

## **Health Psychology and the Arts : A conversation**

Michael Murray and Ross Gray  
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# Health Psychology and the Arts

## A conversation

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### Abstract

Critical approaches within health psychology continue to explore new methods of working and new theoretical ideas from other disciplines. One area that remains under-explored is the potential links with the arts. This special issue contains a selection of empirical and theoretical reports on the linkages between health psychology and the arts. It includes arts and health projects in clinical, community and educational contexts; projects with young and old people, projects with people from different social and ethnic background and projects using different forms of art. This article introduces the special issue and uses a dialogic format to consider some of the broader issues.

### Keywords

- *health interventions*
- *health psychology*
- *performance*
- *the arts*

*The Health Psychologist (HP):* Let's see if we can sort out the relationship between health psychology and the arts. From a traditional perspective I could say that the arts have no place in health psychology. Indeed, I recall several years ago submitting an extended review of published narrative accounts of breast cancer to a psychology journal only to be told that this fell outside the discipline and that I should find another publishing outlet. Now admittedly there has been sustained debate within health psychology about its assumptions and methods but there would still be some hesitancy on the part of many health psychologists to accept that the arts have a place in the discipline. Surely you are challenging health psychology's claim to be a science.

*The Artist (A):* If health psychology wants to claim to be a science, I have no objection ... although personally, the claim seems a bit grandiose and ill-advised. After all, there has been much written about the limitations of positivism and the goal of prediction and control.<sup>1</sup> But even if we were to agree on the rightness of a natural scientific approach (which we don't), there is room for varied approaches within health psychology, including idiographic, qualitative and arts-related approaches. A more interpretivist approach to health psychology has already been legitimized and has vastly enriched our understanding of human health and illness.<sup>2</sup> Now it is time to open the gates to include all that the arts have to offer.

*HP:* OK, Arty. You don't mind if I call you that? I hear you, but I think there may be some question about how far to open the gates. Let's talk more. Is it your position that the arts offer a new methodology, strategies for interpretive inquiry extending beyond the interview method most commonly employed by qualitative researchers?

*A:* That is part of what the arts have to offer; how to investigate health and illness through artistic forms. Different kinds of data often emerge, for example, when you ask a small group to do a theatrical improvisation on 'information overload', or paint a mural on the same topic, from what that same group might produce in a focus group discussion about health decision making or through individual interviews. But you shouldn't limit the potential contributions of the arts just to research methodology. The arts are also enormously useful for helping to communicate the learnings from studies, what you researchers are now talking about as knowledge transfer or more correctly knowledge exchange.<sup>3</sup> As

I understand it, the idea behind psychological research is to make a positive difference in the world. Well, that's more likely to happen when research results appear in a form that engages people and gives them pleasure. And, by the way, I think the name Ziggy would suit you very well.

*HP:* Yes, Arty. That sounds all very grand but you are right that there is a need to better communicate about health psychology research, and not just among scholars. There is also a need to listen more to what ordinary people have to say. Health practitioners and lay people have not been respected enough in this process of research reporting. But before we come to this idea of knowledge exchange let's step back to explore the process of doing research. Are you saying that the arts can help us do research?

*A:* Yes Ziggy, they can help in many ways. The arts can be considered a resource to help psychologists explore people's experience of health and illness or of their contact with health professionals. I know that qualitative researchers have put a lot of emphasis on what people have to say, but sometimes the words just are not there. Indeed, some people may be intimidated simply by the request to talk about an issue. So the arts can act as a means of breaking through that inhibition. And they offer different vantages on people's experiences. I am not saying that health psychologists should learn artistic skills ... although some might choose to do so ... but they could work with artists in the research process.<sup>4</sup>

*HP:* That's all very well Arty but what do you do with all this fancy artwork when you get it. I know that there are lots of books around telling us how to analyse interviews but what do you do when you have photographs or artwork?

*A:* In the same way that text can be analysed differently depending on the researcher's theoretical lens, so there is no fixed or definitive approach to art data. Themes can be tracked, core concepts proposed. Some researchers will allow the art to speak more for itself, others will be highly interpretive. Research participants can be invited to tell narratives linked to their art, or speak about what they intended or liked in what they produced. And yes, there is lots of room to build sophistication here; it's a developing field.<sup>5</sup>

*HP:* OK Arty, I can see what you're saying but I'm still not sure how it works in practice. Perhaps if we

got some other people to give examples of their work in which they illustrate linkages between health psychology and the arts it would be easier to grasp what you are saying. Maybe we could organize a special journal issue that would look at these issues.

