in the same theatre where CCP conducted their practices, which offered them some familiarity. The choirs were from the same locale but appeared to be predominantly white, middle-class women. This corresponds with the findings of previous studies and reinforces the rarity of an all-male choir such as CCP (Daykin *et al.*, 2018). Many of the men enjoyed the day and Aaron described his feelings in his diary (Figure 24): ‘*So lovely to see all the local singers performing...I felt quite emotional at times.*’

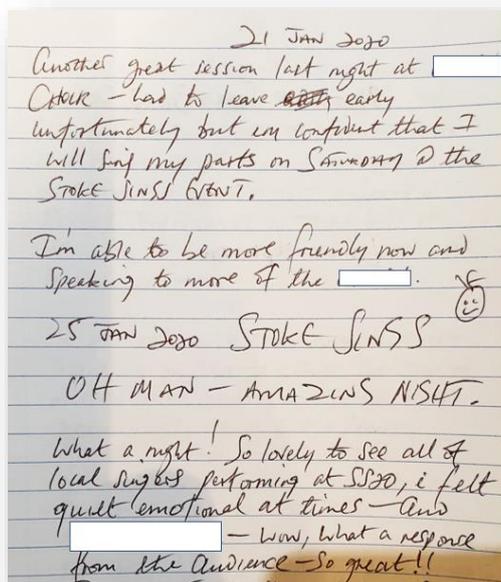


Figure 24. Aaron's diary extract (left) and transcription (right) reflecting on the Stoke Sings event

Some described discomfort and a lack of belonging. Sean said it was ‘*Like church*’ and ‘*Too strict*’. Sean and I spent much of the day together and his discomfort was distinct. He expressed a desire to return to, what he described as the ‘*comfort blanket*’ of CCP. Despite reservations, the CCP performance was well received, with a standing ovation, smiles and a loud applause, enveloping me as I sat in the audience. When off stage they seemed bolstered by the positive audience response, which Aaron mentions in the above diary extract.

Mike asked at the next rehearsal why people might have enjoyed the men's performance specifically. They immediately spoke at once, keen to express themselves. They were more animated than usual and bellowed their suggestions, one after the other, into the centre of the warm-up circle: *'We took people by surprise!'* *'More natural than the other choirs!'* *'Unusual!'* Their difference was identified as the source of their popularity and something they took pride in. Sean relayed his perceptions of why it attracted so much positive public attention:

*I hadn't really realised that the other choirs would all be very regimented and got an outfit, and how refreshing it was that that we all stood on the stage, just being ourselves. There wasn't that attempt to polish it and the fact that that seemed to resonate - Sean*

*'Just being ourselves'* held importance to Sean in this statement and he felt that this seemed valued by the audience too. Mike reflected on the nature of the audience support they have received. Repeatedly during our fieldwork conversations, he described the CCP project as a *'conversation starter'* which enabled dialogue to extend into the wider community:

*Everywhere we go, all you've got to do is imply... it's about (mental health) ...I'm pretty confident we're not seen with a pitiful view. We've not labelled ourselves as being a vulnerable people, I hope it's just that honesty of saying...come on...let's all admit it. We can still be brave, bold, creatively engaged people, doing entertaining stuff, but acknowledging that at the same time, and that being a driver, a reason to do it, to get together to keeping up a good mental state. I really hope that the reactions that we're getting are sincere, they definitely feel sincere - Mike*

Despite the potential for stigmatisation due to association with mental health, Mike believed this was overridden by their performance. Bailey and Davidson (2005) had found that choir members who felt marginalised and stereotyped by society were empowered by the positive response they received from audiences. In Mike's view they were not seen as victims and their performance helped reform attitudes and was as empower the CCP members.

Taking people out of their usual safe spaces to perform can be challenging when they are forced to move or behave a particular way (Joseph and Southcott, 2017). I described feelings of discomfort by some, removed from a cultural environment they were familiar with, but their shared discomfort seemed offered them some reassurance. Overall, potential risk was mitigated by the ability to choose whether to perform and how to present themselves.

#### **7.3.4 Experiences of online participation during the COVID-19 pandemic**

During the COVID-19 lockdown in the UK, from March 2020, indoor social mixing was prohibited and the creative experience for my research participants became virtual. As described in chapter 5 (section 5.3) it was at this time that the private Facebook groups were created by the facilitators to reconnect people.

Many took the opportunity, initially, to make social contact with the others when the Facebook discussion groups were set up. The photographs and artwork that they posted were connected to activities of music and art, but the messages spoke were of concern and the need for social connection (Figure 25 and 26). About a third of the Chrysalis group interacted initially online, keen to share aspects of their lives and activities. Paintings received admiring comments and this reciprocal behaviour echoed past interactions in the physical creative space.



Figure 25. CCP Facebook private discussion page post



Figure 26. Chrysalis Facebook private discussion group post

June, despite shielding, unable to leave her bedroom for much of the time, was prolific in her creative pursuits and online interaction (Figure 27). She shared her sketches and linked many of them to her situation and the people around her. The visual images facilitated the sharing of personal details that were important to June. Each time they almost immediately received positive reactions from the Chrysalis women, those who were engaged online.

The initial topics of conversation and imagery in this group drew us back to the things we shared. People made references to pre-lockdown activities, such as sharing moth images, relating to a production we had been designing and making banners for, just before lockdown. There was of course, the subject of soup (Figure 28). Visual images produced predominantly received reactions of emoticons rather than comments. It evidenced that many were present in this virtual place, but reticent to fully interact.



Figure 27. June's Facebook post

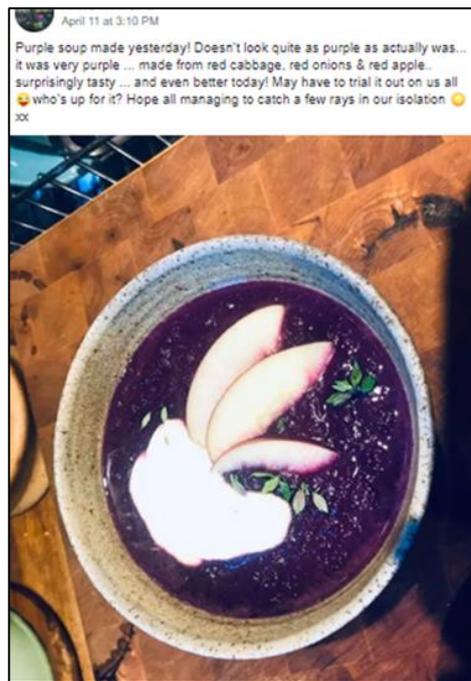


Figure 28. Julie's post in the Chrysalis Facebook discussion group

Each Thursday Julie would arrange a one-hour Chrysalis video chat. Some who had chatted freely in the art space, such as Sarah, did not engage in these and only a little in the chat box. Pam who relished the company when in the face-to-face sessions, appeared only initially online. On screen she was quiet, not the same and soon she did not appear at all. Susan, however, who had attended the physical art space intermittently, appeared on screen in the

virtual meetups each week. The regular attendees were few, me, Julie, Mo, Marie and June, on occasions.

We would meet at midday and it would be left to Julie to instigate the start of conversation. 'How is everyone?' she would ask, sometimes addressing individuals. The activity was no longer the focal point, although one week we attempted to sketch each other. Only a few of us took part but the activity created laughter and chatter, just as it did in the art space. We were keen to share our drawings online which created positive response from others (Figure 29).

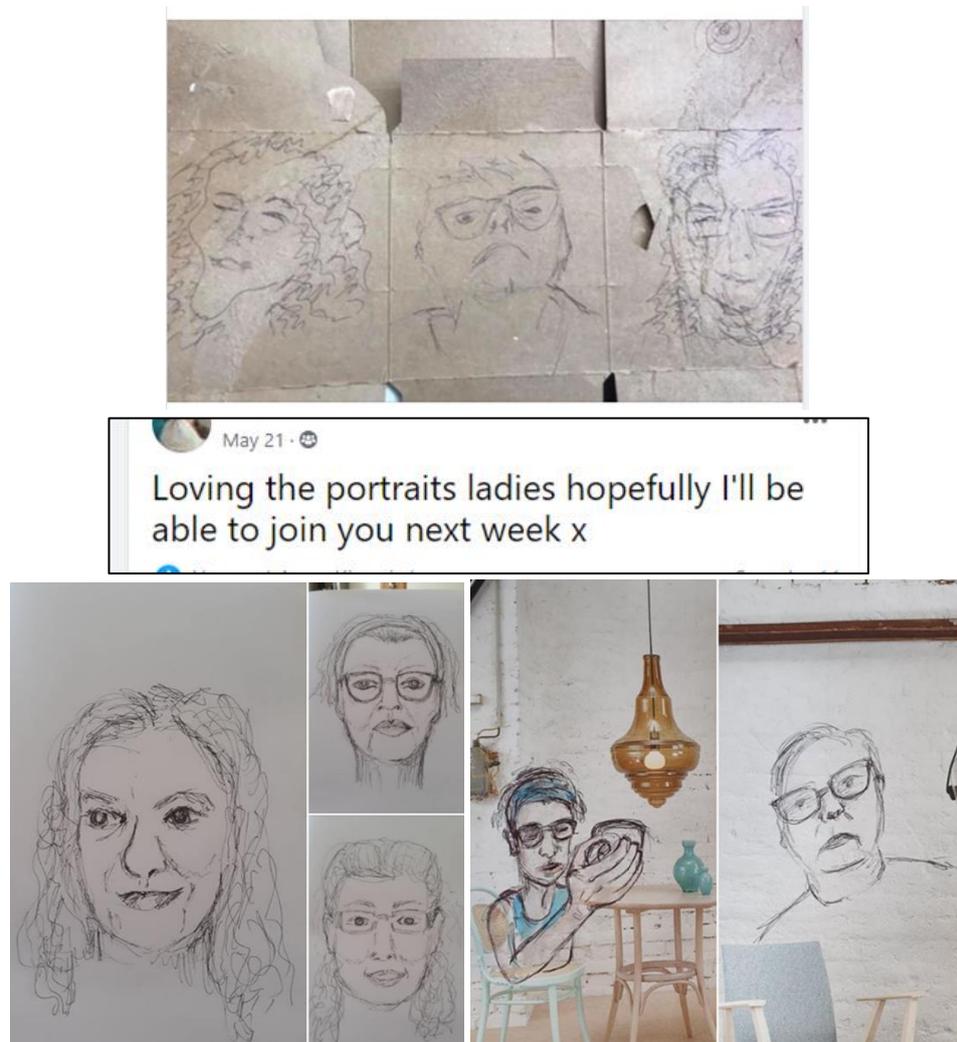


Figure 29. The outcomes of a Chrysalis online drawing session and Facebook response to the images

In the video calls, those with more confidence directed the conversation. Julie bemoaned, one day, to us all, how group video conversation does not allow a natural flow. 'It's annoying, as

*you have to take it in turns to speak.* ' The result was often stilted and awkward interaction. I discussed the difference in experience between the virtual space and the physical art room space with Marie. She believed that there is no, as she described it, 'energy exchange' in an online Chrysalis meet-up. It is one way:

*At the art group you can sit and have a cup of tea and a biscuit and sit in the corner and not talk to anybody, but you're still part of something, it's still energising you - Marie*

Being on-screen felt intense and exposing. Ruth described this in interview when I asked about the online activities.

*I don't do the video calls, because I don't like video calls...I don't know what it is. I prefer to talk to people on the phone or face to face. I've not done the video chats for [Chrysalis][Pause]. Well, I don't really talk when I'm there [In the face-to face sessions]. Being on a video call, it would just be awkward - Ruth*

The emphasis was seen as conversation by Ruth rather than creativity and this made her uncomfortable. As time passed the Facebook posts waned and by the Autumn little occurred. On the Thursdays of our 'meet-ups' messages were sent to the Facebook group chat apologetically explaining that individuals did not feel up to it that day.

More prolonged online engagement was achieved by Mike with CCP. He managed to encourage the CCP men with an online singing and Facebook discussion group. At the start of the pandemic restrictions, he created one of their familiar songs, recording and video himself singing all the parts. He encouraged the men to record their parts individually, after which he would compile it (Figure 30).

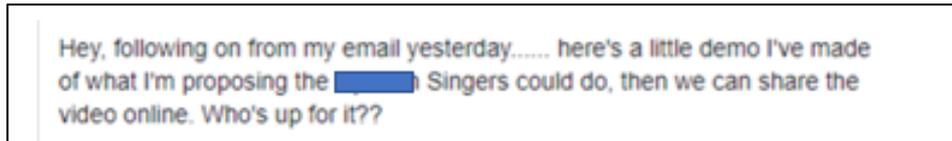


Figure 30. Mike's Facebook post to the CCP discussion group during the national lockdown

It was a way to reconnect the CCP members. Those who responded were very enthusiastic. Phil described his nervousness of recording his part in the Facebook chat (Figure 31). He was not afraid to admit his personal struggles with completing the task. He described how it served as a distraction from the virus: *'I realised that just for a while I hadn't thought about world events at all, Thank you'*.



Figure 31. Facebook screenshot of CCP responses to recording their song parts

It felt good to see an online community forming. CCP chatted less than Chrysalis members within their Facebook group, but about a half of them maintained creative interaction through the online singing workshops.

The online sessions for CCP were a fortnightly real-time singing practice using Zoom. Mike would admit us to the virtual room and 6-12 men at a time would be visible on the screen. In

the background, we could hear a lively backing track and some would sway and dance while waiting. There was some opportunity to unmute microphones and chat. Many chose to use the chat box to tease one another about new beards or just to greet each other as they appeared on screen.

Kevin had been absent during the first few online singing sessions until he appeared on screen one July evening. His demeanour was apologetic. *'I've been a bit out of it'* he told the others. *'Lockdown suits me as I've got everything I need around me'*. He explained that he did not know how he felt about getting back to normal, *'I've been avoiding the choir, but am becoming insular.'* As he talked about these feelings, the others nodded in agreement.

Microphones were muted during singing due to the time lag, but a backing track created the impression that they were singing together. 'Sounds good!' Mike would say, perhaps out of habit or humour. For the men, singing by themselves in their homes was described as strange but better than nothing. It emphasised how difficult they find singing by themselves and what the group experience brings them:

*So, though it was good to see people on the Zoom screen you were essentially singing by yourself - I cannot sing alone! It is an odd thing that I can't remember any melody or words until we all start singing communally and then something clicks and I know what I am doing...As soon as the communal singing stops, I am back not knowing what I am doing – George*

Bruce also reported finding it difficult, *'it's not the same as you can't hear people and there's no interaction.'* The need to hear others was important and highlighted by several of the men. Some were worried about neighbours hearing them, others had family and partners to consider. The space was both intimate and open to those outside of 'the bubble'.

With the time delay, the men's swaying and lip movements were out of time to the music that I could hear. Synchronous movement was impossible. What it did, was function as a lifeline. Mike explained that he had had feedback from those who received his invitation to sing online, but had declined. They enjoyed receiving his messages, he told me. Mike gauged that even those who did not actively engage were grateful to still have a lifeline, a connection to the group:

*Two or three people have emailed back and said I'm not too sure if I feel up to the signing, but I'm really pleased that you keep sending these emails, please do keep me on the email list because it really helps me to know that these things are still going on and even though I'm not taking the opportunity up – Mike*

Therefore, an absence of online or social media interaction was not necessarily an indication of lack of a desire to stay connected. People chose a level, once again, that suited them.

Within CCP and Chrysalis some chose to participate fully, others reacted to social media posts with emoticons or comments to remain connected. Some did not enter the virtual creative spaces at all, but observed at a distance, pleased simply to have the groups in sight.

Many men expressed their pleasure after the online choir practices, despite the experience being altered from face-to-face interaction (Figure 32). The online singing sessions, compared to Chrysalis online meet ups, were more focussed on the creative activity. There was no expectation to talk or interact, although many did. My perceptions were that the online activity served as a reminder of a place where they felt belonging. It kept them tethered. No-one described it as an alternative or 'better'. It was, to paraphrase sentiments from my research participants, *'better than nothing'* and *'until we can meet again'*.

