

# Creative Brain Week

## Knowledge Making



CREATIVE  
**BRAIN**  
WEEK



# This book brings together the lived experience and insights shared during Creative Brain Week

|   |           |
|---|-----------|
| <b>About Creative Brain Week</b>  | <b>2</b>  |
| <b>This Book and Creative Brain Week</b>  | <b>3</b>  |
| <b>The Curatorial Architecture of Creative Brain Week</b>   | <b>4</b>  |
| <b>This Volume</b>  | <b>5</b>  |
| <b>On Hope</b> – Professor Brian Lawlor   | <b>6</b>  |
| <b>Troubled times, troubled minds</b> – Professor Ciaran Mulholland   | <b>10</b> |
| <b>Conflict, arts and health</b> – Professor Agustín Ibáñez with Professor Nisha Sanjani and Professor Aline Haas | <b>16</b> |
| <b>Creativity, brain and health</b> – Ian Robertson   | <b>21</b> |
| <b>Creativity as a response to conflict</b> – Rachel Clarke-Hughes  | <b>25</b> |
| <b>Creative Brains</b> – Anna Newell  | <b>30</b> |
| <b>Unclear minds and coping through music</b> – Dr Rachel Hoare and Professor Ganzamungu Zihindula                | <b>33</b> |
| <b>Imagination is awesome, caring connects</b> – Justine Foster   | <b>39</b> |
| <b>Leading change in health and social care</b> – Corrina Grimes  | <b>44</b> |
| <b>High Security Long Stay</b> – David Cotterrell   | <b>50</b> |
| <b>Art amongst the caring</b> – Caroline Schofield  | <b>55</b> |
| <b>Conclusion or provocation?</b> – Dominic Campbell  | <b>59</b> |
| <b>About the editors</b>  | <b>62</b> |

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We would also like to thank Harry Hartford, Trinity alumnus and President, Causeway Capital Management LLC. Produced by Creative Aging International.

# About Creative Brain Week

Creative Brain Week is an annual exploration of how brain science and creativity connect to seed new ideas in social development, culture, wellbeing, and physical, mental and brain health across the life cycle and across society.

A Global Brain Health Institute innovation, Creative Brain Week takes place on the real and digital campus of Trinity College, Dublin, Ireland. Contributors and attendees come from across the globe and across lived experience and disciplinary expertise. Supporters include the Creative Ireland programme, Atlantic Institute, the Wellcome Trust, Harry Hartford, for whose trust and courage in supporting the evolution of an idea we are deeply grateful.

## Speakers, exhibitions and workshops introduce innovation at the intersection of arts and brain science.

Creative Brain Week speakers and presenters have explored what happens to the brain in conflict and in joy. Speakers have included scientists, dancers, people living with a diagnosis of Alzheimers, people with Down Syndrome, doctor's, visual artists, business leaders and provocateurs. They've touched on the role creativity plays in knowledge making or addressing trauma.

Creative Brain Week's spectrum of concerns has ranged from arts and health to neuro-aesthetics, from the built environment to lessening the impact of enforced migration, from better corporate collaboration to engineered disruption. It looks at what neurodegeneration, and neurodiversity makes possible, and how all brains can flourish. Brains are everywhere, and brains that address the problems of everywhere contribute to Creative Brain Week.

Creative Brain Week explores the interdisciplinary neuroscience of creativity to shine a light on both the working of the brain and its practical application.

It highlights the importance of Ireland in this emergent area. Over coming years it will continue to connect inspiring experience and knowledge from academic and public practice to explore the relationship between creativity, the brain and all aspects of our lives.

All sessions are recorded and streamed, you can follow the developing programme and listen in to speakers here, or book yourself a ticket to the next time we are live.

**[www.CreativeBrainWeek.com](http://www.CreativeBrainWeek.com)**

# This Book and Creative Brain Week

Creative Brain Week connects brain science with creativity and sharing their exciting collisions seeding new ideas in society, culture, and health.



Or as we might lightly say “A “heady” mix, of World-Leading Neuroscientists, Educationalist, Healthy Policy Makers, Artists and Innovators, exploring the brain and creativity”. Serious intent lies behind the comedy puns. The fast developing world of Neuroscience offers new insights into human behavior, health and illness. Creativity is critical to apply these insights in the world. Disruptive playfulness facilitates meaningful involvement with new ideas.

Likewise creativity, in all its forms, is a key attribute in our brave ever-new world. Creativity, arising in the brain, is everyone’s biggest asset from solving daily problems to improving lives. It’s where innovations shaping the lives of millions are born.