A: Right let's try that. But I think we should also go beyond the research issues and include examples for how the arts are used for therapeutic benefit. This is an important topic and health psychologists working with ill people need to know about the issues and possibilities.

HP: I hope you're not going to argue that art is inherently healthy and that we should be pouring our health tax dollars into community theatre and creative writing courses.<sup>6</sup> Or that psychologists should all be replaced by art therapists and music therapists.

A: Getting a bit protectionist are we Ziggy? Listen, you're right that art can have both helpful and unhelpful effects depending on the art and depending on the person. It's not a universal good. But you shouldn't be so dismissive about the overall potential of the arts for individual and community health. Let's include one or two review articles in this special journal issue you were talking about. That will show how people's health is affected when they engage actively in arts initiatives. The evidence is accumulating.<sup>7</sup>

HP: It may be accumulating, but much more needs to be done.

A: I agree Ziggy. And there are some very thorny problems to be sorted out in moving the field forward.<sup>8</sup> For example, how do you best track the benefit of a community arts festival? How do you evaluate an arts-based intervention with homeless women?

HP: But Arty what you seem to be saying is that the major issue in arts work is the issue of evaluation. Surely that would be easy to sort out. It is simply a question of agreeing on your outcomes and then measuring them.

A: Oh dear Ziggy. I thought I was making some progress and now you're slipping back to those tired old shibboleths about measurement. I thought that we had agreed at the outset that health psychology had moved beyond a fascination with measurement and was expanding its horizons to be concerned with meaning, understanding and transformation. How we measure these is much more complicated but not impossible. There are new ways of assessing change but we need to consider who is the assessment

for—the participants or the researcher or can we blur the line between these two groups?<sup>9</sup>

HP: This all sounds very well Arty but what about theory? Are the arts just a series of practices or are there certain theoretical issues that we should grapple with as well. For example, what do the arts tell us about the meaning of health and illness? Or what can they tell us about community engagement?

A: Now we are moving into exciting territory, Ziggy. There has been substantial writing about the psychology of aesthetics<sup>10</sup> and about the psychology of community participation and health.<sup>11</sup> The challenge is surely to explore how this literature can inform health psychology. I don't have all the answers at the moment but that is why the area is so exciting.

HP: Well I admire your enthusiasm Arty but I still wonder are we dealing with superficial matters here and ignoring the major health crises that health psychology should be addressing. What about the issues of social inequalities in health?<sup>12</sup> What about trying to create a better world?

A: *Au contraire*, Ziggy. I think that the arts can position themselves right in the thick of these issues. Art can be said to have many functions. Primary among these is to ask questions, to challenge the established orthodoxy. In that sense it connects with old Paulo Freire's<sup>13</sup> ideas of *concientization*.

HP: Sometimes I wonder if you have some sort of a Napoleon complex Arty.

A: Ok, take your shots Ziggy, but if you really want to address social inequalities in health you have to get people's attention. And the arts are able to do that a lot more effectively than yet another dry report ... or even a really fine article in the *Journal of Health Psychology*. Learning is enhanced by narrative presentation<sup>14</sup> and defensive resistance to new ideas can be undercut through emotionally evocative drama.<sup>15</sup> Rather than seeing the arts as frivolous, why not explore how they can help in the fight against inequity. I guarantee better results than you've been getting. Way better.

HP: No need to get so hot about it. This is supposed to be a dispassionate academic discussion, and a vehicle for displaying the controversies and challenges for integrating the arts into health psychology. It's not personal.

A: Right Ziggy. That sounds to me like the same old neutral observer, rational scientist bullshit. And that's exactly the kind of approach that kills passion

and makes for boring reading. Of course it's personal. Art is personal. Health is personal. Everything is personal.

*HP:* Well, Arty, that's exactly the kind of excessiveness that will undermine the possible contribution of the arts to health psychology. I think you should be more strategic in your talk, downplay the wild artist tendencies and appeal to us mere mortals and our concerns for balance and reason.

*A:* Oh bother, Sid. I'm not so out of control as you think. And even where I might be, that is exactly why there can be such a productive interplay between people like me and people like you. We balance each other.