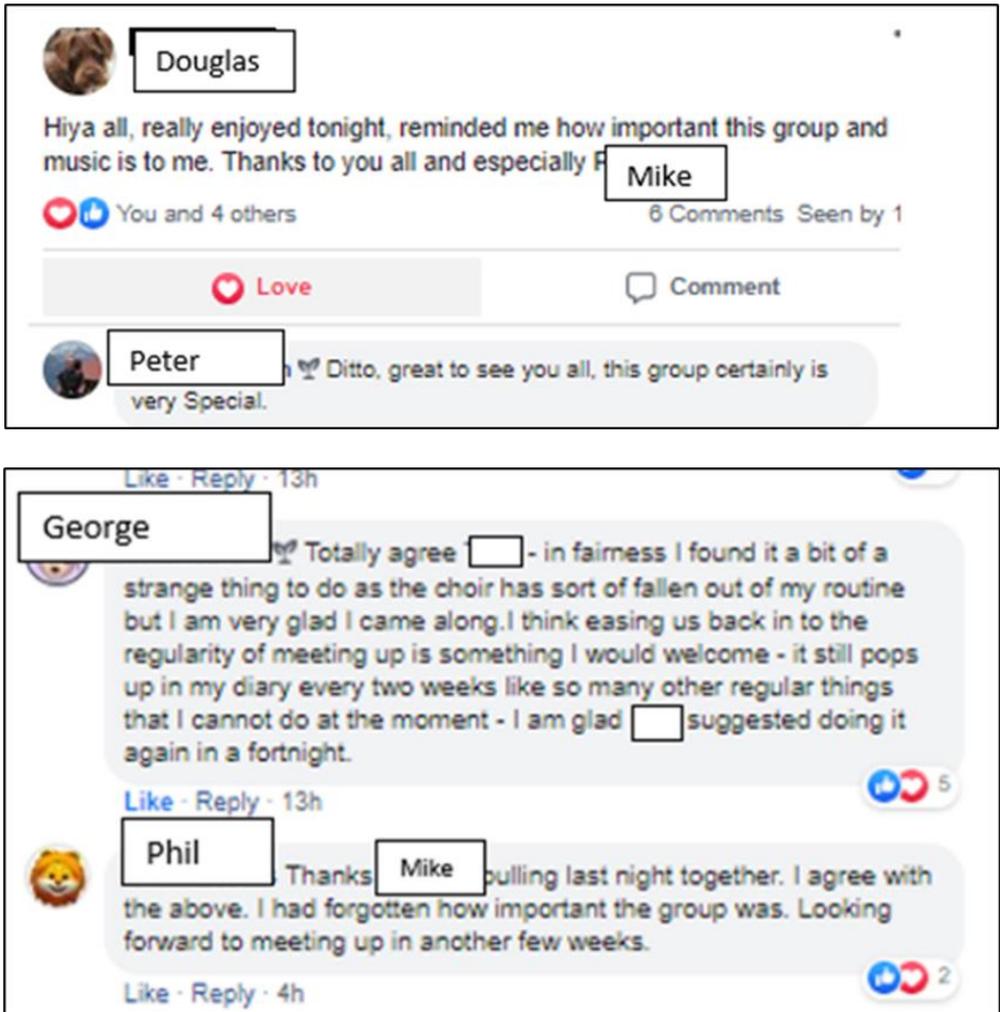


Figure 32. CCP Facebook interaction

Reading the comments from a few on Facebook provided restricted insights into the thoughts and feelings. Richer knowledge was formed from interviews, emails and live online sessions. Additionally, as Schneidermann (2018) had found from her research, my understanding was enhanced by the in-situ fieldwork. For my research participants, the nature of interaction within the online community, was also shaped by prior face-to-face contact. They drew on previous group experience and prior connection which filled the online interaction rich with tacit knowing, humour and familiarity.

### 7.3.5 Experiences within Chrysalis: Craft making, sharing food and hearth talk

Julie announced that we should help ourselves to soup. The bowls were in the kitchen, she explained and then headed towards the exit in order to drop Leona home. Minutes later, a few of us headed to the small kitchen and formed a queue, bowls in hand. The broccoli and stilton soup steamed in a big metal pot on the cooker, heated up and ready to go. It smelt delicious as I poured it into my bowl. Returning to the art room, I noticed Julie's homemade bread rolls unwrapped from their tea towel and laid on the table. Fiona placed her home baked lemon biscuits carefully next to them. Fiona, Esme, June, Barbara and Sarah and I sat around the table all towards one end. We ate in silence at first and I savoured the mouth-watering, creamy soup. We then began chatting quietly about soup, pets and football as we continued to enjoy our food.

- **Chrysalis fieldnotes 21/01/2020.**

My face-to-face fieldwork with Chrysalis primarily took place within the art space in Stoke town centre from September 2019 to March 2020. The central table in the room was the focal point of creative activity and social interaction. This space instigated what Hurdley (2013) described as 'hearth talk' (p. 217), the intimate social relations that occur in places that are deemed safe. This occurred during the creative activities such as weaving (Figure 33) and in the sharing of food, almost as in a family home, described in the vignette above.



Figure 33. Chrysalis participant learning how to weave with everyday materials

To set the scene of these intimate social relations I describe one day in January 2020, when Leona ran a Chrysalis workshop. She introduced an unorthodox technique of mixing soil with acrylic paint, which was then applied by spatula to a board. There was a buzz of excitement as an unprecedented 13 women turned up for this workshop. As a result, we squeezed ourselves around the table. The conversation was lively and loud.

There was lots of discussion between Sarah, Ruth and Barbara about what to draw. Fiona and I sat next to each other and decided on a subject matter quite quickly and set to work. The texture of the soil caused squeamish amusement and it was full of stones which frustratingly had to be removed. We grumbled, sighed and giggled. June sat next to me and alongside the light-hearted chatter, she spoke to me more directly about difficulties she was experiencing in relation to her illness. June rarely discussed her cancer-related struggles at the group, but today she was willing to share within this crowded space where no conversation was private. We offered sympathetic words and some, like Susan, had more practical advice.

As we talked, we worked. There was the sound of scraping as soil was applied to the boards (Figure 34). People got up from their seats to move around the room, reaching across the table to select paint colours to mix with the soil. This was a chance to see what everyone else was doing and Barbara made a point of offering praise as she peered over their shoulders. Others did the same. Occasionally, there were also lulls in the chatter as we focussed on our artwork, feeling no need to talk.



Figure 34. Above and left: Participants of Chrysalis creating their soil paintings

I did not find the task easy and needed to concentrate to direct the uncooperative materials. Many sighed as they attempted intricate detail. I moulded the soil mixed with paint using my fingers, eager to make my tree design into something vaguely recognisable (Figure 35).



Figure 35. The start of my soil painting

Fiona completed her soil application quickly. That day she did not join in the group conversation at all but focussed on the practical task. On other days she would raise her eyes after a period of intense focus and offer comment, clearly having listened carefully to the conversation around her. On this day Fiona demonstrated what it is to be absorbed in a flow state, focussed and challenged (Csikszentmihalyi, 1972, 2000). Although this state is associated with solitary occupation, in a social environment, focussed occupation brings a sense of connection. Our actions were synchronous, similarly to CCP. The synchrony involved laughing together, the simultaneous scraping and mixing. We produced different outcomes but connected through the sharing of processes, toil, materials and movement.

Intimacy and connection also occurred through sharing the close physical and sensory space. We were party to conversations, even if we did not speak. Eyes often remained lowered as fingers busied themselves with the task at hand. Conversation was, therefore, not direct or intimidating. Many personal and intimate topics were covered during my fieldwork with Chrysalis alongside the mundane and humorous. Topics of health, the menopause, relationships and sexuality. One day a participant leant towards me and quietly shared a concern with me that she might be pregnant. It was a revelation that such trust and openness could occur in this space. There seemed no topic out of bounds and I witnessed no judgement or unsupportive reactions. Creative activity provided a point of connection a central hearth where openness occurred.

## 7.4 Transformation

### 7.4.1 Transformation of attitudes

The transformative effects of such creative endeavours are not dissimilar to those identified in previous studies which demonstrated increased social cohesion and belonging (Brown and Novak-Leonard, 2013; Lyengar *et al.*, 2012). Some participants recognised cultural polarities, but noted changes in their own attitudes towards others over time:

*Being with people who don't fit the mould, who don't conform to the expected roles of gender or society has given me a broader understanding of myself and them as well –*

Kevin

Kevin's comment indicates that a change had occurred which he deemed positive. Phil also described how, through his involvement with others in the group, *'I have learnt a lot about myself.'* This personal transformation seemed to occur similarly for George after the first CCP project, in 2017-18. He described to me how the creative project *'forced'* him to share a space with other men, something he would not naturally choose to do. Hearing other men's stories, George tells me, made him aware that heterosexual men were under pressure also:

*I've never really hung around that many men before. I think that one of the things that I learned was that most of those men were very vulnerable in a completely different way than I was. I was targeted a lot because I wasn't seen as masculine. They were all seen as very masculine but felt under immense pressure to do all these things that they thought men should be able to do. I remember having a conversation with some of them and them saying, 'you're really free of all this pressure to man up' .... So, I suddenly thought that I've got a lot of power that didn't know that I had - George*

This knowledge empowered him, he told me, and allowed him more comfort and an equal place among those he previously feared. For most, this transformation took time. Eddie and Sean articulated this sentiment when describing their initial involvement with CCP:

*You looked at the people who walked through that door on those first couple of workshops and thought, crikey, I don't know how to take that person, I don't know what to expect. I don't know what to say, I don't know how I feel about it... through that process it has allowed me to be less judgemental in certain situations - Sean*

Sean goes on to indicate that the process made him more self-aware and more open to others:

*All of those peripheral fears, judgements and insecurities that I'd unknowingly carried with me for years, that project dissolved them all, over a period of twelve months[...]  
I've grown throughout this process, in terms of the ability to understand, communicate and network with people I wouldn't normally have chosen to socialise with. I've learnt that we've all got fears and insecurities and I'm less fearful of those now - Sean*

*We started to get closer, feeling more confident with one another. One day [Stuart] offered me a lift into Hanley and I looked at him, and he's got a huge beard, piercings and a tattoo, just the opposite to what I'm like myself. And I thought oh heck! This isn't someone I would normally mix with. Not that I'm a snob, but it shows how you judge by appearances. Now, we're so close - Eddie*

Both Sean and Eddie's statements describe altered outlooks because of the exposure over time that the project provided. They confronted prior prejudices of sexual identity and sociocultural difference and recognised a change in themselves. As facilitator, Mike also described how his perceptions and expectations of others have altered through experience:

*It's tempting to walk through life and compartmentalise people and say they're this type of person, I'm never going to reach them, they're a right off. But being involved in these sorts of projects just blows all those preconceptions out of the water – Mike*

An underlying theme from these men was how participation and running the groups challenged their stereotypical assumptions allowing greater comfort with others. These creative places 'forced' people together, people who, as Sean said may not normally socialise. They created opportunities for changed viewpoints, challenging normative behaviours and assumptions.

#### **7.4.2 Transformation of the self**

*If you want to dance, you dance! No inhibitions...there's nothing wrong with just being yourself - Peter*

As discussed, the facilitators created a protected environment, the safe space, where activities could occur relatively unselfconsciously. The practices within these spaces facilitated the transition from the external self of the everyday world with its mundanity, expectations and restrictions to a place where alternative ways of being seemed possible. The transformations that I discuss in this section are predominantly lasting effects, felt to be because of involvement in the groups. The long-term influence of participatory arts involvement is little documented and therefore, highly significant.

Illness can stigmatise and marginalise, as discussed earlier in this thesis and for June, creative involvement with Chrysalis offered an opportunity to overcome this. As discussed in chapter 6, she sought out Chrysalis as a distraction from her illness. Unlike her cancer support groups, within Chrysalis she felt could have an alternative identity, one without illness. Joining the group had:

*... re-awakened that I wasn't just about the illness, and there was a part of me that was still alive and ongoing and I needed to nurture...My focus was my illness, I was stuck in my illness. So, when I went to the group it re-awakened the fact that there were other things I can do. It re-awakened that I wasn't just about the illness, and there was a part of me that was still alive and ongoing...it really lifts my spirits and makes me feel independent, makes me feel that I'm capable, that I'm worth something. So very, very positive the effect that it's had on me. Other people, my family, everybody's noticed, from going to the group until now I've become much, much more creative, more myself, they're saying to me you're looking really well, more relaxed and happy in yourself' - June*

George similarly echoed how his creative achievements gave him a new confidence and counterbalanced feelings of redundancy that his stroke brought on. *'It was a proof for me that I could do something.'* It raised his self-esteem he told me. The groups gave June and George a place in which to prove themselves capable and build an identity away from ill health. This was not about a transformation from ill-health, but it aided wellbeing alongside it.

It was evident for the men and women in this study that social and cultural expectations also affected their sense of self in and out of the groups. Colin described how CCP empowered him to be different within his male-dominated work environment:

*I feel more able to share things...I was in the office with clients and they said, 'what are you doing this evening' and normally I would have just said, I'm just going out, or doing a thing, be very vague. Instead, I felt able to say oh, yeah, I've got choir, a rehearsal, and feeling able to share what we're singing. I feel more able to stand up for being myself and not feeling the need to join in all the time.*

He described to me how he had played audio clips of the choir to his colleagues and was surprised and bolstered by their positive response.

The common transformative narrative throughout this study is increased confidence gained by participation. George powerfully described the support he felt when undertaking the first men's project which was carried through into CCP:

*It was all like a big team thing, I felt really protected, that they'd look after me, even if something awful happened. I thought they'll not let me down, they'll help me...I feel like I've got a protective bubble around me, even though they're not with me. The [CCP] choir bubble!*

George's statement reflects the enduring influence that his sense of security and belonging had on him. George carried it beyond the creative space into the outside world, a place previously perceived as hostile and frightening. Both Colin and George described being irretrievably changed by their involvement:

*I've grown so much as a result of being involved in it. It's very hard to remember what I was like before, and actually I'm sometimes in danger of forgetting what it has given me. The ways I have changed. ...Learning to listen, being exposed to a more diverse group - Colin*

*I can't really remember a time before all this really happened...because it's left me so changed, that I feel really free - George*

Similarly, Eddie's long-term involvement boosted his confidence enabling him to express himself better:

*It's brilliant to have that freedom and to be yourself... In the last project I was really shy, whereas now I wouldn't think twice about making a suggestion in front of the group...Mentally, I've got a lot more confident since [the previous project] hugely so, I feel really comfortable as me - Eddie*

Therefore, rather than illustrating a transformation to a new self, these examples demonstrate how people gained the confidence to find and reveal their true self. For George and June, the creative activities served to help them reclaim themselves.

Another aspect of transformation that ensued from gaining confidence and social connection was the desire to attempt new activities. Participation in creative community groups has been found to empower people in a locality to take on new responsibilities and opportunities with their communities (APPGAHW, 2017; Margrove, Pope and Mark, 2013). Longitudinal data was gathered from AoP schemes which demonstrated increased confidence and self-esteem and involvement with new ventures (Stickley and Eades, 2013; Stickley and Hui, 2012a,b). Several of the Chrysalis women gained such confidence from their involvement and they grasped at additional opportunities. Encouraged by the facilitators of Chrysalis, Ruth participated in a local research project, which Julie told me about when I began fieldwork. Ruth also volunteered at the community bakery next door to the art space:

*It's helped me a lot. Because I'm not stuck in the house all the time. I feel better about myself and more confident than I used to be - Ruth*

The group had provided a springboard for her, a bridge which increased her social capital. As a person from outside Stoke-on-Trent, she was building her social connections and gaining experiences that could enhance her employability. Julie reflected on the women's varied levels of confidence and she believed that feeling ready to attempt new things came from a place of security. She used Barbara as an example:

*She has come such a long way...she's virtually leading things now and I love that. I really, really want to encourage her. She got the opportunity to do the ceramics project, the fellowship. I think she feels very secure within [Chrysalis] so something we've done there make people feel secure.*

The fellowship that Julie referred to was a role in a local project for disadvantaged children. Barbara talked about this a few months earlier when we travelled together on the bus to Chrysalis as we lived near one another. She was grateful that Mo and Julie were helping her apply for this local community art fellowship. The post offered training and she would be supporting activities with local people, she told me. However, she believed needed support to apply. She had no CV and needed guidance on how to construct one. A few weeks later she announced to the group that she had gained it and received rapturous congratulations and Barbara, who could be quite self-deprecating, beamed proudly. She attended for several weeks after that, but the comfort she had gained at Chrysalis did not translate into the fellowship:

*I loved the opportunity. I got to go to Liverpool and see all the different art. They were brilliant. And trying to work with the gang, and the project. The project's a brilliant project. Don't get me wrong. Yeah, just wasn't me - Barbara*

Barbara explained to me how she felt different from those who ran the project. They had degrees and were artists, she told me. As a result, she did not feel comfortable or confident, something she stressed was not due to others' behaviour but her inability to relate and feel competent. Returning to bridging social capital, Barbara felt unable to connect due to a perception of an unequal social position. The bonding and what she saw as similarities in others brought her discomfort and feeling of exclusion, evidenced in previous literature (Hampshire and Matthijsse, 2010; Leonard, 2004). She felt secure again, she told me when

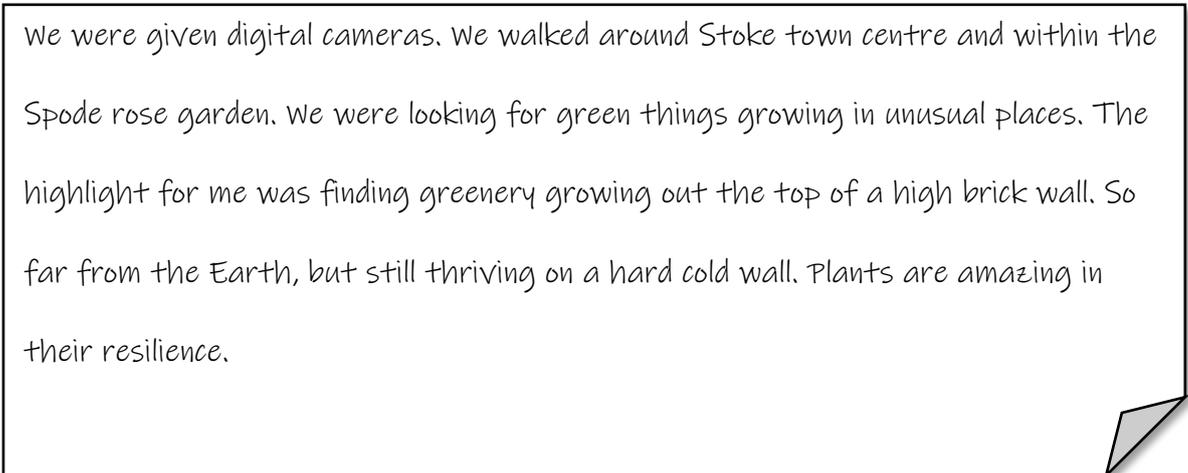
she returned to Chrysalis: *'I'd got into a routine that I'm comfortable with, and I feel safe in now. I tried something new and it just wasn't for me.'* Despite her lack of self-belief Chrysalis had provided Barbara with new experiences and she made it clear that she had gained confidence over time.