A rich adventure for curious minds is unwrapping the mystery of how this happens, understanding the complex interaction between human tissue, personality, environment, and dreams. Discovering how many brains might work better together, in greater harmony for the benefit of people and planet, is the noble cause uniting contemporary artists, scientists, activists and strategists at Creative Brain Week. How might we connect the action of our hearts, our hands, our heads?

**This book brings ideas from Creative Brain Week into print.**

In it you will find the words of artists, health professionals, neuroscientists, and others as they wrestle to understand how the brain works and how this knowledge can be applied. They might be focused on the development of a babies’ brain or seeking to make life easier for people living with a diagnosis of dementia. Their motivation might be the profundity of artistic enjoyment or reducing the intergenerational impact of conflict and trauma.

As they try to build on the best available knowledge from their discipline they often spill across expertise. Words for innovative practices can sound awkward, sometimes we can’t yet find the language for what is coming into being. We’re learning to listen hard for that “clumsy” language which represents innovation emerging. We embrace its fragility. Each year we ask all contributors to be generous as they seek to communicate complex learning in the most accessible terms. We make room to include knowledge making based on lived experience whose long exclusion has made academic conversations poorer. We invite you as a reader to enter this publication from a similarly generous perspective. From a place of abundance. As the first astronauts noted, this is the one and only planet from which everything that we know comes, so far.

**Our hope in sharing our generous journey together into the unknown is that we bring you novel insights and seed fresh ideas. As the following pages articulate, just like our annual gathering, this book sets out to inspire action.**

**Dominic Campbell and Bea Kelleher,  
Creative Aging International**

# The Curatorial Architecture of Creative Brain Week

Encouraging global travel for close encounter and effective education isn't a simple decision when faced with the opportunity of online connection and the impact of carbon footprints. However, proximity matters. Something happens that we have only limited tools to understand when people gather closely in creative rooms.

**Our team developed a simple curatorial architecture that guides their decisions to date. Think of these as ingredients in a recipe:**

Nothing about us without us.

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This states clearly that all types of brains belong here, names our intention to celebrate all voices and make safe space for them, and encourages all involved to deep listen for signals amongst the noise.

No show without a tell, no tell without a show.

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This recognises that richly diverse knowledge is neither made nor communicated in the same way. Brain's work differently. So should pedagogy. Not all learning uses the same languages.

Each One Teach One.

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For the energy involved in gathering to be meaningfully spent, our moments together need send us back out into the world as ambassadors. For proximity to matter how we encounter each other needs all knowledge, lived or learnt, to encounter itself as equal. CBW is a moment of in-person connection that seeks to encourage momentum.

# This Volume

The first Creative Brain Week brought together 120 speakers to articulate a broad landscape of concerns, and took place as the worldwide Covid-19 pandemic stuttered towards “a new normal” with “build back better” popular topic of public conversation.

In the background to the second was the 25<sup>th</sup> anniversary of the Good Friday Agreement, a pair of agreements in April 1998 that ended most of the violent ethno-nationalist conflict on the Island of Ireland which had taken place predominately in Northern Ireland, the United Kingdom.

Perhaps it was these two significant moments that encouraged reflection at CBW23 on the nature of care systems, their behaviour and relevance in the long term.

**If we inherit the dreams of our grandparents made real as institutions and their behaviours, or codified as culture, how do we recognise when the issues they dreamt of addressing have changed? How can we then build our own dreams?**

In a connected world how do ideas travel? How is care made? Can we tread carefully between knowledge that is biological or imperial or cultural? Is creativity as culture a way to propagate care alongside formal health care systems? Can it increase the care within them?

We wondered if conflict, as a root cause for ill health, applied at individual as well as systemic level, might this apply for all the wide diversity of our online and in the room audience? It led to the themes of CBW23 of “Conflict. Imagination. Joy”

Therefore the second programme began from the specifics of research in Ireland indicating that conflict from decades before continues to have an impact on the Brain Health and physical health of the people of Northern Ireland (Ciaran Mulholland).

We were able to reach out to experts in creative intervention able to show how over decades, arts, craft, and creative practices had had multiple benefits. Programmes that have endured long enough for youth involved to have grown and now set the agenda for the concerns of contemporary art practice (Rachel Clarke Hughes and Derry Playhouse)

With access to global expertise we were able to ask if and how this impact on individual neurology, on people’s Brain Health, applied in other conflict and post conflict zones. (Agustín Ibáñez).