*HP:* OK, so I get it that you're suggesting that the arts provide a way of bringing missing aspects into psychology. Like emotion. And passion. And maybe even spirit or soul. Say, that reminds me of the Koestler's quip about psychology having lost its soul and gone out of its mind. But joking aside, I think that you are onto something here. One thing that frustrates me about much of mainstream health psychology is its avoidance of the question of what we mean by health. And where the question is taken up, there is a strong reliance on biomedicine and the presumption that health is merely the absence of disease. But there is much more to health than absence of disease. I think what you are suggesting about the emotional and spiritual dimensions of health begin to touch on this gap. We need a broader and fuller understanding of health. Maybe the arts do provide a way forward.

*A:* Well thanks for being so magnanimous Ziggy. I thought for a moment I was losing you. Within the arts community there has been much debate about the value of the arts. And, just for the record, not all of it is uncritical. In the postmodern world we have moved beyond agreement on what exactly is art.<sup>16</sup> Rather it has been argued that it depends on the observer, that artistic products have no inherent value. Others have argued that this ignores the process and function of art making that has historically been suffused with celebration and religiosity.<sup>17</sup> It provides an opportunity to move beyond the purely materialistic and mundane.

*HP:* Very interesting my dear Arty. Your thinking is in line with the psychoanalyst Jacques Lacan, who argued that the soul is concerned about more than the mundane. And this 'more' seems to me very relevant to understanding health. Maybe health includes

celebration. This would be quite a useful definition since it also moves beyond the individual to a sense of collective meaning making. But what about illness? Are we saying that illness is the absence of celebration, or lack of meaning?

*A:* Well, I wouldn't want to claim that it's just that, but I do agree that it's an important thread.

*HP:* It reminds me of what the narrative philosopher Paul Ricoeur<sup>18</sup> suggests, that it is through narrative that we give meaning to a disordered world and without such meaning there is suffering. So suffering is always more than physical, and dealing with illness or returning to health necessarily involves engaging with meaning making. To give a practical illustration, this helps explain why people who begin to experience some health problem are relieved when they acquire a diagnosis.

*A:* Well, I agree with that in part. But when you psychologists talk about meaning making it usually leads back to the mundane, to predictable discussions about cognitive processes. It strikes me that art, and often narrative as well, doesn't just structure and order the world but reveals and resonates with the vital energy of the universe. And those glimpses are inherently healing. And have everything to do with sustaining health.

*HP:* Ok Arty, I can see we aren't going to see eye to eye about all of this. You're starting to sound far too mystical for my liking. But hey, I like your enthusiasm, and I think you are right about a lot of stuff. Maybe we shouldn't try and solve everything about art and health right now. You know, leave something for somebody else to sort out?

*A:* Ha. Right you are. We wouldn't want to steal all the mystery would we? Anyway, I have to get my saxophone and head off to our blues gig. What do you think Ziggy, will I be engaging in health promotion? Do you think we should include a health psychology blues tune as part of that special journal issue? Got those health psychology blues baby ...

*HP:* Maybe we shouldn't press our luck. How about we wait for the next time and soften them up a bit first?

*A:* Right. So why don't you do what you do best, go all academic and formal and explain to the readers what they can expect in this remarkable journal issue. I'm out of here.

*HP:* Thanks for doing this Arty. And now ...

## Review

THIS SPECIAL Issue contains a selection of such articles that we hope will indeed convince you of the opportunities for synergy between health psychology and the arts. It begins with a series of articles that consider the use of arts in various community settings. In particular they consider how different forms of community arts can begin to connect with marginalized groups. Olivia Washington and David Moxley describe the challenge of using an exhibition to represent the experience of homelessness among African American women. In doing so the researchers also explore broader definitions of health and how the arts can motivate and change marginalized communities.

John Sullivan and his colleagues describe how drama can be used as a means of raising awareness of environmental hazards. His work provides an entrée into Augusto Boal's Theatre of the Oppressed. This technique, initially developed in Latin America, is now used as a framework for participatory drama in a wide variety of health settings (Boon & Plastow, 2005). It offers immense potential as a means for energizing and mobilizing communities.

The third article in this group considers the use of video as a means of engaging with a group of indigenous youth in Canada. This collaborative action research project was conducted by Suzanne Stewart and her colleagues in British Columbia. It illustrates how in the process of art making the Indigenous youth convey a definition of health that is inclusive ranging from the physical through to the spiritual.

The second group of articles focuses on the use of arts in more clinical settings. Mary Rykov considers the use of music therapy as a component of cancer support. One exciting aspect of this article is the form of reportage. In editing this Special Issue we were especially enthusiastic to encourage authors to experiment with innovative forms of reportage. In her article Mary deliberately places the participants' accounts at the front as a means of conveying the immediacy of their experience of music.