It was also evident that for the men of CCP, connections encouraged additional opportunities. Colin had explained how he had got more involved by volunteering in the arts scene in the area. Eddie spoke of how he, George and Stuart volunteered at a hub for the homeless and *'even ran a choir there!'* Aaron, who had run an African drumming group in Stoke-on-Trent for a number of years, explained how, inspired by Mike and members of CCP, he was eager to run an African singing choir. With their support he achieved this and was buoyed by its success.

Many of my research participants were keen to describe the confidence they had gained from their involvement in the groups. I believe such personal transformation came from an environment of 'safe danger' (Camlin, Daffern and Zeserson, 2020, p. 11), the feeling of security and confidence where risks were taken in a perceived secure environment. The groups offered for many, a place to "rehearse new behaviours in a supportive environment" (Raw, 2012, p. 301). Some of these new behaviours were permanently transformative and carried into people's wider lives, beyond the groups.

### 7.4.3 Creative activity to transform place

As discussed earlier, place is formed from interrelations within a space (Massey, 2005). Therefore, perceptions of place are changeable and dependent on what occurs there. I now explore how such perceptions were influenced by creative participation. It was evident that several of my research participants perceived Stoke-on-Trent as a place of deprivation, dysfunction and sometimes hostility. Statistically, it was an environment not conducive to good health and wellbeing. However, the participants had found places constructed by Mike and Julie, which altered experience of place.



*We were given digital cameras. We walked around Stoke town centre and within the Spode rose garden. We were looking for green things growing in unusual places. The highlight for me was finding greenery growing out the top of a high brick wall. So far from the Earth, but still thriving on a hard cold wall. Plants are amazing in their resilience.*

Figure 36. Marie's diary extract

Marie's diary extract (Figure 36) describes an outing with Chrysalis some months before I began my fieldwork. It hints at her drive to flourish, even in a harsh place. A study of community arts festivals in Wales by Brownnett and Evans (2020) describes arts events in spaces such as pubs and beaches which change associations with place. This approach resonates with the intersection of creative engagement and the ordinary, sometimes hostile environments within my study.

As an example, the art room of Chrysalis was characterless on the exterior and in an ugly part of town. The creative and social experiences within the room transformed the feel of it and created new associations and possibilities. Occasionally, the Chrysalis group left the art space and one very cold and blustery October day in 2019, we attended an arts conference held nearby. The theme of the conference was community engagement. The women had been preparing for it for months, as they were to be part of a time capsule event for the delegates. The concept of the time capsule was to place significant artifacts into a sealed container for burial, to be unearthed by future generations.



Figure 37. Chrysalis time capsule event

The location of the event was on the fringes of another of Stoke-on-Trent's six towns. The women had made multicoloured handmade paper for it which I had helped with at the start of my fieldwork. At the event people wrote their hopes for the future and placed them in an urn buried beneath a local sculpture, 'Golden', a £180,000 structure by Wolfgang Buttress (Figure

37). The sculpture was at the site of a former steelworks and represented the ex-industrial nature of this site. Its rust red metal frame contained small lights that shone when dusk fell. Julie explained to me that Chrysalis had been involved in the sculpture's production a few years previously. Within each small bulb pieces of paper had been placed, with, once again the hopes of the members of the Stoke-on-Trent community. The site was now an urban green space, little visited and barren. Days before this event, the sculpture had some graffiti cleaned from its surface.

Pam, Susan and I travelled by taxi and chatted all the way. They were keen to talk positively about the group and their creative interests. We arrived at the hillside and spotted a small gazebo with a flag attached and about six people huddled underneath. We were late and Susan ran to help Julie. The gazebo held on tight in the biting wind. Julie had brought flasks of hot tea and coffee that some were drinking. In the distance I could see the Chrysalis women dotted around, some around the bottom of the towering steel sculpture. It was dark against a dark grey sky. Everyone was intent on their tasks of writing. Some people sat at a bench, others on the ground overlooking the view down on to the city. Despite the wind and cold, everyone wrote their hopes for the future on the small, coloured pieces of handmade paper. Barbara and Sarah took pleasure in recognising some of the papers they had produced. We gathered at the foot of the sculpture and placed our hopes in the urn which sat next to a freshly dug hole (Figure 38). The lid was replaced, and the urn buried. It was not deep enough, people muttered, worried that someone might tamper with it. This commentary conveyed a shared belief of hostile elements within a space, safe at that moment, but not always. It also reflected that they cared about the activity.



Figure 38. Our hopes were written on handmade paper and placed in the time capsule

The fragile pieces of handmade paper prepared by the Chrysalis women, with hopes and dreams scribed onto them, had become physically part of the landscape, unseen. This contrasted with the visibility of their other artworks, described with pride by Barbara as *'out in the open, not just shoved in a cupboard, so it's out in the open, everyone can see what you've done.'*

The area had masculine, industrial associations, but temporarily had the presence of a predominantly female group of community artists.

The sculpture served to remember the past, but the activity of this event was about looking to the future. In chapter 5 I highlighted some positive and negative perceptions of place and nostalgia for times gone by. I felt that the event encouraged me think positively about the future although I cannot assume the same for the others.

When the task was completed, we returned to the gazebo and the cold wind scoured my skin. We giggled due to being jostled by the increasing cold blasts. Unasked, five of us set about dismantling the makeshift shelter, placing chairs, paper and flasks of coffee into the back of Julie's car. Goodbyes were swapped and we swiftly dispersed to our homes. This unspoken support and sharing of responsibility recurred as a theme and was discussed by Barbara in interview; *'I like helping out [...] so Julie's not running around like a headless chicken.'* With everything packed away, the landscape return to a mixture of green, scrubby grass, smudges of brown earth with the towering dark form of the sculpture dominating the horizon.

Some of the most intimate times spent with CCP were when we huddled outside the doorway of the theatre where practices were held. The theatre was often locked and in darkness as there were never regular performances on and we had to wait for Mike to let us in. The area felt intimidating, near the bus station, quiet, except for some raised voices in the darkness and

people standing in corners. I often arrived first, feeling nervous, exposed. George arrived one evening with his partner, *'It's okay'* he laughed, instructing him, *'You can go now, I'll be safe as Jeanette will protect me!'* Seemly light-hearted, his statement reflected a real fear of waiting alone, connected to his narrative of masculine threat. Once the men started to gather, there was laughter, talk of music and singing and the place was transformed. I felt my previous tension dissipate.

These examples illustrate how harsh places of perceived threat were changed by people coming together. They were altered by the gentle, hopeful exchanges and actions in redundant places. Creative engagement therefore encouraged placemaking and reimagining of community. The formation of creative spaces within an area of deprivation served to reshape perceptions of place and belonging (Corcoran and Marshall, 2015).

### **7.5 A return to face-to-face contact**

The COVID-19 lockdown had halted all physical contact within the groups and many expressed a sense of loss to me. Barbara told me in her online interview that she could not wait to get back to the group. Ruth and others messaged Julie regularly about when they could re-group. Through the Facebook chat initially, there seemed to be an unrealistic optimism that that would happen sooner than was possible. Some resisted online activities and Pam wrote, *'I'll just wait until we meet.'* None of us knew it would be 15 months until this happened.

My fieldwork was scheduled to end after 12 months which coincided with a loosening of COVID-19 socialising rules. In September 2020, the UK government lifted some lockdown restrictions and community groups were allowed to meet in outdoor spaces. As I had been physically apart from my research participants for so long, suddenly discontinuing associations at the end of fieldwork was difficult, particularly in the light of these new freedoms. I had

formed bonds and shared experiences with these people, many of whom had divulged very personal aspects of their lives with me. It raised the question of how to end my fieldwork and return to the academic realm (Adeniyi, 2021). I recognised it was necessary to step back from the field to gain an overview of data and get some perspective.

When relinquishing my role as participant, I communicated the reason for my absence. I had updated Julie and Mike throughout, of my doctoral progress and I proceeded to explain through social media to the others that I had completed my fieldwork. However, I was not ready to cut all ties. As anthropologist Ruth Behar reflected, when our bags are packed and we leave the field, we may become too separate, too distant from those we have learnt from (Behar, 1996). I did not want to distort or to create caricatures of people through this distance. To paraphrase Astuti (2017, p. 10), I was concerned that the passing of time and distance might exoticise and exaggerate. Therefore, I stayed connected. In this way, my analysis of fieldnotes and other data stayed grounded in reality. However, although post-lockdown experiences would have held valuable information, my focus was not that, it was to concentrate on the period of time that my participant observation occurred.

Therefore, I left the field but continued to attend occasional online and face-to-face activities during this time, despite no longer gathering data. I asked the women in an online meet-up if this was okay and they repeated a refrain I had heard a few times during my fieldwork. To paraphrase, the sentiment was that I was now one of them and always welcome. I kept up with the social media posts from both groups which captured the excitement about the prospect of face-to-face activity that was announced.

Despite the ability for people to meet in groups outside initially, it was not practical for Chrysalis to do this, and it was not until spring 2021 were the women able to meet again when they gained funding for a suitable indoor/outdoor space. They rented an allotment close to the

art space, with an airy hut close by for use on wet days (Figure 39). Julie worked hard, preparing the plot and planting and building interest and excitement through social media. I felt, therefore, still connected through regular posts and photographs. Social media had become much more embedded into the social interaction of Chrysalis because of COVID-19 and over time, new names appeared in the chat, of people I had never met.



Figure 39. Chrysalis members gathering at the allotment June 2021. Photos from the organisation's blog

Prior to this, one September afternoon in 2020, twelve of the CCP men met face-to-face for the first time in 6 months. I gained insights about what it had meant to be physically away from the group. Abe told me, *'I miss being creative with others that don't judge you but encourage you to try something new.'* In this way the confidence to attempt new things was lost for him. With some nerves at the unfamiliar close proximity, I stood with them on a quiet bowling green in a public Stoke-on-Trent park (Figure 40). For many of them the COVID-19 lockdown, and resulting limited social contact, had made them reticent to re-engage. George describes the anxiety he felt:

*I felt how agoraphobic people must feel, I just felt everything was too big, and the space was too big. And I was worried about meeting people, I was worried about whether people would want to come in for a hug or not...the only motivation to do that*

*was the choir bit. And that was the pull. And after I'd done that, the second week of doing it, it felt loads better, walking through the park felt okay - George*

George explained that despite his fear, he attended out of a loyalty to Mike and the others. The meeting, however, re-awakened the creative joy he only experienced when singing in a group. It also helped him re-acclimatise to company of others.



Figure 40. The CCP choir meeting face-to-face September 2020

Gradually, more and more members from both groups took part in these face-to-face activities and new people joined. Others did not return. A systematic review of visual arts engagement for adults with mental health conditions identifies that involvement in creative activities aids social reconnection for people who have been isolated (Tomlinson *et al.*, 2018). Although the online activities had served to keep people tethered to the groups, face-to-face contact had the potential to aid a re-entering of the physical world.

## 7.6 Chapter summary

In this chapter I have unpicked the experiences of people who came together with creative purpose to uncover the wider significance they held. A key outcome of participation was that trust, respect and reciprocal behaviour abounded, the epitome of social cohesion (Kawachi

and Berkman, 2000). Some were bonded by aspects of social identity and experience, but bridging and boundary crossing between diverse people also occurred. Within the groups they found common ground, connection and developed an understanding of others' experiences. The trust people felt created an intimacy and the ability to reveal vulnerabilities.

Group interaction provided a sense of collective identity where strength was gained to achieve things believed they could not do individually. This was strengthened when artwork was used in the public domain and public performances were undertaken. The collaborative and collective production helped people gain social and cultural capital and a presence and identity within the groups. Their sense of self was also extended outside of the groups and into the wider community through the creative product as Belk (1988) had theorised.

This exposure to the wider community served to reconnect people who were socially excluded from mainstream society, aligning with the findings of Bailey and Davidson (2005). Being visible provided a means to challenge stereotypes, particularly of mental health and gender.

CCP and Chrysalis also functioned as places of transformation and learning. They acted as informal advisory groups where social, practical and health advice was offered by attendees and facilitators. They created empowerment, encouraged learning, transformed attitudes and reduced feelings of social isolation. For many, the increased social and creative confidence gained from participation enabled a renewed connection with society and a springboard to new pursuits.

Overall, my exploration of experiences and the meanings demonstrated that the community groups were catalysts for social, personal and creative experience. It is the combination of these elements that create overall positive wellbeing experiences for my research participants, rather than the creative activity alone. Subjective experience has been theorised

as a combination of past, present and also future anticipation (Blaiklock, 2017). In this way, the creative experiences described were not only about the immediate or the future outcomes, but an amalgamation of these three elements. This, and the previous two chapters have highlighted key elements that formed nuanced experience of creative participation that held similarities and also differences for those within the same creative place. In the following discussion chapter I will draw these together in relation to the initial research questions posed.

# CHAPTER 8

## DISCUSSION

### 8.1 Introduction

This doctoral study illustrates how community art participation supports the health and wellbeing of people in a socially disadvantaged area and amongst a population with poor health outcomes (Ministry of Housing, Community and Local Government, 2019; Public Health England, 2020). I sought to unpick creative experience and meaning, not in isolation, but the context of people's lives. As a result, it was evident that an array of personal and societal factors influenced motivations and experiences within CCP and Chrysalis.

In this chapter, I return to the original research questions concerning what was already known and the gaps in knowledge that this study sought to address. My discussion is a synthesis of the key findings in relation to the concepts of space, place, motivating factors and structural barriers. Within it, I draw together the data to understand the broader implications for transferable practice, including how the approach, delivery and activities encourage social interaction and provide opportunity. I reflect on this study's contribution in relation to methodology, theory and practice and present implications for policy and the potential of creative community practice for health and wellbeing.

### 8.2 What was known and what this study sought to understand

Earlier in this thesis, I highlighted the increasing knowledge base and advocacy for the benefits of creative activity, specifically for physical and mental wellbeing (APPGAHW, 2017; Cutler, 2020; Cutler, 2021; Fancourt *et al.*, 2016; Tomlinson *et al.*, 2018). This evidence, and that from AoP interventions, has helped support the integration of the arts into

recent healthcare strategies in the UK (Bungay and Clift, 2010; Crone *et al.*, 2018; Van De Venter and Buller, 2015).

As discussed in chapter 3, studies have predominantly focussed on the physiological and mental wellbeing impacts of a specific creative activity (Fancourt *et al.*, 2016). What was less well-known was the influence of wider personal, socio-economic and environmental factors on the experiences of creative participation, particularly for marginalised people and the longer-term effects (Daykin *et al.*, 2018; Martin *et al.*, 2018).

The social determinants of health, such as class, race, education, gender and environment are widely recognised to impact on wellbeing and health (Public Health England, 2017a; World Health Organisation, 2022). These factors influence access to resources that can support wellbeing and are argued to restrict decision-making and opportunity for certain people in society (Abel and Frohlich, 2012; Cockerham, 2005). My study participants were a heterogenous group of individuals and my data illustrates how their lived experiences were impacted by some of these determinants. These factors determined their place on the social gradient, known to result in different health outcomes for different people (Bernt and Colini, 2013; Marmot *et al.*, 1991; Marmot *et al.*, 2020).

The theories and literature that additionally directed my focus were that of social capital building, interconnected with concepts of structural and social conditions which foster or constrain health and opportunity (Carpiano, 2006). I refer to the conceptual model in chapter 4 (Figure 2), in which I brought together concepts drawn from the literature to guide my analysis, specifically how individual experience may intersect with social and environmental factors. My analysis led me to explore the characteristics of CCP and Chrysalis, which may have provided opportunities for social connection, as it is understood to enhance health outcomes, particularly for the disadvantaged (Western, McCrea and Stimson, 2007).