In this publication from those foundations we broaden the focus. Inviting you to consider how attitude affects the mind, and the role that hope plays in healthcare. We look at the creation of health and care systems that begin not in bio-medical or acute systems but in the cultural realm. We touch on the role of creative practice for the earliest stages of brain development and the final stages of life. We look at how creative practices benefit brain health when life takes an unexpected turn or we are born in circumstances that are not conducive to health.

# On Hope

The importance of hope  
and how arts and creativity  
can raise hope for people  
living with dementia

**Professor Brian Lawlor**

Site Director, Global Brain Health Institute,  
Professor of Old Age Psychiatry, Trinity College Dublin



I was a practicing psychiatrist for over 30 years caring primarily for people living with dementia and I was continually amazed at how much a word of kindness or encouragement can sustain a person and their family in the face of a difficult diagnosis like dementia.

Over the years I have learned to appreciate that what we say and how we say it can be extremely important to the person with dementia and to their family. Instilling purpose, meaning and caring around the time of diagnosis was crucial, because it gave people hope.

We recognise hope when we feel it and when we need it, but it's hard to define and describe. Hope is all about imagining and reaching for a better future for ourselves, a place of joy.

Hope is not optimism, which is a conviction that everything will work out. Hope is the belief that there is potential to secure a better future through a person's own agency and pathways.

### You must work at hope and hope can be hard work!

So, hope is much more active than optimism, it's a feeling and a mindset that you have to work at in order to achieve your goals, despite trying and extenuating circumstances.

Hope has two systems that operate hand in hand, and both are necessary for hope to be an effective therapeutic tool at an individual and collective level. The emotional or feeling part of hope has a relational quality: it's a sense of trust, of caring and being cared for that comes from outside and is based on relationships and being connected to the world and life.

The thinking part of hope involves having the will or agency to do something as well as a pathway for action that is the knowledge of how to get to your desired outcome.

The emotional and relational aspect of hope is that sense of trust and caring that's so important in times of personal adversity and when people are ill. It's the part that comes from outside yourself, that gives you strength to face uncertainty and the unknown.

In the case of uncertainty around a diagnosis of cancer or dementia, hope can come from many places outside yourself: your doctor, your friends, your family; but having the will to keep going, to hold on, and the way to get through it, with supports, treatment, interventions and meaning – all of this makes up the hope experienced that can sustain a person at a very difficult time in their lives.

We know that hope works for the brain and in the brain. If you experience hope in the face of adversity, your brain performs better, and you are more likely to make positive decisions regarding your health, such as adhering to medication and adopting healthier lifestyles in the face of chronic diseases. Experiencing hope dampens the anxiety circuits in the brain, and when you feel less anxious, your brain function improves. And more: if you feel hope you tend to look for information and opportunities that helps resolve problems and conflict. Another great asset of hope.

Creating a framework of hope around dementia is about rethinking dementia from the perspective of brain health. Taking a brain health approach for dementia emphasises that there are ways to protect your brain, reduce risk to your brain and that you can improve your brain function even if you have dementia. This is crucial if we are to address and overcome the negative attitudes that permeate society around dementia, its diagnosis and treatment. And arts & creativity are a big part of this story. Arts, music and culture can be an important part of the framework of hope for dementia. As put beautifully by Gerhard Richter, the great German visual artist, 'Art is the highest form of hope'.

Arts and creativity can be a powerful pathway to hope and a safe prescription to improve brain health in people living with dementia and their care partners and those at risk of developing dementia.

## So, what are the benefits of arts and creativity and how does it work for brain health?

Arts and creativity offer engagement and activity that is rewarded by our brains. Engagement in the arts and creative practice can decrease anxiety and improve wellbeing in people living with dementia and as such is a natural antidepressant and antianxiety agent.

But arts and creativity can also provide meaning for the person living with dementia. Through arts and engagement in creative practice, difficult emotions and experiences can be processed, and this can help a person live well with dementia. In creative practice and engagement with the arts, the emphasis is on participating, valuing your contribution and on what you can do, not what you are unable to do. In this way, arts and creativity allow everyone to be included regardless of their disability or illness.

Another advantage is the playfulness and joy that arts and creative practice bring to healthcare and care home settings all of which improves the wellbeing and quality of life of people living with dementia and their formal caregivers. From the professional perspective, arts and creativity can be used to disseminate awareness and knowledge about brain health and foster a greater empathic understanding of the perspective of the person most affected by dementia.