Dorothy Lander and John Graham-Pole in their article on love medicine explore not only the use of art in palliative care but also how they as clinicians to and partners of the dying person are drawn into the experience. Their innovative use of appreciative inquiry as a method of research in this setting further expands our repertoire of clinical methods of investigation. A related article is that by Maura McIntyre and Ardra Cole that considers how a

performance can be developed from data collected in clinical research; in this case from family caregivers of people with Alzheimer's disease. The authors also experiment with the style of reportage including extracts from the play, commentary on it and images from the performance.

The third group of articles consider art in educational settings. The first by Jan Nicholson and her colleagues considers the impact of music therapy as an aid to parenting. An exciting aspect of this project is how the researchers worked closely with the artists at all stages of the project. This is an important article as it illustrates the multiple methods that arts researchers use to refine and evaluate their work.

The second article by Elizabeth Thomas and Anne Mulvey considers art in the university curriculum. The arts are not something outside the everyday reality of professors and students. Rather, as Elizabeth and Mary illustrate, we all can become participants in the artistic endeavour. The arts can play an important role in the health education process in higher education.

The fourth section considers the issue of evaluation, which is an ongoing challenge for researchers in the arts. The first article, by Norma Daykin and her colleagues, provides a systematic review of the impact of performing arts on adolescent health, while simultaneously acknowledging how difficult it is to 'tread', via evaluation, on the creative work and dreams of artists. As the Irish poet William Butler Yeats argues in his love poem, 'He who wishes for the cloths of heaven', dreams are worthy of respect:

Had I the heavens' embroidered cloths,  
Enwrought with golden and silver light,  
The blue and the dim and the dark cloths  
Of night and light and the half light,  
I would spread the cloths under your feet:  
But I, being poor, have only my dreams;  
I have spread my dreams under your feet;  
Tread softly because you tread on my dreams.

The challenge of conducting evaluation of community arts and community health projects is further explored by Christine Putland. She argues that a major issue is that health and arts practitioners use different languages. This echoes the debate on the two cultures developed almost 40 years ago by C. P. Snow (1959). In her article, Christine considers the challenge of developing a shared language.

In the same group of articles on evaluation we include an article by Kate Rossiter and her colleagues on the challenge of interdisciplinary collaboration. In all forms of reportage there is the tendency to gloss over the tensions and contradictions in practice. Kate and her colleagues bring these tensions to the fore and demonstrate how the role of dramaturge can facilitate exploration of the creative potential in these tensions.

In the final section, we include a more global review article by Paul Camic. What is the evidence to support the arts as a viable approach within health psychology? Read Paul's article. We also include some reviews of relevant books and videos that illustrate the growing interest in connecting the arts with various forms of health research and practice.

Together this collection of articles provides an introduction to the many opportunities for engagement between health psychology and the arts. Hopefully it will stimulate debate and increase connections between health psychologists and artists. We envision a future that will see regular inclusion of arts-related articles in the *Journal of Health Psychology* and other leading journals.

## Notes

1. See, for example, the recent work by Teo (2005) and the updated collection by Fox, Prilleltensky and Austin (2008).
2. For example Murray and Chamberlain (1999).
3. See Burton, Horowitz and Abeles (2000) for some further debate on this issue.
4. Some suggestions about such collaboration are given in the book by Gray (2003) and Gray and Sinding (2002). See also Murray and Tilley (2006) and White (2006) for further examples of collaboration with community artists. The challenges encountered are well described by Gray (2000).
5. Some of the new qualitative research books provide guidance. For example Bauer and Gaskell (2000); Bochner and Ellis (2002); Flick (2005); and Willig and Stainton Rogers (2007).
6. See Smith (2002) and the subsequent discussion.
7. There have been several recent reports that have provided reviews of the evidence. The reports by Lechuk Staricoff (2004) and Philipp (2002) provide useful reviews. As do the recent reports by Arts Council England (2007a, 2007b).
8. See Angus (2002) for some examples.
9. See Fetterman, Keftarian and Wandersman (1995) for examples.

10. Lochner, Martindael and Dorfman (2006).
11. See the special journal issues edited by Campbell and Jovchelovitch (2000) and by Murray and Campbell (2004). See also the articles by Howarth (2001) and Stephens (2007).
12. See Marmot and Wilkinson (2005) and Raphael (2004) for recent reviews.
13. The best and classic introduction is Freire (1970/1993).
14. Jadad and Enkin (2000).
15. Gray and Sinding (2002).
16. Carey (2005).
17. Dissanayake (2000).
18. Ricoeur (1992).

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