A lack of societal positioning and power has been theorised to reduce the ability to build social capital and bridge as easily across social orders (Hampshire and Matthijsse, 2010; Leonard, 2004; Lynch *et al.*, 2001; Szreter and Woolcock, 2004). I considered my data through the lens of social capital building and how bridging and bonding social capital may have aided or reduced a positive experience for my research participants. As Leonard (2004) highlighted, one must critically appraise the notion of social capital building because bonding, even within a seemingly strong network, may exclude those within it.

This study sought to understand who, how and why people attended these creative groups within an area of multiple/nested deprivation, particularly as better economic status has been tied to higher levels of arts participation (DCMS, 2020). Bourdieu (1984) is renowned for his theories of class as a critical indicator of cultural consumption; however, others have more recently argued that ethnicity, education and gender must be considered (Chan and Goldthorpe, 2007; Phillips *et al.*, 2014). This understanding directed the focus of my data analysis in order to address my research questions.

### **8.3 What this study revealed**

My findings, across chapters 5, 6 and 7, powerfully demonstrate that creative engagement for my research participants was intertwined with the contextual influences of place, personal biography and the broader determinants of health. This included motivating factors for facilitating the projects and the participants' involvement. Wider context and lived experience were inseparable from the value people placed on engagement with CCP and Chrysalis.

One research objective was to better understand the nuances of creative participation for people in a place in time, as personal experience and social context are found to be little accounted for within quantitative data collection (Belfiore and Bennet, 2010; Daykin *et al.*, 2017; Judge and Bauld, 2006; Ings, Crane and Cameron, 2012; Orford, 2008). My findings

demonstrated that experience comprised of a collection of elements and meeting of trajectories, which created unique experiences and outcomes (Fox, 2012; Massey, 2005). A study in a different region or with different facilitators and participants would have offered alternative findings, even with the same type of activity. Experience for those within this study was also subjective and motivations, experiences and meaning were not identical, but influenced by social and structural norms and constraints alongside creative and social interactions. This understanding is key in developing and delivering arts for health programmes with particular communities in mind.

The practice approaches and challenges faced became key findings and are discussed further in this section. In order to provide broader insights, I consider to what extent elements of good practice and the challenges experienced may be relevant and transferable to other regions and communities. I elaborate on the nuances of these creative groups next as I unpick the importance of the characteristics of the projects, participants and facilitators.

### **8.3.1 A tailored approach: inclusivity and accessibility**

My conversations and interviews with the facilitators, alongside witnessing their actions, made it evident that their approach and delivery were in response to local health, wellbeing and creative needs. My study has revealed that the creative projects were born out of a perceived lack of creative wellbeing opportunities in an underserved and deprived region. It was Mike and Julie's embeddedness that enabled a robust local understanding which helped shape their projects. This local knowledge and experience, identified as critical to community projects by Murray and Crummet (2010), helped form tailored provision suited to the capabilities and requirements of those in the locality. I witnessed, during fieldwork, not only the facilitators, but participants too, recognising a need within their community and understanding what approach and resources were suitable.

Accounts within this thesis reveal that the facilitators' expertise and delivery was appreciated by participants. My data reveals how flexibility, support and a sense of agency encouraged enjoyment and promoted wellbeing outcomes. Both creative groups had an underlying ideological approach to making a positive difference in the local community. It was one of inclusion and support to encourage health and wellbeing in a place where there was a lack of provision. As people on the margins are often overlooked and excluded from social participation (Leonard, 2004), it was encouraging that these projects seemed to promote, not only inclusion but social participation.

This desire to make a positive contribution to the lives of the participants and improve wellbeing aligns with the key characteristics of participatory arts organisations (Crehan, 2011; Daykin, 2020; Jeffers and Moriarty, 2017; Kelly, 1984). Attention to safety and accessibility, including an emphasis on free activities, enabled participation from a wide demographic. Mike and Julie paid particular attention to suitability for all abilities, particularly those with little prior experience or skills. Additionally, there was no pressure exerted to create or participate, which has been found to create tension in choirs, for example (Clift *et al.*, 2016). My study reveals the enthusiastic and regular participation from many who lacked social confidence and external social networks and is a testament to the ethos of inclusivity.

The inclusive nature of the projects also involved the regular exchanges of ideas and support between the facilitators and participants, described in chapter 6. Co-production and responsibility were encouraged within the projects, with various levels of uptake. Many relayed with pride the part they played in collaborating creatively, supporting the facilitators and promoting the projects to the wider community. My findings illustrate how forums such as the CCP steering committee can foster ideas and co-production, but they also demonstrate

a potential for conflict and frustration. Some tension was evident in data from CCP members, but there was an acceptance of the overall hierarchies and final decision-making process.

Participant input and collaboration are identified by Crehan (2011) as a motivating factor within community activities and my research participants valued their part in the projects. It was clear that this contributed to their sense of belonging and group identity. However, full co-production was difficult to achieve. The leadership, vision and guidance of Mike and Julie were embedded within the positive experiences of my research participants. The facilitators steered the activities and set parameters which ultimately shaped these inclusive, safe, wellbeing communities.

For those involved, it was this approach and these specific characteristics of participation that were important. Chapter 6 describes how people had attended other creative activities in the area and described them quite differently. They referred to other art groups and choirs as strict, business-like and rigid. Many activities were too expensive or difficult to get to, something particularly highlighted by the women. Other choirs in the area, the men told me, were too formal and traditional due to repertoire and the wearing of uniforms, something I witnessed at the Stoke Sings event. The accounts relayed in chapter 5 demonstrate how structural norms and expectations found in institutions such as places of education and workplaces excluded some and seemed replicated in other local creative groups and activities. Similarly to the findings of Murphy, Kroeper and Ozier (2018), the norms of these places created discomfort.

In contrast, the participant-centred approach of accessibility and flexibility set CCP and Chrysalis apart from several other organisations encountered locally. A sense of control and choice was something that motivated regular and long-term engagement and this was repeatedly highlighted as a positive factor. Agency is described as the key to wellbeing in arts

for health projects, facilitating a sense of empowerment (Derges *et al.*, 2014; Tierney, 2020). Throughout my 12 months of fieldwork, I observed how the facilitators skillfully accommodated each participant, sensitive to their requirements. This study illustrates how there was a place in the choir, even for those who could not sing and crafting tasks devised by Julie to suit all levels. Throughout my days and evenings within these groups, even during the pandemic, I witnessed the tireless effort exerted by Julie and Mike. Their gentle enthusiasm encouraged and guided participation.

The nuanced nature of the creative experience was, therefore, complex. I may have attempted to predict how it would be in an all-female craft group, but I could not have anticipated the specificities and nuances of creative and social interaction. Ethnographically, I experienced the rhythms, routines and underlying essences that came from the combination of elements in both groups. As Tuan (1977) theorised, these spaces became places with 'felt value' (p. 4). It was sensory, material and social. The social and creative encounters enabled a sharing of the past and the present, creating collective memories and bonds to a place specific to these people at a place in time (Casey, 1996; Plunkett, Phillips and Ucar Kocaoglu, 2018).

Characteristics of place, including the health of the people within it, formed the bedrock for the creation of these projects and guided the approach of the facilitators. Each group held particular characteristics shaped by the context, delivery, processes and the people who took part. My analysis also identified the characteristics and importance of the safe space within both projects which dominated this study and I will discuss this next.

### **8.3.2 The need for a safe space**

An initial objective of this study was to understand better the nuances or characteristics of participation. Perceptions of the safe space were powerfully felt within these groups across my data set. This concept of the safe space has previously been highlighted as important in

creative and group interaction, often in more health focussed settings (Clayton and Potter, 2017; Lawson *et al.*, 2014; Macpherson, Hart and Heaver, 2015; Reynolds and Lim, 2007; Reynolds, 2010; Secker *et al.*, 2007). For the people who attended CCP and Chrysalis, feelings of safety within the groups were also clearly key to a positive experience. There were several key factors which created perceptions of safety and I unpack their significance on wellbeing in the wider context of this study.

As discussed in the last sub-section, the facilitators understood well the community in which they worked, including health, societal and structural factors that impacted people's lives. They initially constructed these creative, safe spaces with this in mind. The governance and care of duty within community groups in health referral programmes has been a concern for stakeholders (Polley *et al.*, 2017b). My data reveals the practices that were adopted to mitigate risk and harm within both CCP and Chrysalis. Safety was not an afterthought but was carefully considered by the facilitators and participants alike.

Mike and Julie held overall authority and accountability and carefully considered risk. Each group was also accountable to funders, with a requirement to evidence the outcomes and benefits of the projects. CCP produce in-depth evaluation reports with case studies to demonstrate the benefits from participation. Chrysalis, to a lesser degree (potentially due to smaller funding grants), also produced evaluations for their stakeholders. The participants also felt a sense of shared responsibility for maintaining and protecting the safe space. My research participants co-constructed the places they perceived as safe and free from external threat. Participants demonstrated a sense of agency when protecting these places of comfort, belonging and safety.

For both the men and the women, gender behaviours and expectations intersected with other social determinants throughout their lives to impact on wellbeing. The theme of fear, mistrust

and unease permeated the narratives within this study the need for the safe space within the creative groups proved important. I remind you of Bruce's powerful account of growing up, hiding his creative interests for fear of structural and physical hostility:

*...I wrote bits of poetry and things, I was incredibly embarrassed [...] boys didn't write poetry. Music was a subject that I just didn't dare do because from the bullying aspects, I would have been seen as a big sissy... - Bruce*

Within the creative spaces, however, people described a freedom to be themselves, including a lack of pressure from either gender. The external environment and lived experience of the participants, therefore, contributed to their motivations to engage and were pertinent to their appreciation of the safe spaces.

The gendering of space that Spain (1993) discussed, appeared absent in these single-sex spaces. The men particularly found male environments and behavioural norms intimidating and restricting, but within the male creative places, they described ease and comfort. Hierarchical social structures and unequal power relations, known to impact on wellbeing outcomes (Connell and Messerschmidt, 2005; Evans *et al.*, 2011) did not appear to impact negatively on the participants.

It was, once again the delivery and practice knowledge of the facilitators which built these places. As Mike described, parameters and expectations of behaviours and protection were set and understood, which enabled the formation of these safe spaces. The unspoken but understood co-creation enabled people to be themselves, feel comfortable and enjoy 'safe danger' and risk-taking (Camlin, Daffern and Zeserson, 2020, p. 11).

Stengel (2010) emphasised that the creation of a safe space cannot guarantee the absence of fear, as stigma and structural violence may still exist. Indeed, within my data, social unease is

expressed by some, including Ruth, who said in relation to newcomers entering the space: *'I get nervous when there's new people. New people coming in all the time.'* This is important to consider in a project open to the public on a week to week basis. Although this offered a challenge to the safe space it did not stop participation, even from Ruth, who came each week. The practices of the facilitators and participants in this study helped to maintain the sense of safety.

Overall, trust, support and a sense of safety was the sentiment which dominated my findings. These practice approaches could be replicated in similar communities. Safe, unjudgmental places for wellbeing would provide a vital resource, particularly in areas characterised by multiple deprivation and for people who feel vulnerable and constrained by destructive societal norms.

### **8.3.3 Social connection facilitated social capital building and transformation**

Across my data, it was evident that perceptions of safety and trust, discussed in the last subsection, facilitated social connection. These findings aid an understanding of the mechanisms and processes of social capital building for diverse people who may lack power and status. The mutual support, trust and interaction evident within these creative groups epitomised the concept of social cohesion that facilitates bridging social capital (Carpiano, 2006; Claridge, 2018; Kirkby-Geddes and Bravington, 2013). People gained a collective strength, achievement and opportunity through engagement alongside others in these places (Durkheim, 1897, 1951; Kawachi and Berkman, 2000).

It was the conditions and characteristics of the creative places, discussed earlier in this chapter which enabled the building of social capital, despite structural constraints and social disadvantage. Returning to the theories of Carpiano (2006), these groups created conducive conditions and possibilities that enabled people to meet, connect and have positive health

promoting experiences. However, I do not ignore the challenges that were faced in running and attending the groups. I also recognise that there are unaccounted for factors that prevented attendance from others in the local community. For these people, the conditions may not have been conducive.

As illustrated in chapter 6, some people only attended once or twice. They did not feel able to penetrate existing perceived bonds and, for them, the fit was not right. Similarly, within Chrysalis my findings demonstrate that memories and cultural commonalities formed a large part of the social interaction. People were not deliberately excluded, but not all joined in. However, unlike the negative findings of bonding within community groups in other settings (Leonard, 2004), bonding did not reveal itself as preventing the building of a cohesive community with the group, but demonstrates the realities of social interaction despite the best intentions.

For most who participated, bridging social capital and inter-group cooperation enabled an exchange of knowledge and, for some, support to try new things. My study demonstrates that even though many of the participants lacked opportunity and power in some areas of their lives, they gained a social network which enabled them to obtain new skills. Springboard activities occurred from attending the groups and they provided a bridge to new ventures. Several participants were encouraged and supported to apply for roles in the wider community, such as volunteering, self-employment and creative community projects. This was a positive secondary outcome that ensued from involvement within CCP and Chrysalis.

From my analysis of this study, it is evident that social capital building led to a strong sense of group achievement and identity within the creative projects. Such group identity has previously been shown to enhance wellbeing, particularly for the disadvantaged (McNamara, Stevenson and Muldoon, 2013). My research participants frequently used collective pronouns

when discussing their involvement. It was clear that they felt a shared intention and sense of purpose. Allegiance was demonstrated through their actions: the giving of time, energy, food, responsibility and support.

The people who gathered in these safe spaces described the common ground they built despite other differences, as Crehan (2011) had previously identified. These places were almost a no man's land, where, as mentioned in chapter 5, it was felt that there was an amnesty from societal barriers and constructs. Interestingly, many referenced the fact that it was because they were all very different that they formed connections. They were a type in this way, but not framed by age, class or health. Barriers were reduced, as Matarrasso (2019) had discussed in reference to outcomes of the participatory arts. These creative places seemed to remove societal barriers of class, education, age, health and geography. Creative engagement enabled bridging across social and cultural divides, found previously to encourage social capital building (Kirkby-Geddes, King and Bravington, 2013). For some, transformation involved increased social confidence and the freedom to express themselves in the safe space (Kenney, 2001). For others, it enabled the formation of a new identity, away from constraints such as ill health, as evidenced by Lawson *et al.* (2014).

It was clear that these places encouraged inclusivity and difference and, because of that, diverse lived experience intermingled. Within the social constructionist perspective of this study, my findings demonstrate that attitudes and viewpoints were altered by social interaction. Perceptions of place, others and self were changed within these creative social communities as a result of their encounters (Burr, 2015; Morrison, 2006). Bridging was a dominant factor that positively impacted on experience across the study. A transformation of attitudes and opinions was clearly evident and, as Murray and Crummett (2010) found, people

described a willingness to accept others and a desire to understand more about them. Many expressed a joy of meeting and learning from others different to themselves.

However, I do not claim a utopian environment of equal trust and reciprocity as Putnam (2000) had been accused of. There was a strong bond particularly evident between the longer-standing members of CCP with their shared history. It manifested in their behaviours around one another and their choice to spend time together. Cliques and social hierarchies have been evidenced to create tensions in community projects (Bolam, Murphy and Gleeson, 2007; Daykin *et al.*, 2020; Hampshire and Matthijsse, 2010). However, data collected from many of these men showed an awareness of guarding against forming a clique, as they were mindful not to exclude others.

My findings also indicate that the confidence gained from strong bridging and bonding in one environment may not be felt in other spaces. In chapter 7, I illustrated how Barbara's confidence was buoyed within Chrysalis, which encouraged her to take on an external volunteering role. However, the discomfort she felt in attempting to bridge into this new project and across social orders exemplifies feelings of marginality. She believed that the new group were bonded by education, culture and class, characteristics Barbara felt she did not possess. The confidence and connections built in one space did not translate to that particular new environment. However, even attempting such a challenge may not have occurred for Barbara prior to her involvement with Chrysalis. I argue that strategies to harness new found confidence built in bonded community groups may afford people further opportunities to bridge into the wider community.

As with Massey's theories, the interactions and new experiences created a unique sense of place for people where they could construct new ways of being (Massey, 2005). The transformative effects of creative participation have been unpacked in previous studies,

although they primarily focus on individual action and outcome (Lawson *et al.*, 2014; Matarasso, 1997; Reynolds, 2010). Expanding on this, I witnessed how transformation was not simply an individual response but the result of social, material and creative interaction. The creative projects also helped facilitate a more positive sense of place within Stoke-on-Trent. In chapter 5, Marty described her perception that people were reluctant to engage in places of disrepair. However, the people in this study chose to engage with these activities within Stoke-on-Trent city centre, with some travelling from more salubrious places, despite the environment of disadvantage.