So, there are strong arguments for prescribing arts and creativity for brain health. And there is mounting evidence for the benefit of listening to music, playing a musical instrument, and singing for brain health and for people living with dementia. We know that engagement in artistic and creative practice can help deal with difficult emotions and improve our sense of wellbeing. Dancing improves motor function and may improve memory and thinking processes in people with Parkinson's disease as can involvement in other artistic pursuits such as theatre, poetry, and writing, particularly when a co-creative process is used, taking on board and incorporating the wishes and needs of the people that are experiencing the illness so that they can engage in the way that's meaningful for them.

The challenge for the field lies in developing a stronger evidence base around effective arts and creative interventions for health and in particular brain health and dementia that will convince policy makers and politicians. So, how do we get there?

We need larger and more robust and methodologically sound trials of arts and creative interventions that are culturally diverse and contextually relevant. Most importantly we must break down

the silos that exist between clinicians, social care practitioners and our artists and creatives that are not connected across a common purpose or at the implementation level.

And this is where the Global Brain Health Institute and the Atlantic Fellows for Equity in Brain Health believe that we are making an important contribution.

GBHI embraces arts and creativity for brain health as we firmly believe that we need arts, science, and a co-creative collaboration with people living with dementia to change the tragedy narrative of dementia to one of hope.

## Creative Brain Week is a concrete expression of this commitment to arts and creativity for brain health.

Arts and creativity are a core part of our fellowship taught curriculum and a significant proportion of the interprofessional fellows that train at GBHI come from the arts, humanities, and the creative space. As part of their fellowship, they interact and collaborate with scientists and physicians to learn how science can inform their practice and how arts and creativity they can help transform the scientist's approach to improve outcomes for people with dementia and their caregivers. And creative pedagogy is used to stimulate innovation, open discussion and imagining new solutions and approaches.



GBHI Fellows Aline Haas, Mike Hanrahan, and Agustín Ibáñez

Examples of how Atlantic Fellows have used arts and creativity to enhance connection and engagement include Grainne Hope's use of cultural engagement with professional musicians to improve wellbeing and brain health for people with living dementia in nursing homes, Another example is Aline Haas's use of dance for

people with Parkinson's disease. Aline is Professor of Dance in Porto Alegre Brazil and employs various forms of dance to improve function and wellbeing in people with early Parkinson's disease.

Alex Kornhuber is a photographer from Peru uses his photographic images to chronicle the inequities of ageing in his home country and to help provide meaning to what it's like to experience ageing in these circumstances. Atlantic Fellow and French neurologist Eleonore Bayen's use of creative cartoons to educate young children about brain health that has been translated to multiple languages and has been adopted for use in local French schools and by Brain Health Scotland. Dominic Campbell has created international networks for arts and brain health and produced Creative Brain Week, an amazing platform for creativity and brain health.

And importantly, arts and creativity can be used as a powerful tool for inclusion for people living with dementia as captured in the words of the Atlantic Fellow and Nigerian visual artist, Kunle Adewale: *"When I engage with people with dementia, there is a joy that transmits... the sense of connectedness through creativity that helps them express themselves."*

Arts and creativity can build brain health and wellbeing and help turn the fear and stigma of dementia inside out. But we need to continue to bring arts and science together for brain health and advance the research around both how arts and creativity work in the brain and the evidence base of the effectiveness of arts and creative interventions on wellbeing and quality of life so that we can better inform policy and best practice. This is a core part of the mission and vision of GBHI and the Atlantic Fellows for Equity in Brain Health.



Kunle Adewale, GBHI Fellow and Founder of Arts In Medicine Projects, Nigeria

### **Professor Brian Lawlor**

**Site Director, Global Brain Health Institute,  
Professor of Old Age Psychiatry,  
Trinity College Dublin**

Professor Brian Lawlor (MD, FRCPI, FRCPsych, FTCD (Hon), DABPN) is Conolly Norman Professor of Old Age Psychiatry, and Site Director of the Global Brain Health Institute. He is a geriatric psychiatrist with an interest in dementia, late-life depression, loneliness and brain health.

Brian has worked for over 30 years on developing services and delivering care to people with dementia. His research interests range from early detection and prevention to evaluating new treatments for dementia.

[www.gbhi.org](http://www.gbhi.org)



# Troubled times, troubled minds

Lesson from the Northern  
Ireland Conflict

**Professor Ciaran Mulholland**

Consultant Psychiatrist and Clinical Director Northern  
Ireland Regional Trauma Network

The impact of what has become known as the “Troubles” or “the conflict” on the mental health of the population of Northern Ireland has been profound. A full understanding of the nature of the violence, its antecedents and causes, and its societal consequences, is essential if we are to fully grasp the meaning of the individualised experience of trauma for each victim and survivor.