The social and transformative nature of participation was not the same for all, or described by all. However, for many it had a profound and lasting impact which extended to the wider context of their lives. It helped people to overcome social isolation through engaging with others creatively. I emphasise that many of my research participants did not identify as socially isolated or disconnected. Nevertheless participation encouraged them to fulfil new aspirations and challenges, facilitated by positive social connection and support.

#### **8.3.4 Sampling and the transferability of findings**

Here I return to the topic of sampling to consider the transferability of my findings. As discussed in chapter 4, probability sampling was not used within this ethnographic study (Acharya *et al.*, 2013). My sample came from those who chose to attend and run these particular creative projects over 12 months. However, I unpick the characteristics of my research participants to understand how representative they may have been of the people within the region.

My research participants were predominantly White and English, although non-English attendees were present in the groups, but some did not have the capacity to consent, others decided not to (see 4.6.2). Although I have stated that the groups were designed to be as

inclusive and accessible as possible, the participants in my study possessed certain characteristics that enabled them to enter these creative places and engage with the activities provided. For example, they had the capacity to travel and the ability and desire to take part in creative groups.

It has been stated that participation in community creative activity requires good physical and mental health and study sampling must take this into account (Theorell and Ullén, 2016). The participants of my study, however, were not all in good health and they spanned the spectrum of health and wellbeing. I acknowledge that they still had the capability to attend and take part on a regular basis, except when health conditions were debilitating, or treatment took precedence.

Another characteristic of my research participants that may seem atypical of the locality was their keen interest and engagement in creative activity. Such involvement was unusual in a place such as Stoke-on-Trent with high levels of social deprivation (Bourdieu, 1984; Chan and Goldthorpe, 2007; DCMS, 2020; Phillips *et al.*, 2014). My analysis reveals that these were diverse people who sat on different levels of the social gradient and had varying degrees of experience in creative practice. It was as a result of the approach and collective support within the groups that people found the courage to express themselves and be creative. The resources were made available to them in an accessible way, in order to encourage participation.

Participation, not only in a creative group, but a group for wellbeing, could also be seen to set these people apart in such a region. I highlighted in chapter 3 how Stoke-on-Trent possesses poor health literacy and lower uptake of health self-management behaviours (Cochrane *et al.*, 2013; Protheroe *et al.*, 2017). This study revealed, however, that it was the creative activity which prompted participation and led to unexpected, but recognised wellbeing outcomes for

most. My study drew out a commonality between my participants of the desire for social connection, belonging and a place to be oneself. For many this came from a need for acceptance and was tied to structural factors and negative experiences of gender norms. For others it was due to social isolation resulting from ill health and unemployment.

Therefore, my research participants represented, to some extent a cross-section of the local population and my findings identify that they were people who spanned the societal, age and health spectrum. However, they possessed certain characteristics that supported their interest and capacity for regular involvement. I believe that although this was a study of very specific, nuanced groups and interactions, many of the findings would be transferable to a similar demographic, particularly people who are isolated, lack power or suffer social disadvantage.

### **8.3.5 Key concerns and challenges**

My study identifies key challenges to running the groups, such as funding, isolation and strain of responsibility, alongside the experiences of the participants. These were important insights which have been little reported previously. The positive experiences of those who took part, e.g. feelings of safety and creative freedom, are seen in parallel to the challenges, commitment and duty of care of the facilitators.

The issue of short-term and insecure funding was a dominant finding. Applying for grants was described as time-consuming and created difficulties for long-term planning. It put into question the longevity of the projects and, during my fieldwork, I saw how rejected funding applications were disappointing and concerning for the facilitators and created uncertainty for participants. Funding insecurity has been identified as a key challenge for community groups within the model of social prescribing (Cole, Jones and Jopling, 2020; Cutler, 2020; Veasey, Neff and Monk-Ozgul, 2018; Wildman *et al.*, 2019a). The insecurity of long-term planning

evident in my study is a concern for developing sustained community projects as part of the social prescribing model (Ibid).

When discussing the topic of current short-term social prescribing interventions, Julie insisted that they did not allow time for the social benefits to reveal themselves. My data collection process and longitudinal narratives demonstrated that softer, positive outcomes took time to notice, even by the participant. Long-term social prescribing interventions, however, are increasingly recommended for people with complex health conditions (Wildman *et al.*, 2019a). Therefore, for this to be a realistic plan, the problem of long-term funding must be resolved.

Alongside funding difficulties for the organisations, key challenges to creative participation for people in areas of disadvantage have been identified as poor education, financial means and lack of social and cultural capital (Chan and Goldthorpe, 2007; Johnson and Bourdieu, 1993; Silva, 2008). My research confirms that, in an area of social deprivation, creative participation was hampered by limited local opportunities and resources as identified in the literature (Brownett and Evans, 2020; Icarus, 2019; Mak, Coulter and Fancourt, 2020; Wildman *et al.*, 2019b). There were also cost implications, travel difficulties and time constraints, building on findings from previous studies (Greaves and Farbus, 2006; Pescheny, Randhawa and Pappas, 2018). However, my study highlights that these factors can also be overcome to some extent, with practices already discussed, such as designing inclusive activities and providing free local resources, with flexible participation.

Transferable to other cities within the UK was the finding that the infrastructure and poor public transport systems in Stoke-on-Trent were not conducive to movement around the city and many of my research participants walked or used public transport to access the groups. A target area of the UK Government's Levelling Up agenda of February 2022 was to improve

public transport in Britain's forgotten places, including Stoke-on-Trent (Gove and Johnson, 2022). The provision of the creative groups in Stoke-on-Trent enabled, particularly the Chrysalis women, opportunities in their locality. Opportunities that were within reach, geographically. Connecting people within a fragmented city would undoubtedly encourage social inclusion and reduce inequality.

Digital connectivity was also a challenge for some during the COVID-19 pandemic lockdown. This period of time highlighted the digital inequality that exists for many. Over a third of the participants, particularly the women, did not engage with the online activities and factors such as low confidence, lack of digital access and income were to blame. These issues were similarly supported by several studies during the pandemic (Mak *et al.*, 2020b; ONS, 2019; Watts, 2020). My findings, therefore, illustrate that a lack of digital access can contribute to social isolation and exclude people from opportunities for wellbeing, reinforcing the health divide.

In summary, the challenges faced by both the facilitators and participants offer some important insights into barriers to wider community arts practice. These included a lack of personal and third sector funding, local transport, poor infrastructure and additionally digital barriers. The agenda of levelling-up highlighted that many other cities in the UK face very similar challenges to Stoke-on-Trent. Therefore, these barriers and challenges are undoubtedly transferable to other regions and people.

This thesis provides examples of how the community groups were constructed in order to reduce barriers for participants, improve health and wellbeing and increase social inclusion. This approach was built on an informed local understanding and practitioner expertise. The sharing of such knowledge and collaboration between the health service and the arts sector could aid with inclusion strategies transferable to similar situations and needs of a locality.

Such collaboration could alleviate feelings of isolation for creative practitioners, which proved draining for the facilitators in this study. As participatory arts are argued to reduce marginalisation and inequality, understanding the challenges of access and also sustainability is essential (Kearney, 2019).

## **8.4 Study contribution**

### **8.4.1 Methodological**

My methodological approach highlights the value of utilising a range of qualitative methods in a study of creative and social interaction for health and wellbeing. I discuss this further in section 8.5, *Strengths and Limitations*. Conducting an ethnographic study in situ and over time provided opportunities to better understand the social context alongside personal narratives and creative involvement. Time, emic and etic perspectives, sensory and embodied data helped to address the question of the nuances of experience within a place.

Such methods captured the complexity of experience to make sense of the growing understanding that creative activity positively impacts on health and wellbeing. More specifically, it highlighted the structural and social elements that impact on experience and the ways in which the groups contributed to the wider aspects of people's lives.

### **8.4.2 Theoretical**

This study makes an important contribution, primarily to the theories of social capital building. Although the research participants inhabited a place of social disadvantage, un conducive to creative/social participation and health promoting behaviours, CCP and Chrysalis provide support which encouraged social connection and cohesion.

Socially constructed norms that negatively impacted on people's lives were disrupted and reshaped as participants chose to align themselves with these 'new' communities, as Demian

(2019) had theorised. My data demonstrate that people bridged across social and cultural borders and these creative spaces provided opportunities that encouraged trust, social cohesion and feelings of belonging.

Bourdieu (1986) had argued that those with a higher social position, with greater power, are more able to reciprocate, exchange resources and gain social capital. I agree with the premise that these factors reinforce and reproduce social and health inequalities as Marmot identified in his work (Marmot *et al.*, 1991; Marmot *et al.*, 2020). My thesis, however, identifies that creative participation provided opportunities for cultural and social capital building even for those who lacked privilege and power.

In a location where creative activity was perceived to be scarce, these places were made available and accessible to most. People were able to share space, knowledge and creative experience and social barriers dissolved to some extent. Social capital came in the form of support, guidance, collective identity and strength and provided a springboard to external creative and employment activities for some.

The theoretical contribution, therefore, is that social capital can be built, despite ones place on the social strata. It occurred in a place of social, health and economic disadvantage because the conditions were conducive, as Carpiano (2006) had theorised. However, it was also evident that the projects did not automatically create a utopia of mutual trust across and even within groups, as Putnam (2000) had theorised. This study reinforces Leonard's assertion that structural and societal factors are still at play, even with projects with intentions of inclusivity and equality (2004).

### **8.4.3 Practice**

My thesis contributes valuable insights into the practices within these two creative community groups in a location with specific social, economic and health characteristics. It offers an

understanding of how the approach, delivery and nature of activity influenced experience and motivations to attend.

These groups provided a non-medicalised route to support health which enabled people to better understand and manage their wellbeing. I argue that this demonstrates how creative projects can be successful in places with health challenges and social disadvantage. These creative projects exemplified good practice through an understanding of local needs, specifically relating to wellbeing, personal and structural constraints and wider local challenges.

The facilitators used this knowledge and practitioner experience to design projects that were accessible to most, with no financial cost or prior experience needed as an incentive to attend. Multiple ability levels were skillfully catered for and my data reveals that flexibility and lack of pressure was an approach appreciated by many. Participants enjoyed what they described as a less formal approach. This did not mean that governance was lacking and the groups were carefully constructed as safe spaces that enabled self-expression.

This study also provides a very real picture of the challenges that face third sector and community projects. My findings reinforce previously identified factors, such as the strain on community arts practitioners who lack a support network and the demands of seeking continuous funds (Cutler, 2020; Naismith, 2019). Collaboration between sectors has been recommended to remedy many of these challenges and was welcomed by the facilitators in this study (Fancourt and Finn, 2019). This would enable alternative and perhaps more long-term funding streams, greater support for art practitioners and the sharing of local knowledge and good practice from third sector organisations.

I have discussed the transferability of my findings in terms of the sample (8.3.4) but these characteristics of good practice would also resonate with other community arts groups that

aim to create accessible activities for specific communities. Poor practice for a creative wellbeing group in a place such as Stoke-on-Trent would be one that was less accessible and too costly, with rigid, undifferentiated activities. Lack of knowledge of place and people may result in projects that would not resonate with those they hope to engage. Additionally, without the guiding ethos and mitigations for safety, trust and support, themes of disharmony and disengagement may emerge within the data, with no opportunities for social cohesion and social capital building.

## **8.5 Strengths and limitations of this research**

### **8.5.1 Strengths**

Although I have summarised the methodological contribution of this study, here I expand further on the benefits of an ethnographic approach in this research project. Immersion over time enabled me to understand the nature of the groups, including their pace and rhythm. Ethnography stems from the anthropological premise that understanding is built from the embodied knowledge of being present in the community (Moors, 2019). This offered rich opportunities for understanding the place, space, the sensory and the social. Some moments were exhilarating, but also awkward, such as the comedy improvisation workshop discussed in chapter 7, which was physically intimate and sometimes uncomfortable.

My focus on the method of embodied sensory data collection aided a felt understanding, rather than prioritising only the visual or auditory aspects of participant observation (Edvardsson and Street, 2007). Consciously using my body and its senses enabled fresh awareness of things often taken for granted and for serendipitous, unexpected encounters to occur (Pink, 2009). This included tactile encounters with materials, movement in the physical and social environment and the sounds and smells that enveloped us. I developed a richer, embodied understanding of what it meant to be there and also physical separated, during the

pandemic. I experienced and witnessed the flow state, as theorised by Csikszentmihalyi (2000), lost on occasions in creative endeavour.

The varied nature of the fieldsites created opportunities for alternative interaction with my research participants. Walking the streets to a local exhibition with Chrysalis, for example, elicited relaxed, fruitful ethnographic conversation along the way. What has been termed a 'go-along,' was a non-confrontational way to engage with my participants and to see them engage with one another in a different setting (Kusenbach, 2003). The experiences I shared with both creative groups was multi-sensory, aided by movement and interaction through activity (Pink *et al.*, 2010). Within these varied sites, I gained multi-dimensional insights into group dynamics and reactions to place (Lee and Ingold, 2006).

Another strength, discussed in the methodological literature, was that trust and rapport developed, which truly exceeded my initial expectations (Geertz, 2001; O'Reilly, 2009; Rossman and Rallis, 2003). My research participants went about their activities in an apparent relaxed manner in my presence, demonstrating an openness to myself and others and a willingness to contribute to my study. I gained rich insights into the past, present and future social realities of the people within these groups. I learned about their participation prior to my fieldwork and also witnessed the 12-month journey of people who joined the groups at the start of my participant observation.

When I conducted online one-to-one interviews, during the COVID-19 lockdown, people were amenable. I felt that prior rapport building had enhanced my ability to collect rich interview data, as my research participants' honesty and openness came from a place of trust. I believe people recognised that I intended no harm during the first six months of fieldwork and also understood the purpose of my research to greater and lesser degrees. The

combination of both in-situ and online data collection methods complemented each other in a way described by Schneidermann (2018).

Using a range of data collection methods enabled participants to contribute to this study in ways which suited them and I was able to gain multi-perspective information. An additional advantage of the multiple data sources gathered was that they helped to uncover 'latent meaning' (Daykin and Stickley, 2016). Rather than taking data at face value from one set of data, from participant observation, for example, I looked for meaning across the dataset.

As an example, an observer within CCP activities would witness men who had selected an all-male group, one that was full of laughter and physical, emotional and creative intimacy. My additional data collection, primarily from reflective written accounts and interviews, added a deeper, context driven understanding. The narratives of many of the men were of a prior unease within the presence of other men, which was not immediately evident during participant observation. The significance of this latent meaning contributed to an understanding of the transformative nature and nuances of the group.

Latent meaning was also revealed when seemingly alternative information was collected from Ruth, from Chrysalis. I have described how, during interview, she described her reluctance for online conversation as she felt uncomfortable speaking to others. Ruth explained that she did not talk or interact when in the in-situ sessions and simply chose to focus on her work. However, my first six months of fieldwork revealed a woman who confided with others, made dry jokes, shared her dissatisfaction about where she lived and was not afraid to ask for creative support. She was very much present within the group, but interview alone would not have revealed these insights.

Another strength of this study design was the contribution of my PPIE members which proved highly valuable. Importantly, my contributors highlighted that the challenges faced by the arts

practitioners and participants were key findings significant to the future of the arts for health. Members of the PPIE group believed that this should be disseminated to a variety of audiences, such as arts and health research panels within the NHS and local community organisations. Their contribution focused my attention from a wide range of significant findings to those that were most important from their perspective. Such additional observations helped to remove any narrowed focus that I, as researcher, may have been susceptible to (Nowell *et al.*, 2017; Raw, 2014).

### **8.5.2 Limitations**

#### ***The researcher during data collection***

In the all-male CCP choir, as a woman, I inevitably took more of the role of an observer during my fieldwork. As Atkinson and Hammersley (2007) highlight, this was not a passive role, as I was still embodied and attuned to the routines and rituals that I encountered. I interacted socially also, and never felt socially excluded. The members of CCP encouraged me, throughout my fieldwork, to take part in their other activities as much as possible. This was, therefore, not strictly a limitation as such, but I note it as a difference in the ways I collected my data in the two groups.

Within Chrysalis, my embodied experience was more creatively participatory. The men of CCP were always eager to share personal insights and ask and answer questions. As they displayed a greater confidence with written and verbal reflection than the women and I gathered a lot of data this way from them. I was also able to sketch and photograph more than in Chrysalis and make sound and video recordings.

In summary, although the data was collected differently across the research groups and participants, this did not prevent the gathering of a range of data that revealed key common

themes across both groups. As discussed, the ability to utilise a range of methods allowed for adaptations to suit the situation and participant.

### *Gaining consent*

Within both groups there were people who did not or could not consent to my study. Only a couple of women in Chrysalis were not able to provide informed consent. Involvement within Chrysalis was a key factor in their lives and this would be a valuable area for future research. Lack of consent, however, did not impact on their participation in the group, or my interaction with them during this study (Iacono and Murray, 2003). The few men in CCP who chose not to consent had English as a second language. I felt it inappropriate to apply any undue pressure and when, after several attempts to explain my research project, I ceased. The use of translated information sheets or an interpreter may have encouraged their involvement but were not a viable resource for this study.

### *The COVID-19 pandemic*

Further limitations to my study occurred because of the UK COVID-19 lockdown. Due to social distancing, I lost communication and connection with many research participants, particularly the women. As explained earlier, connecting digitally was difficult for some and despite attempts to contact them, their contribution to my study was curtailed. Their inability to participate online was highly significant to the topic of societal inequality. The public health restrictions within the UK therefore, altered the nature and level of contribution to data collection from some of my research participants in the second half of my fieldwork.

## **8.6 Final personal reflections**

My early notions of immersion in an ethnographic study conjured the role of a researcher living, eating and working side by side within a community. My engagement in this study,

however, was dependent on the 'cycles of activity' of these creative communities, as is the case in contemporary ethnographic studies (Hannerz, 2003, p. 209; O'Neill, 2018; Parker-Jenkins, 2018). As such, I met with them weekly and fortnightly, experiencing a stepping in and out of the research environment. My participant observation, therefore, required a shift in mindset and focus as I entered and left the fieldsites. As I lived within the relatively small city of Stoke-on-Trent, I frequently crossed paths with my research participants in places such as parks and shops. In this way, I never truly stepped out of the field.

The subject of researcher/participant and insider/outsider was an area that initially made me apprehensive. In chapter 4, I discussed my position, which is something, as Moors (2019) made clear, one cannot avoid having. As an academic, an outsider, I entered with the potential of assuming to know how things were, resulting in a theorised, abstract picture of reality (O'Reilly, 2012). With an understanding of creative groups, I might have also believed that I had privileged knowledge from an insider position.

In reality, I entered the field feeling like an outsider in a place where I believed people were familiar with one another and the setting. I was concerned about factors that made me 'the Other': my class, ethnicity, gender and non-Stoke-on-Trent lineage. I entered the CCP community, nervous as a woman amongst men. My concerns were that acceptance and rapport building, central to ethnographic fieldwork, would not occur. My worries were unfounded, however, as I was quickly accepted. This filled me with relief, as an ethnographer, and pleasure, as a participant. This initial feeling of being an outsider was useful. Entering a new space enabled an embodied understanding of how it might be for others to join these groups for the first time. The sense of belonging that I developed within them in a short space of time was a powerful embodied aspect that deeply informed my understanding.

I acknowledged my role as a researcher as well as participant and reflexively considered how my presence impacted on my participant observation and data collection (Davies, 2008; Etherington, 2007; Pink, 2009). For example, many were keen to share positive insights of their participation with me throughout my fieldwork. I critically reflected on how my role as researcher may have influenced their intentions. People, such as June, repeatedly expressed how much the group meant to her. Colin also, went out of his way to discuss his participation within CCP, always positive in his appraisal of the group. These were people who understood the dilemmas of funding for Julie and Mike and the positive potential of dissemination from a research project completely. However, their advocacy and enthusiasm went beyond our 'private' conversations. It was demonstrated in their creative and social interaction. I witnessed it within their comments to others, including Facebook exchanges extolling their enjoyment. Such data triangulation, therefore, reassured me of a level of sincerity whilst acknowledging that I must not ignore my researcher influence.

Another area for reflection is the alteration of my research design and approach due to the COVID-19 pandemic. I formulated my plan for this doctoral study in 2018-19, prior to the global pandemic. The COVID-19 public health restrictions, halfway through my fieldwork, however, forced a change to my research design and required new ethical considerations regarding online data collection. The adjustments required a flexibility and resilience and an acknowledgement that unforeseen circumstances occur within research projects. Fortunately, my methodological approach lent itself to accommodating such changes. The move to online fieldwork expanded my understanding of ethnographic data collection and concepts of 'the field.' Life for my research participants continued and it seemed more important than ever that I captured their views and experiences during this time of social/physical distancing and a national lockdown.

I felt simultaneously removed and closer to my research participants in the last six months of my fieldwork as we tried to make sense of the global pandemic. I relished seeing people online and took a real pleasure in receiving email reflections and conducting online interviews. It has been questioned whether qualitative research such as this should continue at a time when people are under levels of stress (Hall, Gaved and Sargent, 2021). Ethically, I was aware of this and careful not to exert any pressure on my research participants. As discussed, some did not make contact during this time. Those that did expressed a gratitude and enjoyment from the continued contact.

The 'following' of people and their experiences, 'associations and relationships across space' (Falzon, 2016, p. 2) became more relevant than I had anticipated during the second half of my fieldwork. My prior, face-to-face participant observation helped me to relate to the creative environment referred to in online interactions and interviews. Trust that had built between us allowed me into the very intimate online environments. In these spaces I witnessed and shared the genuine pleasure of seeing familiar faces again.

The move to online fieldwork offered alternative and unforeseen opportunities for data collection. People who had little interaction with me in a face-to-face group setting, I now encountered in what felt like a more intimate setting. Small and individual group chat and interaction online enabled those who previously stayed in the shadows in situ to have a voice in my study. Email contact provided an additional form of communication that may otherwise not have occurred.

I had intended to collect more visual data during fieldwork, but the pandemic and lockdown prevented this. I had, however, purposely chosen to limit photography and sketches during in-situ fieldwork, as it highlighted my role as researcher and distracted me from being present. Additional verbatim, conversational quotes from participant observation would have also

added an extra layer of data triangulation to my findings, to reinforce the validity of occurrences that I had illustrated in fieldnotes and images (Fusch, Fusch and Ness, 2018). Despite these points, I collected a vast amount of data, which resulted in data saturation. Additional sources would have merely enhanced existing themes, rather than add new findings. As McGranahan, (2018) stated of an ethnographic approach, it enabled me to discover things that I would not have known to ask .

In conclusion, my research journey has included a rich combination of social interaction and creative participation, entwined with social and global health challenges. These factors impacted me personally, as well as my research participants. This served to highlight how opportunities for wellbeing are interconnected with wider social, economic and political circumstance.

Our experiences of creative engagement were a result of nuanced factors. They were influenced by delivery, the processes, activity, social relations and also characteristics of place. Over time and through embodied and immersive encounters, I built a deeper understanding of how experiences of ill-health and a sense of wellbeing were inseparable from personal circumstance, social relations and environment. CCP and Chrysalis reshaped social relations and a sense of place and self, which altered people's experiences of their health and wellbeing.

The themes I generated during data analysis align with existing research findings, such as the building of social cohesion, personal transformation and personal wellbeing outcomes (Brown and Novak-Leonard, 2013; Chan and Goldthorpe 2007; Matarasso, 1997; Swindells *et al.*, 2013). Additionally, I provide new insights into the particularities of group experience. This includes the running and taking part in specific activities with certain people, in the specific place and time. Overall, my findings identify that it was the practices and approach within the

creative projects that enhanced feelings of wellbeing, particularly for those who found themselves outside of societal structures, routines and norms. My data revealed that many were emboldened by a collective strength gained from the collaborative experience, something that individual creative endeavour would not induce.

The collective knowledge, confidence and achievement demonstrates social capital building in practice. Such collaboration and interaction empowered and transformed and helped combat social, cultural and structural constraints to some degree. However, there were evident challenges to practice and participation, both personal and economic, as previously highlighted in the literature (Husk *et al.*, 2019a; Ings, Crane and Cameron, 2012).

Understanding these challenges, alongside the characteristics of good practice, could be transferable to other settings to increase social capital, particularly for people who lack opportunity.



# CHAPTER 9

## CONCLUSION

In conclusion, this thesis contributes new insights into the nuances of community based creative wellbeing participation for people across the social, age and health spectrum. It demonstrates how creative community groups provide opportunities for everyday health and wellbeing alongside or instead of clinical support. My findings provide evidence of how and why some people access creative community activities in an area with poor health outcomes and multiple deprivation. Importantly, this thesis also addresses practice challenges for creative community organisations and identifies the attributes of good practice which can create positive wellbeing experiences for participants.

A strength of this study was the methodological approach, as it enabled the gathering of a range of perceptions and interpretations of experience and this built a contextualised picture of creative involvement. My epistemology accounted for subjectivity in relation to personal wellbeing and experience. This small-scale study was not intended to produce broad or generalisable data, but to provide a deeper understanding of the workings and practices within specific creative groups in a place in time. However, key findings could apply to other groups in regions with social and health disadvantage, as it is evident that these projects played a part in encouraging inclusion, empowerment and opportunity inside and beyond the boundaries of the creative groups. I acknowledge the limitations of sample characteristics also and do not make claims of such groups as a panacea for all. Not all have the creative or cultural interest or possess the personal capabilities to take part in such groups.

My study explored creative participation in a location identified as an area of multiple deprivation. Stereotypical assumptions of an area with poor health statistics may be of unempowered people less able to recognise activities which benefit their health (Hibbard and Gilbert, 2014). My research participants were undoubtedly influenced by structural and social factors throughout their lives, and institutional and social orders created feelings of discomfort and reduced wellbeing. Structural violence was embedded in schools and workplaces. As Winter (2012) highlighted, it was visible and accepted. Stoke-on-Trent carried negative associations for some, which restricted wellbeing opportunities. However, their engagement with CCP and Chrysalis demonstrated an ability to seek out healthy places, despite a lack of local resources, social dysfunction and personal constraints.

A key conclusion to this study is that good practice, including appropriate design, sensitive delivery and careful management, aided the positive outcomes felt by the participants. The facilitators made it clear, within this study, their desire for inclusivity within their projects. Governance was evident and Julie and Mike exhibited a high degree of accountability and risk management, an essential consideration in the utilisation of community resources for psychosocial problems (Polley *et al.*, 2017b). These safe spaces and supportive environments encouraged a flourishing and sense of belonging. My findings align with the definitions of wellbeing outlined earlier in this thesis: achieving ones potential, being productive and creative, building relationships and contributing to ones community (Aked *et al.*, 2008; Jenkins *et al.*, 2008). They also align with Michaelson's (2013) assertion that personal capabilities and material and environmental conditions must be considered in the ability to achieve these wellbeing goals.

The facilitators demonstrated a desire to contribute to positive social change by providing much needed and previously missing, activities to support the health and wellbeing of the

local community. Mike particularly wished to change attitudes to mental health and creative participation. It was clear that many of the participants endorsed this intention and contributed to the ethos and underlying nature of the groups. Social interaction led to people constructing new ways of being, identities, behaviours and attitudes (Burr, 2015). They did not describe their trajectories as fixed by socio-cultural positioning. Creative participation offered transformative opportunities, not just creative but also social as defined by Matarasso (1997). Participation served to empower and provide a sense of individual and collective purpose. The men and women in this study were able to describe the part they played within the groups, and also the wider community. They recognised their contribution, which is something acknowledged to empower people within community arts projects (Crehan, 2011). These creative places in a city such as Stoke-on-Trent, therefore, are instrumental in rebalancing the inequities of power, opportunity and overall wellbeing.

Empowerment and transformation were enhanced by social connection and the support and opportunities available within the creative places. My findings demonstrate the role that such groups can have in enabling the building of social and cultural capital. Involvement in these groups gave people the creative, social and cultural opportunities not always readily available to people in disadvantaged areas. Some of my research participants moved in spaces that were unfamiliar, such as galleries and university buildings. People crossed social boundaries and described the building of meaningful connection and social support. This building of social capital was a powerful theme and levels of trust prompted risk-taking and spurred many to try new ventures outside of the creative groups.

Fundamentally, this study identifies that what occurred within these groups transcended the creative activity. CCP and Chrysalis acted as catalysts for a multitude of secondary wellbeing outcomes and most people exhibited an understanding of how the environment and

community supported their wellbeing through connection and group achievement. It was clear that the groups provided alternative places for socialisation and positive identity building. For many, traditional places of education and employment had excluded, constrained and marginalised. Such experiences of social and structural exclusion helped them select and form the creative places and the participants were not simply ‘passive victims of circumstance’ (Willet and Lang, 2008, p. 2). A sense of place was reshaped as my research participants co-constructed places of comfort and belonging, with norms and ways of being that were in contrast to environment outside their boundaries. These places offered an alternative to everyday experiences of living with ill-health, structural hostility, marginality and work and family strains.

## **9.1 Implications for creative community practice and participation**

My findings demonstrate how, if conditions are conducive and resources available, people find ways to access them. Such conditions include factors which make activities accessible, inclusive and appropriate to local needs. The men and women in this study accessed creative activity from outside the healthcare system, attending through personal choice rather than a prescribed dose of creativity. However, their involvement offered psychosocial support and improved wellbeing, aligning with the intentions of the social prescribing model (Polley *et al.*, 2017). This holds implications for understanding alternative practices and approaches to wellbeing interventions and referral, particularly for individuals and communities that are hard to reach.

Although creative intention was the primary driver for participation, most recognised that involvement in these groups had positively influenced their wellbeing. Greater public health messaging of the health benefits of non-medical and community resources is key to the support of community arts for health, to reiterate Fancourt and Finn (2019). The men and

women in my study were keen to communicate the benefits of the group to the wider community. This was done through word of mouth, performance and the sharing of artwork. I argue that this may be an alternative and accessible method of disseminating information, and the benefits of wellbeing activities, to the wider community. Alternative information and signposting methods could encourage participation from those identified as having limited or reluctant contact with the health service (Veasey, Neff and Monk-Ozgul, 2018).

As discussed, the key challenge for the community groups explored was support and funding. The emotional labour and isolation felt by the facilitators was evident and they identified it as a strain. It was clear that the facilitators and their organisations welcomed collaboration with other sectors, but desired the autonomy to practice alongside, rather than as part of, the healthcare system. The funding, support and collaboration concerns identified in this thesis are relevant to community arts and health practice beyond this study. This needs to be addressed if the arts in health/social prescribing agenda, in any form, is to move forward.

## **9.2 The implications for future research and policymaking**

This study contributes to the field of interdisciplinary research within arts and health. To explore creative endeavour in a community context, it was necessary to cross into the disciplines of healthcare, geography, psychology and the social sciences. I drew from theoretical and research literature to understand and explain the complexity of creative community participation. Therefore, future arts, health and wellbeing research would benefit greatly from an increasingly interdisciplinary approach where knowledge is not hierarchical and understood to take many forms.

There is an increasing assertion that qualitative research methods are well suited to arts and health investigations. Daykin and Stickley (2016) have stressed that qualitative evidence

offers more than simply supporting quantitative data or as a way to evaluate arts interventions. My methodological approach enabled a rich experiential understanding of the complexity of interaction and inter-subjective realities. It provided evidence overlooked in studies of arts and health, such as the influence of the group experience (NICE, 2015). The collective response and sense of group identification were important within this study, as many of my participants described isolation and exclusion within other parts of their lives.

Howarth and colleagues reflected when exploring community activities for wellbeing that we should ask 'what matters to someone' rather than 'what makes them well' (Howarth *et al.*, 2020, p. 298). It was clear that the embedded nature of the creative organisations supported an ability to cater for what was needed and what mattered. This makes the case for utilising the knowledge of the third sector in health strategies and the importance of grassroots knowledge when implementing policy, something which has previously been highlighted (Bache, 2018). I believe this study powerfully revealed what matters to people with respect to involvement in these creative projects and perceptions of improved wellbeing.

My study reinforces the argument that participation in community arts supports a healthy lifestyle across the lifespan (APPGAHW, 2017). Although my findings resonate with previous studies, they contribute to the knowledgebase of underexplored areas. This study also creates more questions for future research, such as how, why and what are:

- The mechanisms and obstacles in sustaining creative groups from the perspective of the facilitators and their arts organisations
- Reasons for loss of engagement or non-attendance with creative community groups
- An investigation of alternative referral methods to creative community groups for wellbeing

### **9.3 Summary: lessons learned**

- 1) People were willing and able to access creative community activities outside the healthcare system. Participation was, for some, in tandem with clinical support. For others, as an alternative.
- 2) The creative community organisations were thoughtfully facilitated as inclusive, safe spaces with a wellbeing focus to meet the wellbeing needs of the community. They provided a place of social connection, opportunity and belonging, important for those marginalised by social, cultural and structural constraints.
- 3) Motivations to take part were primarily an interest in the creative activity which functioned as a catalyst for social connection, transformation, belonging and support. Challenges to participation were influenced by personal constraints, local funding and infrastructure.
- 4) Participants appreciated the approach and delivery of the groups, which allowed a sense of agency: control, choice, responsibility and a sense of group identity and accomplishment.
- 5) The need for financial and personal support was highlighted by the facilitators to sustain and contribute to the arts and health agenda. Collaboration between sectors was welcomed, but facilitators wished to retain autonomy.

### **9.4 Final thoughts**

*If you want to dance, you dance! No inhibitions...there's nothing wrong with just being yourself - Peter*

Peter's statement epitomises the overarching ethos of the creative groups that I researched. Involvement felt celebratory and created positive feelings relating to the self and others. It

encouraged social cohesion, enabling people to find common ground despite their differences. At an extremely polemic period in history, this aspect of community arts participation may hold the antidote to political and ideological division. Involvement and group achievement served to build confidence and promote feelings of belonging.