We must also seek to improve clinical care-based on our experience and our research. We learn from each interaction between a mental health professional and those who have suffered. We learn through a thorough exploration of the impact of violence, often visited by neighbour upon neighbour, on the mind and the brain. The role of the creative arts must not be forgotten, both in naming the unnameable and giving voice to the voiceless.

Our collective efforts provide the basis for a re-examination of our assumptions and a re-imagining of our shared future.

### **Before the Troubles: a place apart**

The memory of Northern Ireland, in Dervla Murphy’s account, “A Place Apart”,<sup>1</sup> is only a century old. It was born when Ireland was partitioned in 1921, and was scarred by intense foundational street violence, especially in Belfast, which left 400 dead in little more than two years (also known as the “Troubles”). It has existed in a state of turmoil and uncertainty since, with periods of peace punctuated by rioting (in Belfast in 1935 in particular), and low-level IRA campaigns (in the 1940s and in the late 1950s). It was a heavily policed and militarised state, the threat or reality of coercion never far away.

Paradoxically the period just before the Troubles was the most peaceful in Northern Ireland’s history. The post-war reforms initiated by the Labour government—the Education Act and the National Health Service especially—and industrial development in the 1950s and 60s created jobs in mixed workplaces. There was more intermingling of the communities in new housing estates, and the rate of intermarriage went up significantly. The cross-community left Northern Ireland Labour Party was gaining ground electorally against both unionist and nationalist parties.

### **On the edge of Civil War**

Tragically, society was torn asunder in a series of events from 1968 onwards, complex but understandable as the consequence of social, economic, and political forces. The early 1970s saw forced population movements on a scale not seen in Europe since the end of the Second World War, and which would not be surpassed until the Balkan wars of the 1990s.

It can be difficult to grasp the scale of the conflict, even if, or perhaps because, one has lived through it.

3,600 people died in the North and 100,000 people were injured. Tens of thousands joined paramilitary groups, and 30,000 went to prison because of their involvement. Hundreds of thousands served in the armed police (Royal Ulster Constabulary) or locally recruited British army regiments (Ulster Defence Regiment and Royal Irish Rangers Home Battalions).

The numbers deserve to be understood both as individual (and familial) human tragedies, and to be set in context. The scale of conflict is illustrated starkly in comparative terms. Northern Ireland was and is a small place. In 1971 it had a population of 1.5 million compared to the total UK population of 45 million. The United States population was 211 million at this time. A simple extrapolation of the numbers would have seen 110,000 deaths if violence on a similar scale had occurred across the UK, and in the United States over half a million would have died.

### **Violence and Mental Health**

Indeed, the violence was so widespread that 40% of the population had very direct experience of the conflict—that is, they were personally injured or somebody very close to them was injured or died. The other 60% did not emerge unscathed, but their experience was more distant.

Today Northern Ireland has high rates of common mental health disorders such as anxiety and depression. Large scale studies using the GHQ-12 self-completion tool demonstrate persistent rates of significant depressive and anxiety symptoms of 20% across the population, compared to 15% in England.<sup>2</sup>

Northern Ireland also has high rates of post-traumatic stress disorder (PTSD). In 2003 a study demonstrated a rate of 8%, compared to a range of 3–5% across eight other countries, including Lebanon and South Africa, where the populations are no strangers to violence. Further exploration of this data suggests that PTSD is related to the experience of the Troubles for many.<sup>3</sup> More recently the NICOLA long-term study of people over the age of 50 (the generation that that were most affected by the Troubles) showed that 25% scored above an agreed threshold score for PTSD on a widely used rating scale (a score of 36 or greater on the PCL-C). If we take a more parsimonious cut-off point of 45, the rate is still a startlingly remains high 13.5%.<sup>4</sup>

We have demonstrated that Northern Ireland has a higher rate of psychosis (conditions such as schizophrenia, schizoaffective disorder, delusional disorder and bipolar affective disorder) than anywhere else in Ireland, England, Scotland and Wales, with the exception of the London boroughs with a high proportion of people from an Afro-Caribbean background.<sup>5</sup>

### **Transgenerational Trauma and the “Ceasefire Babies”**

Politically motivated violence in Northern Ireland has lasted for two generations and in every year since 1968 someone has died “in connection with the affairs of Northern Ireland” (a phrase taken from government legislation and the closest there is to a definition of the Troubles).<sup>6</sup> The violence has diminished greatly since 1998, but it hasn’t ended. There is emerging evidence that the “Ceasefire Babies”, born since the Belfast/Good Friday Agreement of 1998 live, like all of us, in the shadow of O’Casey’s gunman.<sup>7</sup> The paramilitary groups have not gone away, and continue to recruit young people, especially in deprived areas. So-called “punishment” attacks continue, when baseball bat or gun is used to maim alleged housebreakers or car thieves. New victims and survivors are created every day.

**The experience of the previous generations appears to be impacting the mental health of young people today – what has become known as the “transgenerational” effect.**

In 2020 the Northern Ireland Youth Mental Health Survey (YMHS)<sup>8</sup> showed that one in 20 teenagers had a stress-related disorder (PTSD or complex PTSD). We sought to understand causation by asking young people (aged 11–19 years) whether the Troubles had impacted on their family and one quarter replied that it had. Those who answered “yes” had a significantly increased risk of a mood or anxiety disorder and of PTSD. They were also more likely to report self-harming behaviour, suicidal ideation or past suicide attempts.



It is not just the past which weighs heavily on the young but their present reality. The continuing activities of paramilitary groups, especially in the more deprived working-class areas in towns and cities, creates an atmosphere of fear: 23% stated that this was their experience in the YMH study, and those individuals who reported intimidation and harassment by armed groups were significantly more likely to report a mood or anxiety disorder or self-harm.

### **Leading the World in Surgical Care**

**Health care professionals respond to need, and it is a tragic fact that war and conflict have driven advances in health care over the centuries.**

This is true with regards to Northern Ireland where new approaches to trauma care have been developed, refined in practice, and then exported around the world. Much of the widespread street violence of the early years of the Troubles took place on the doorstep of the Royal Victoria Hospital (RVH). Working there in 1969 was surgeon William Rutherford who put a “disaster plan” in place, learning from his first-hand experiences of the carnage which accompanied the partition of the Indian sub-continent in 1948. The plan ensured rapid mobilisation of resources when mass casualties were expected, and now hospitals all over the world use the same approach.

RVH anaesthetists Bob Grey and Dennis Coppell quickly realised that many of those who survived the initial trauma of bomb explosions were dying days later because of blast damage to their lungs. They developed a new technique (positive end expiratory pressure or PEEP) to keep the lung slightly inflated until recovery could occur and survival rates soared. The use of titanium metal plates to repair the skull and protect brain tissue was developed by Belfast neurosurgeons, the first plates a DIY effort in close collaboration with the local engineering industry. The “Belfast fixator” and the “Belfast technique” were developed to maintain limb integrity after bomb and gunshot injuries, and as a result previously high rates of amputation fell dramatically.

### **The Historic Response of Mental Health Services**

When the “Troubles” began community mental health services were not well developed, and psychological therapies were not widely available. Most mental health care was still centred on the old asylum sites. General practitioners were in the front line and were at times close to overwhelmed in the turmoil of the 1970s. Inevitably there were high rates of prescribing of antidepressants and anti-anxiety medications and by 1976 the Belfast Telegraph could describe Northern Ireland as “the tranquillised province”, with some justification. Today Northern Ireland still has one of the highest rates of antidepressant prescribing in the world.<sup>10</sup>

There was a sense of hope in the weeks after twin referenda North and South endorsed the Good Friday Agreement in June 1998. Violence was continuing however, and dissident republicans were planting car bombs in town centres. On August 15<sup>th</sup> 29 people and two unborn twins died in the market town of Omagh in the worst atrocity of the Troubles in the North (33 died in the Dublin bombs planted by the UVF in 1973).

**This tragic event led directly to improved mental health care for victims and survivors, as the local health service Trust organised an evidence-based and comprehensive response within days.<sup>11</sup>**

The clinical response was accompanied by research studies in the local community which provided new information on the factors that help to embed and modify PTSD.<sup>12</sup> Landmark studies of therapy followed, including an open trial of trauma-focused cognitive behaviour therapy (TF-CBT) for victims of the Omagh bomb and a randomised controlled trial of TF-CBT for victims of violence in general. These studies demonstrated clear evidence for TF-CBT as an effective treatment for PTSD related to politically motivated violence and civil conflict.<sup>12</sup>

In the 1990s a multiplicity of community and voluntary sector organisations began to develop effective therapy programmes alongside support and advocacy services. In the statutory (state) sector the Belfast Trauma Centre and the regional Family Trauma Centre began operation in the early 2000s. Services were improving across all sectors. The next step was to integrate services, providing a seamless pathway to care, and equality of access to evidence-based treatments.