Creative participation played a crucial role in empowering people in an underserved place, 'too small or weak to be noticed' by those in power, in the words of Matarasso (2019, p. 29). It did this by enabling social cohesion among very different people, facilitating bridging and bonding and the building of social capital, despite structural constraints. As motivation was driven by the need for a safe haven, free of stigma and societal expectations, I argue that it is marginalised people and those in places of disadvantage who would most benefit from groups such as CCP and Chrysalis. This study challenges the notion of individuals taking complete control and responsibility over their health. It identifies that collective support encourages people to overcome personal challenges and the sharing of experience, resources and responsibility promotes wellbeing outcomes.

My findings may be transferable to similar situations and communities to build further knowledge and inform future policy. It is argued that to shift participatory arts from the sidelines of public health strategies, knowledge must be shared more widely (Cameron, Ings and Crane, 2016). Greater dialogue and collaboration between sectors such as local authorities, the third sector and funding bodies is essential to achieve this, thus enabling creative community groups, such as those studied, to become sustainable arts and health resources.

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## APPENDICES

### Appendix A: Research participant information

<b>Key research participants- Creativity and Connection Programme (CCP)</b>	
<b>Pseudonym</b>	<b>Personal information. Information and ages (numerical written) accurate between the period September 2019 – September 2020.</b>
<b>Mike</b>	38. Group facilitator. Co-director of CCP. Husband of Suzanne. Music technology training. From Stoke. Lived experience of depression.
<b>Suzanne</b>	Co-director of CCP. Wife of Mike. Dance practitioner. Masters degree in participatory arts.
<b>George</b>	48. Steering group member. Founding CCP member, took part in previous project. From Stoke. Suffered a stroke a few years earlier that impacted on his work at the local university. Identified as gay, long-term partner.
<b>Sean</b>	49. Steering group member. Founding CCP member, part of previous project. Mental health first aider and life coach. Lived outside Stoke.
<b>Eddie</b>	46. Founding CCP member, took part in previous project. Special needs teacher, music specialist. Multiple health issues, physical and mental ill-health. Lives on outskirts of Stoke. Identifies as gay.
<b>Kevin</b>	40s. Founding CCP member. Friends with Stuart and George. Confident to address audiences at CCP performances. A writer.
<b>Bruce</b>	60. Retired social worker. From Stoke. Had suffered from anxiety and depression. Became a writer.
<b>Rich</b>	56. Probation officer. In local choirs. Lived outside Stoke. Neighbour of Peter (who persuaded him to join). Had suffered from depression.
<b>Peter</b>	76. Retired teacher. Widower. Sociable and enthusiastic about CCP. Involved in choirs and community projects. Lived outside Stoke.

<b>Key research participants- Creativity and Connection Programme (CCP)</b>	
<b>Pseudonym</b>	<b>Personal information. Information and ages (numerically written) accurate between the period September 2019 – September 2020.</b>
Aaron	40s. From Stoke, lived in the city. Runs an African drumming/singing group.
Stuart	40s. Steering group member. Founding CCP member, took part in previous project. From Stoke. Engineering background. Does volunteer and community work. Ongoing anxiety.
Colin	36. Steering group member. Founding CCP member, took part in previous project. Writer for a construction company. Lived outside Stoke. Advocate for the arts in the city.
Abe	30s. Lived with his mother in Stoke. Victim parental suicide when a child. Choir gave him confidence and friends. Works in a local homeware shop. Interested in acting.
Frank	40s. Lived outside Stoke. University lecturer. Loves dance and music. Described a mistrust of men. Has a physical disability.
Douglas	60s. Retired. From Stoke. Was in the navy. Plays ukulele in a band. Multiple physical health conditions.
Brian	18. Drama student. Attended the choir only a few times. Nervous. Stuttered, but not when singing. Stopped attending due to lack of money for transport and lack of confidence.
Harry	30s. Identified as gay. Attended only a few times. Loved the practices but found he had little in common socially.
Adam	40s. Polish dentist. Joined group at the start of my fieldwork. Wife and children.

## Key research participants- Chrysalis

Pseudonym	<b>Personal information. Information and ages (numerically written) accurate between the period September 2019 – September 2020.</b>
<b>Julie</b>	60. Chrysalis facilitator and co-founder. Many years in community arts groups. From Leeds and Scotland. Lived in Stoke town.
<b>Mo</b>	50s. Co-founder of Chrysalis. Joint director of the art space with Julie and many years' experience of community arts. Identified as gay.
Ruth	35. From London. Lived in Stoke. Unemployed. Volunteered at community bakery next door to Chrysalis. Suffered from anxiety and depression since 16. Also, arthritis. Made jewellery at home and sold it online.
Pam	60s. From Wolverhampton (Kept a property there and visited frequently). Lived in Stoke-on-Trent. Retired teacher. Interested in knitting and crafts. Baked cakes frequently which she brought to Chrysalis.
Marty	24. From Stoke. Degree in photojournalism from the local university. Support worker in a learning disability/mental health hospital. Involved in facilitating other local creative activities.
Marie	37. From Stoke. Mother Welsh, father from Stoke. Lived in China for 8 years moved back to Stoke-on-Trent. Self-employed language teacher and interpreter.
Susan	40s. Made redundant from local university. On various medications for mental health conditions, which made her drowsy. Attended face-to-face Chrysalis sessions intermittently. Interested in bands and music. Regular online attendance during the pandemic.
June	51. From Stoke. Retired teaching assistant (art specialist) due to incurable cancer. Was not able to drive. Single mum. Lived with sons.  Prolific painter and drawer outside of the sessions.
Fiona	30s. Suffered from anxiety, was hospitalised during my fieldwork. On medication. Passion for artmaking outside of Chrysalis. Shared with me her artist Facebook page.

## Key research participants - Chrysalis

Pseudonym	<b>Personal information. Information and ages (numerically written) accurate between the period September 2019 – September 2020.</b>
Mary	20s. Fine art graduate, sculpture, suffered from anxiety. A graduate in limbo. Thinking of teacher training.
Leona	30s. An art graduate from the local university. Single mum. Dyslexic. Ran some Chrysalis workshops. Started an art tuition business.
Barbara	49. From Stoke. Carer for her adult son with head injuries. Identified as gay. Achieved a fellowship for a local community arts project with the support of Julie and Mo.
Sarah	20s. Attended regularly. Always making art presents for people. Talkative. Shared problems with Julie. Autistic and struggled with learning. Chrysalis gave her confidence to be more independent.
Alie	70. Joined after 4 months of fieldwork. Confident, talkative. Keen on art and getting out. Described herself as a tomboy. ‘Worked on the roads’. Independent. Had multiple physical health problems.
Esme	20s. Unemployed. Lived with boyfriend. Talkative. Self-reported learning difficulties. Stopped attending after 4 months of fieldwork. Reason unknown.

## Appendix B: Interview topic guide – CCP

### Health and wellbeing and community, creative participation

#### TOPIC GUIDE: Interview with creative participant - Men

Confirm consent was given for interview to go ahead; for it to be recorded; for me to use the data. Explain length of approximately 60 minutes.

#### ❖ Participant profile

- Please could you tell me something about yourself?
  - Age, past occupation/present occupation and hobbies
  - Living situation. How they feel about Stoke

#### ❖ About the men's activities/group

- Tell me how you found out about the group and first experiences
- Motivation to attend. What do you enjoy? Ask about experience of specific activities – singing, improv, ceramics
- What is important about attending?
- Is there anything that you find difficult/frustrating/uncomfortable/barriers
- Do they feel there is an ethos in the group/community?

#### ❖ Health

- Does it help with any aspects of your mental/physical health?
- Has the group made you feel differently about your wellbeing?
  - Long term impacts on wellbeing (for those involved in earlier project)

#### ❖ Social interaction

- What are their relationships with people in the group?
- Ask about feelings about acceptance, belonging - before and after
  - Has taking part altered how your view of others/yourself?
  - Roles – theirs and that of 'Mike' – responsibility etc
- What contact do they have with group members outside the activity - Before C-19 and since?
- Many people express a sense of isolation during lockdown. What is your view on that? Is there anything you are struggling with?

#### ❖ COVID and online activities

- How has it been not attending the sessions?
- How have they found the online interaction? Pros and cons

#### ❖ Gender

- Experience of single gender interaction

#### ❖ Topics important to the participant

- Which topics have we not covered that are important to you about taking part?

## Appendix B Interview topic guide - Chrysalis

### Health and wellbeing and community, creative participation

#### TOPIC GUIDE: Interview with creative participant - women

Confirm consent was given for interview to go ahead; for it to be recorded; for me to use the data. Explain length of approximately 60 minutes.

##### ❖ Participant profile

- Please could you tell me something about yourself?
  - Age, past occupation/present occupation and hobbies
  - Living situation. How they feel about Stoke

##### ❖ About the women's activities/group

- Tell me how you found out about the group and first experiences
- Motivation to attend. What do you enjoy? Ask about experience of specific activities – weaving etc and soup!
- What is important about attending?
- Is there anything that you find difficult/frustrating/uncomfortable/barriers?
- Do they feel there is an ethos in the group/community?

##### ❖ Health

- Does participation help with any aspects of your mental/physical health?
- Has attending made you feel differently about your wellbeing?
  - Long term changes on wellbeing

##### ❖ Social interaction

- What relationships do they have with people in the group?
- Ask about feelings about acceptance, belonging - before and after
  - Has taking part altered how your view of others/yourself?
  - Roles – theirs and that of 'Julie' – responsibility etc
- What contact do they have with the group members outside the activity - Before C-19 and since?
- Many people express a sense of isolation during lockdown. What is your view on that? Is there anything you are struggling with?

##### ❖ COVID and online activities

- How has it been not attending the sessions?
- How have they found the online interaction? Pros and cons

##### ❖ Gender

- Experience of single gender interaction

##### ❖ Topics important to the participant

- Which topics have we not covered that are important to you about taking part?

## Appendix C: Solicited diary guidelines

### Reflective diary



This is an invitation to keep a diary/journal about your thoughts about the [redacted] activities for approximately 4 months.

It would be great if I can have a copy of your diary. Only I, Jeanette, and my three supervisors will read this. Your diary will help me to understand better what taking part in the [redacted] activities means to you.

It doesn't have to be written every day or week. You can write short sentences, poems, or use it like a scrapbook with clippings and drawings. You can also write it digitally instead, if you prefer.

#### **Things you could write about:**

A little bit about you and why you chose to join the activity.

What's most /least important to you about the group?

Your feelings **before** coming along (add date if relevant).

Your experiences **during** the session?

How you feel **afterwards** in the days/weeks following?

**Add anything else that you wish. Thankyou!**

Jeanette Fanthome

j.c.fanthome@keele.ac.uk

## Appendix D: Example of broad codes and subcodes, related data extracts

(selecting ‘Gender’) and overarching theme

Broad code	Subcodes	Data extracts	Overall theme
Social determinants of health	Education		The groups provide a safe space without societal constraints
	Environment		
	Transport		
	Gender	<p><b>Sean said that he has had quite a lot of abusive attention – men trying to intimidate and put him down (Fieldnotes)</b></p> <p>It's nice just being around women and talking about different things and feeling like you can (Marty)</p> <p><b>We had people knocking on the door (of the art space) saying what can we do, we realised it was all women who had nothing to do and that's how it started (Julie)</b></p> <p>We're doing this, this is for men and we acknowledge that we don't talk about our mental state, openly, quite enough, (Mike)</p> <p><b>That was definitely, definitely something I was interested in, because, most choirs are predominantly women, so an all-male choir was very interesting (Rich)</b></p> <p>Men are very reserved to talk about things, feeling like they're not going to be accepted. Whereas that group of lads, you don't feel that...You haven't got that one upmanship, try to put you down. ...and what you often hear is men opening up about things that you wouldn't normally talk about in an open forum like that. Being honest about themselves, and that has really been an attractive part of it for me (Rich)</p>	

## Appendix E: The use of coding stripes in NVivo 12 to identify themes in fieldnotes

arrived at the building, a theatre, or meeting place (for the steering meeting) in Hamey town centre feeling a little bit of trepidation. It was cold and wet with the start of autumn, leaves appearing on the ground - and I'd caught a cold so, all in all, wasn't feeling on top of it all. I was early and waited outside as the doors were locked. A man approximately in his 30s (George) with fair hair and woolly hat approached and shock the doors.

I took the chance and asked if he was one of the men's group, he was. We then got chatting, he said he'd heard of me and I then explained why I was there. Before I knew it he was sharing his experiences of the previous project which was also related to masculinity and mental health.

His story was related to being gay. He said he initially saw the call out for stories and his was related to a dolls house that his grandad made for him. I'd seen the performance and remember it well. He said he had no idea that these other themes (difference, alienation, acceptance) would come out of it and also that he would perform.

They mentioned how the 'new' men might feel alienated as there may seem a bit of a clique 'you weren't there man!' but they didn't want this to happen. (Later I noticed that as we were waiting with 'new men' the 'old men' stood separately together laughing and chatting).

George was extremely open and we were only still waiting outside! (acceptance of myself already?). Stuart arrived who I'd met previously and I thanked him for his returned consent form. We had a little joke about something and he seemed more open than last time. Stuart said how he's always been in bands - punk etc but the idea of the arts or being a musician is not how he would describe himself. He also seemed keen to talk. He said he knows great musicians and he isn't one. I said that that seems to be the feeling of even great artists and if you don't have that you get stuck and stick to what you know. George and Stuart agreed. I was pleased for these insights and openness before we'd even sat down! I supposed I'm concerned they are telling me things they think I want to hear, or are they just talking?

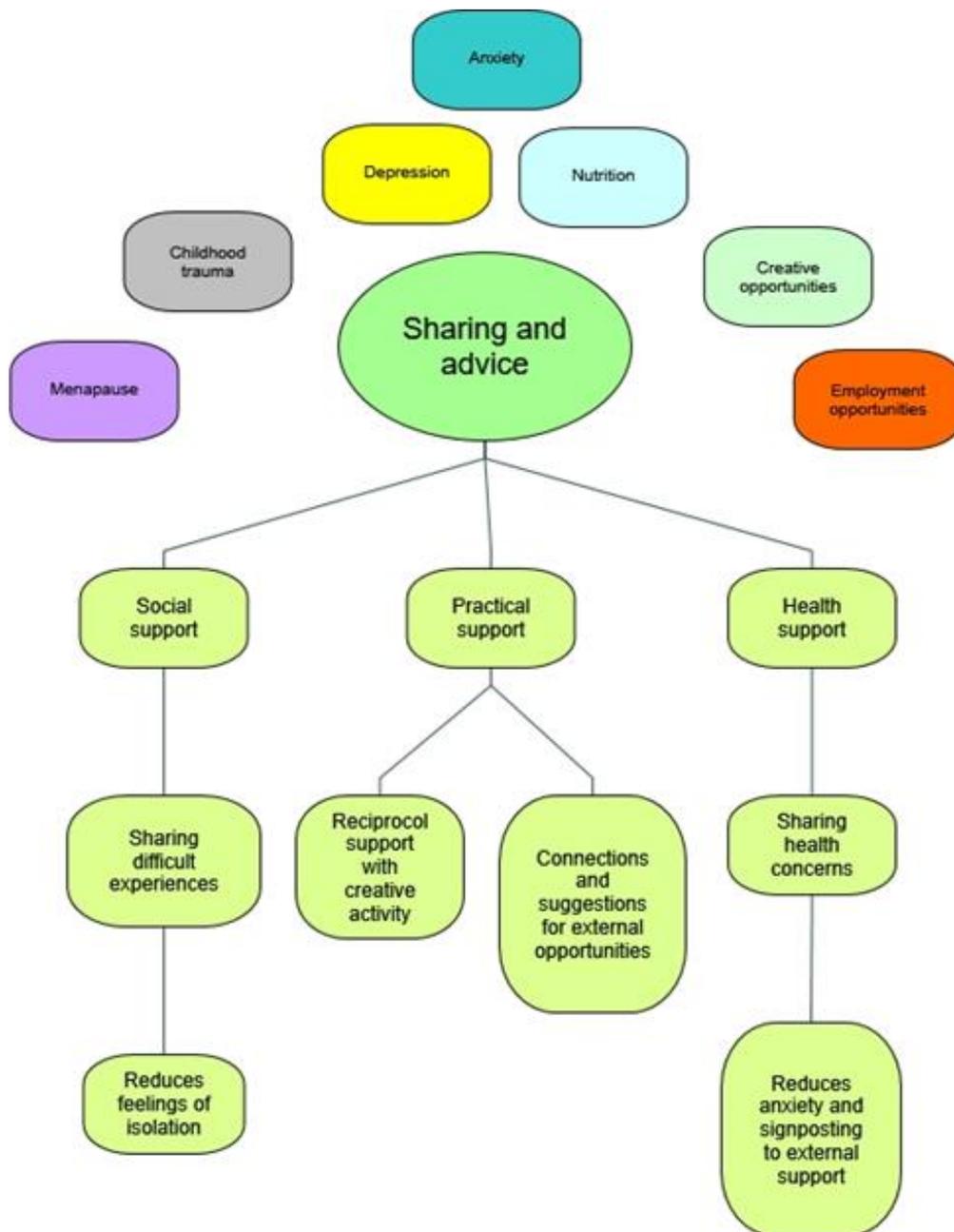
We discussed the topic of social prescribing and I suggested that George would not have gone to his doctor for unspecified or recognised feelings/emotions in order to be 'prescribed' the group and he agreed. He found the groups through an interest in something else (writing, storytelling) but then benefited from what transpired.

We were let into the building and Mike arrived. The modern theatre entrance was quite dark with high ceilings. In strong contrast to the dirty and harsh environment outside, the bus station and surrounding area. The main doors are locked and unlocked by Mike, there are no other events or performance on. It feels very much like a secret event/club. A safe space. We sat at a small table in the foyer for the steering meeting and I felt quite relaxed after the icebreaker outside. Colin and Simon arrived and we began the steering meeting. Mike wanted me to recap on my study and I emphasised the methodology and also the

The screenshot shows the NVivo 12 interface with a list of coding stripes on the right side. The stripes are labeled: SDH (red), Support (yellow), Social capital (purple), Learning (green), Barriers and motivations (grey), Coding Density (black), Participation (blue), and Social prescribing (light blue). The text in the fieldnotes is highlighted in yellow, corresponding to the 'Support' and 'Social capital' stripes.

## Appendix F: Example of fieldwork conceptual map

### Conceptual map



## Appendix G: Information leaflet (folded into thirds) (3<sup>rd</sup> section: Front)

### How will information about me be used?

I will never use your real name, not in my notes and not in any of the publications and documents relating to this project. I will always use a pseudonym. Your identity will be protected with a pseudonym and the removal of any identifiable information (e.g. your workplace). Some of the information collected will be used for my PhD thesis.

I will collect information in different ways (via observing and participating, via interviews and via notes written by participants). Video will be taken but only to aid my memory, not to be shown publicly. You do not have to agree to everything. I will always ask your permission (your consent).



With your permission, I will record one-to-one interviews and transcribe them word for word. Also, with your permission I may quote certain sentences to help the reader to understand what has been discovered. These, along with photographs will be used in the PhD thesis, in presentations and articles (both in print and online).

### Who is funding and organising the research?

This is a doctoral project. The research is organised by Keele University and supervised by three supervisors Dr Lisa Dikomitis, Professor Carolyn Chew-Graham and Dr Eva Luksaite.

At present, the study is not receiving any funding from external bodies.

### What if there is a problem?

If you have any concerns about any aspect of this study you may speak to me, Jeanette Fanhome via email at [j.c.fanhome@keele.ac.uk](mailto:j.c.fanhome@keele.ac.uk). I will do my best to answer your questions.

Alternatively, if you do not wish to contact the researcher, you may contact my lead supervisor,  
Dr Lisa Dikomitis at:  
[l.a.dikomitis@keele.ac.uk](mailto:l.a.dikomitis@keele.ac.uk).

If you remain unhappy about the research and/or wish to raise a complaint about any aspect of the way that you have been approached or treated during the course of the study, please write to:  
Tracy Nevatte, Head of Project Assurance,  
at [t.nevatte@keele.ac.uk](mailto:t.nevatte@keele.ac.uk).

### Invitation



My name is Jeanette Fanhome, a PhD student at Keele University. I am inviting you to consider taking part in a research study.

Before you decide if you want to take part, it is important that you understand why this research is being done and what it will involve. Please take some time to read this information carefully and discuss it with friends and relatives if you wish. Please ask if there is anything that is unclear or if you would like more information.

### What is the study about?

The study aims to understand how and why certain creative activities may improve and support some people's health and wellbeing.



The research team will also explore how the NHS could refer patients to such activities. This is known as 'social prescribing': when a clinician 'prescribes' a patient to engage in a community activity.

**Full title:**  
**An ethnographic study of creative community involvement and the potential of social prescribing to enhance health and wellbeing**

**Why have I been invited?**

You have been chosen because you are taking part in creative activities in a community setting.



**Do I have to take part?**

You are free to decide whether or not you wish to take part. There is no pressure to do so and you can still attend the activity even if you do not take part in the study. In this case you will not be included in any documents (such as the dissertation, publications or online articles).

If you decide to take part, you will be asked to sign a consent form. You are free to withdraw from this study at any time up until publication of results and without giving reason of any kind. Any information/data that has been collected about you will be destroyed at that point and will not be used.

**What will happen if I take part?**



The study will be conducted over several months and you can choose how much you would like to be part of the study. I will attend your creative group as often as possible to get to know everyone and understand more about what you are doing.

Sometimes I will participate in the activity and other times I might just observe without interrupting your activities. While you are taking part, I may chat to you and ask about your experience. I will take notes, videos and photographs.

You may also be invited to take part in an interview (approximately 45 minutes), which we will arrange at a time and place that is convenient for you. I will also ask participants who would like to do this if they can keep a diary during the research study writing about the experience of taking part in the group. It can be in any form: notes, drawing/photos and/or a video diary etc.

**Who will have access to information about me?**

During the writing of the study, the only other people who will have access to any of the information will be my three Keele University supervisors. All personal data is stored in accordance with the General Data Protection Regulation (GDPR).

**What are the benefits of taking part?**

You will help to build up valuable knowledge about creative activity in group settings and ways in which they support individuals and communities. The experience may help you to understand better what the experience means to you and why it is important in your life.

**What are the risks of taking part?**

We do not anticipate any risks for study participants. However, in rare cases some participants may become emotional. If this occurs there are steps in place to support them.

## Appendix H: Invitation postcard



***Hello, my name is Jeanette.***  
I'm a PhD student at Keele University.



***Would you like to take part in my research project?***

**I will be exploring people's experiences during this group by taking part, observing, talking to people.**

If you'd like more information please speak to me or email me at [j.c.fanthome@keele.ac.uk](mailto:j.c.fanthome@keele.ac.uk)

***Thank you!***

## Appendix I: Participant Consent form (V2 26/07/19)

### CONSENT FORM

**Title of Project:** An ethnographic study of creative community involvement and the potential of social prescribing to enhance health and wellbeing

**Name and contact details of PhD student:** Jeanette Fanthome, Keele University, Keele ST5 5BG (University Tel: 01782 734985). Email: j.c.fanthome@keele.ac.uk

**Please initial the box if you agree with the statement.**

**Even if you agree to take part, you do not have to consent to all statements**

1) I confirm that I have read and understood the information sheet dated 24/06/19 (version no. 1) for the above study and have had the opportunity to ask questions	
2) I agree to take part in this study	
3) I understand that I am free to withdraw any information about me at any time, prior to the final stages of the PhD thesis and any publication	
4) I understand that my participation is voluntary and that I am free to withdraw at any time	
5) I agree for photographs of me to be used in Jeanette Fanthome's PhD thesis and outputs, including publications, from this work, and understand that they can never be completely un-identifiable	
6) I agree for anonymised data from interviews to be used in Jeanette Fanthome's PhD thesis and outputs, including publications	
7) I agree to the workshop activities being photographed, audio and video recorded	
8) I agree to being contacted even if I leave the creative group before the end of the study	

\_\_\_\_\_  
Name of participant      Email address      Signature      Date

\_\_\_\_\_  
Name of researcher      Email address      Signature      Date

**All personal data is stored in accordance with the General Data Protection Regulation (GDPR)**

Consent form-FanthomeV.2 26/07/19 1 for participant, 1 for researcher

## **Appendix J: Risk Protocol**

### **An ethnographic study of creative community involvement and the potential of social prescribing to enhance health and wellbeing Risk Protocol**

This study will explore the life experiences of participants in the context of group creative activity. It is possible that participants may become distressed during conversations and interviews. This protocol outlines the steps that will be taken in such a situation (Fig.1).

#### **Definition of distress**

Distress will be defined as any verbal or non-verbal expression from the study participant to the researcher or another member of the group which indicates that he/she is anxious, uncomfortable, or upset.

#### **Action required if mental/emotional distress is expressed**

In the case that the researcher feels that the participant is distressed she will check with the participant whether they wish to continue with or terminate the interview and/or participation in the study.

The researcher will suggest that the participant speaks to others in the group or friends and family. If the researcher is concerned about the level of distress, she will ask if the participant has spoken about the situation with his/her General Practitioner. The researcher will reiterate that discussing emotional problems with the GP could be helpful and urge the participant to contact his/her GP. Suggested scripts are shown in relevant section below. The participant will also be reminded of their ability to stop the interview and withdraw from the study at any time.

If the participant declines to share thoughts with a GP and the researcher is concerned about the safety of the participant, the researcher will contact a member of the Supervisory Team, which includes a General Practitioner (Supervisor 2).

#### **Indicative researcher scripts**

##### **Some distress shown**

*I am concerned about how you are feeling. If you wish, we can end the interview now. I wonder if you have thought to talk to family, friends or share your thoughts with people you trust?*

## **Appendix J: Risk Protocol**

### **Researcher concerned about safety**

*I am concerned about some of the things you have disclosed to me. Have you talked about them with your doctor or anyone else? It is important that your doctor is aware*

*about how you are feeling so that he/she can make sure there is the necessary support in place for you. Could you please share your thoughts with your doctor as soon as possible so they can support you?*

a) If the participant declines or is hesitant:

*It is common for people to find it hard to talk about these feelings during a visit to the doctor, but your GP can help you with these feelings. If he/she learns of how you are feeling, he/she will be able to discuss it with you and decide the best approach to take which will help and support you.*

b) If the study participant continues to be distressed and researcher is concerned about immediate risk:

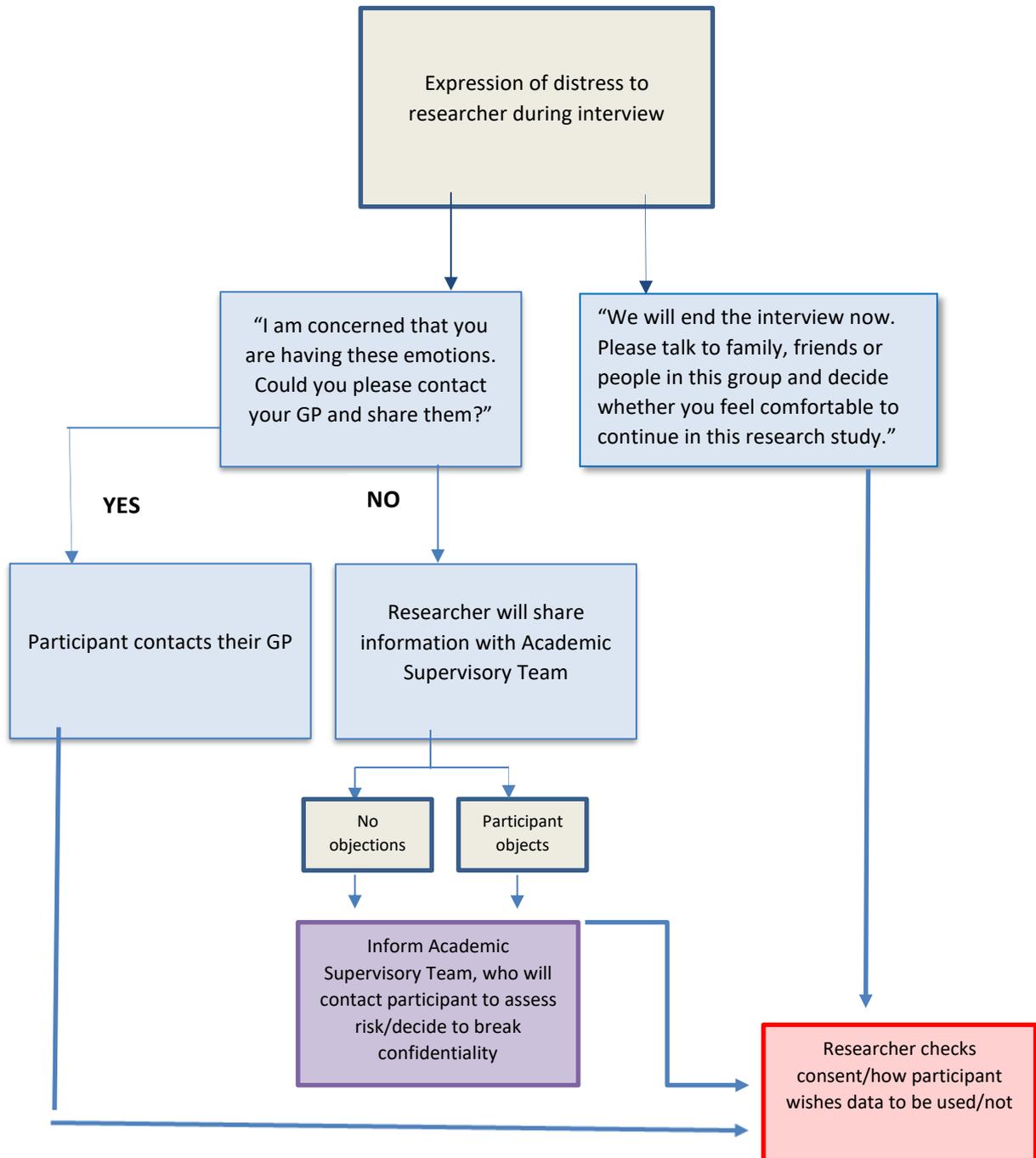
*I understand you don't agree with sharing these thoughts with your doctor, but as I am not a qualified health practitioner, and I am concerned about you, and I do have to let my supervisor, a GP, know about how you are feeling. She may wish to talk with you today about the way you are feeling.*

**Nominated member of study team:**

- 1. Researcher:** Jeanette Fanthome Tel: 01782 734889
- 2. Academic Supervisor 1:** Dr Lisa Dikomitis Tel 01782 732919
- 3. Academic Supervisor 2:** Professor Carolyn Chew-Graham Tel 01782 734 717
- 4. Academic Supervisor 3:** Dr Eva Luksaite Tel 01782 734639

## Appendix J: Risk protocol

Figure 1. Expression of distress pro forma



## Appendix K: Ethical approval Keele University FMHS

### Faculty Research Ethics Committee



12 August 2019

Dear Jeanette,

<b>Project Title:</b>	An ethnographic study of creative community involvement and the potential of social prescribing to enhance health and wellbeing
<b>REC Project Reference:</b>	MH-190041 (MHFI-0012)
<b>Type of Application</b>	Amendment

Keele University's Faculty of Medicine and Health Sciences Research Ethics Committee (FMHS FREC) reviewed the above project application.

#### **Favourable Ethical opinion**

The members of the Committee gave a favourable ethical opinion of the above research on the basis described in the application form, protocol and supporting documentation. There are no conditions attached to this ethical opinion.

#### **Reporting requirements**

The University's standard operating procedures give detailed guidance on reporting requirements for studies with a favourable opinion including:

- Notifying substantial amendments
- Notifying issues which may have an impact upon ethical opinion of the study
- Progress reports
- Notifying the end of the study

#### **Approved documents**

The documents reviewed and approved are:

<b>Document</b>	<b>Version</b>	<b>Date</b>
All documents submitted with MH-190041 and MHFI-0012	-	26/07/2019

Yours sincerely, 

**Dr Ed Chadwick Chair**

# Appendix L: Ethics amendment due to COVID-19 restrictions and impact on fieldwork



Keele University FMHS Faculty Research Ethics Committee  
[health.ethics@keele.ac.uk](mailto:health.ethics@keele.ac.uk)

26th June 2020

Dear Jeanette

<b>Project Title:</b>	An ethnographic study of creative community involvement and the potential of social prescribing to enhance health and wellbeing
<b>REC Project Reference:</b>	MH 190041
<b>Type of Application</b>	Amendment
<b>Amendment Reference:</b>	MH 200127
<b>Amendment Date:</b>	27 May 2020

Keele University's Faculty of Medicine and Health Sciences Research Ethics Committee (FMHS FREC) reviewed the above amendment.

### Favourable Ethical opinion

The members of the Committee gave a favourable ethical opinion of the above research on the basis described in the application form, protocol and supporting documentation, subject to the conditions specified below.

### Conditions of the favourable opinion

The favourable opinion is subject to the following conditions being met prior to the implementation of the amendment.

1.	No conditions required; the only recommendation is to ensure that the change to online / remote evaluation is in line with the GDPR and other data protection / storage regulations of the institution.
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### Reporting requirements

The University's standard operating procedures give detailed guidance on reporting requirements for studies with a favourable opinion including:

- Notifying substantial amendments
- Notifying issues which may have an impact upon ethical opinion of the study
- Progress reports
- Notifying the end of the study

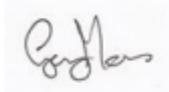
## Appendix L continued

### Approved documents

The documents reviewed and approved are:

Document	Version	Date
All documents submitted with MH 200127		

Yours sincerely,



Dr Gary Moss

**Chair**