### Optimism over Pessimism

Seamus Heaney once said,  
*“anyone born and bred in Northern Ireland  
can’t be too optimistic.”*

Optimists who took the accumulating lessons of experience and research evidence, and made the arguments for change, were rewarded by the inclusion of the idea of a regionalised and evidence-lead network for mental health care in the 2014 Stormont House Agreement (SHA). The Regional Trauma Network is now in its developmental phase, the statutory sector working in a process of co-production with colleagues in the community and voluntary sector, the latter funded through the Victims and Survivors Service (VSS).

Alongside this, and also emanating from the SHA, a scheme has been launched to address the long-term financial suffering of victims and survivors. The Troubles Permanent Disablement Payment Scheme (TPDPS) was launched on Aug 31<sup>st</sup>, 2021, and most applications are for psychological injury (defined as the presence of a diagnosable mental health condition).

The intent of the RTN teams is to demonstrate that individuals benefit from both the coming together of all sectors, and from access to evidence-based treatments.

The hope is that there will be downstream benefits, for their families, for local communities and for wider society. Similarly, the hope is that the TPDPS will have a positive impact beyond the individuals who receive payments.

All staff are aware of our shared aim of contributing to the global research effort to better understand trauma and its consequences.

### Conclusions

In the novel *Proxopera* Tyrone writer Benedict Kiely wrote of the fear and helplessness of a retired teacher forced to drive a car bomb to a police station whilst his family is held hostage. For John Updike in *The New Yorker* Kiely “better portrays the agonies of Northern Ireland than all the news items.”<sup>13</sup>

Kiely was not alone in capturing the horror and the pain. Many could be referenced: in the written form novelists Glenn Patterson (now writer in residence at Queen’s University), poet Paul Muldoon, singer and songwriter and playwrights such as Martin Lynch have recorded and remembered, analysed and critiqued, questioned and understood. In the visual arts painter Colin Davidson’s *Remembrance* series of portraits of victims and survivors is haunting in his simplicity. His work looks both backwards to the hurt, and forwards, in the belief that we are not defined by our past but by our aspirations, and that the words of Seamus Heaney may yet come true, and “*hope and history rhyme*”.<sup>14</sup>



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## Professor Ciaran Mulholland

### Consultant Psychiatrist and Clinical Director Northern Ireland Regional Trauma Network

Ciaran Mulholland is a consultant psychiatrist with the Northern Health and Social Care Trust in Northern Ireland and a Senior Lecturer in the Centre for Medical Education at The Queen's University of Belfast. He was appointed as an Visiting Professor by the Bamford Centre for Mental Health Research at the Ulster University and was elected Fellow of the Royal College of Psychiatrists in 2012.

He is co-lead for an innovative service for young people with "at risk mental states". He is the Clinical Director of the Regional Trauma Network, established to address the mental health consequences of the "Troubles"/Conflict. The Network co-ordinates services across the statutory sector and 48 community and voluntary sector providers.

He is an advisor to the Northern Ireland Secretary of State, the Commission for Victims and Survivors, Department of Health, Department of Justice, the Victims Payments Board and The Executive Office, on a range of mental health issues. He is a member of the NI Veterans Mental Health Committee, and the UK Contact group which brings together more than 60 statutory and non-statutory sector providers of mental health services to veterans.

Professor Mulholland has a research interest in the causes and treatment of psychotic illnesses and post-traumatic stress disorder. He has published more than 200 peer-reviewed papers and reports as well as several book chapters and books.



# Conflict, arts and health

Moving beyond traditional  
academic divisions between  
biology and culture

**Professor Agustín Ibáñez with  
Professor Nisha Sanjani and  
Professor Aline Haas**

Across history, conflict and violence have shaped the human experience, impacting economies, national stability, and health. Colombia, for instance, has faced over half a century of civil conflict, leading to significant social and environmental consequences, including millions displaced and numerous fatalities.

Globally, nearly 90 million people have been forcibly displaced due to violence, persecution, and political instability. These displacements result in prolonged stress, affecting individuals mentally, emotionally, and physically. From a health perspective, these disparate conflicts can induce a typical sustained stress response described as “allostatic overload”, leading to health problems, from emotional challenges like depression to physical ones like heart issues.

Constant stress can weaken the immune system, accelerate aging, and predispose to many diseases. Researchers have recently started considering arts interventions to reduce these biological stress responses. The arts, such as painting, music, or theater, offer potential health benefits. While studies have shown the arts’ positive impacts on health, challenges lie in institutional understandings between the arts and health sectors and the lack of more systematic research.

To harness the potential benefits of arts in health, interdisciplinary research is crucial, merging the fields of arts, neuroscience, psychiatry, neurology, and sociocultural studies to offer a comprehensive perspective on well-being and brain health.

### **A human hallmark called conflict**

Across history and cultures, conflict and violence have been an all-too-common part of the human experience. Such events aren’t just isolated tragedies. They leave profound scars on the global economy, the health of the affected populations, and the stability of nations.

One stark example can be seen in Colombia. For over half a century, the country has been embroiled in intense civil conflict, which has had social and environmental repercussions. The statistics from this conflict are heart-wrenching, with over 7 million people forced from their homes, around 363,000 fatalities, over 167,800 people gone missing, and more than 11,000 victims from landmines. Another critical issue is the forced displaced people. Around the world, nearly 90 million people have had to leave their homes due to various threats. This number includes individuals fleeing persecution, violence, and sociopolitical instability. Several countries, like Ukraine, Syria, Venezuela, and Afghanistan, have produced large numbers of these forcibly displaced individuals, further burdening neighboring nations. The experience of displacement can have lingering health and social consequences.

### **Understanding the impact of conflict on overall health**

People who face conflict, violence, and displacement often experience long-lasting stress. Imagine constantly worrying about your safety, facing extreme poverty, or being mistreated because of your background. On top of that, imagine struggling to access basic needs like food, shelter, medical care, or even emotional support. That’s the reality for many of these individuals exposed to conflicts such as the one observed in the civil war in Colombia or the forced displaced people worldwide, just to cite two critical examples.

Most of us take the sense of identity, safety, and belonging for granted. For forcibly displaced persons or others exposed to violence, this can be shaken to its core.

They might feel disconnected from their past and uncertain about their future. The challenges of moving to a new country with a different culture and language can make them feel like they have lost control over their own lives. This deep insecurity and instability are not just about feelings of uncertainty. It brings a whole host of mental, emotional, and behavioral challenges that can impact one's overall well-being and the health of their body and brain.

Imagine your body as an organism that is always running. When it's constantly under stress, it can wear out faster. This idea is described by the term "allostatic overload", which refers to the body's reaction to being under constant, chronic stress. Over time, this wear and tear can lead to various health problems. Research has shown that people under chronic stress might feel more depressed and anxious, and struggle with managing their emotions. Physically, they might feel constantly tired, have heart problems, or struggle with sleep. Furthermore, constant stress can weaken our immune system, making us more susceptible to diseases. It can disrupt normal body processes, leading to increased stress hormones like cortisol, changes in blood sugar and cholesterol levels, and even inflammation, which can be harmful in excess.

Conflict, violence, and displacement significantly boost our inner stress mechanisms. For instance, increased inflammation, seen through rising levels of specific proteins in our blood (like cytokines and protein-C reactive), can indicate our body is under stress. Then, long-term and sustained inflammation can induce multiple pathological cascades associated with cancer and cardiac, mental, and neurological diseases. Changes in our epigenetic markers can suggest our cells are aging faster than they should, and environmental stress can induce such changes. Allostasis can also alter how our brain communicates with our heart, influencing multiple health threats. In simpler terms, when we face constant stress from violence, conflict, and displacement, our body and mind can suffer long-term negative health consequences.

The wear and tear induced by demanding environments impact our mental, emotional, and physical well-being. Most of these phenomena can be understood in terms of allostatic overload.

### **What can be done?**

Despite knowing that violence and conflict can lead to this unhealthy allostatic overload, systematic efforts haven't been organized to prevent this from happening to those affected.

Researchers believe that helping people develop resilience can make a difference.

By creating programs that teach people how to handle stress better and help them develop crucial social skills, we can assist them in adjusting to new, demanding environments.

This is not just about helping them survive but truly helping them thrive in new contexts. For instance, mindfulness and body scanning are exercises for the mind, much like yoga or meditation. They teach people to be in the moment, be more aware of their bodies and thoughts, and not overreact. These practices are cost-effective, can be taught to large groups of people, and are relatively simple to implement. They've already been shown to help reduce the adverse effects of chronic stress and improve our ability to handle our emotions. But it's not just about individual well-being. We need to focus on building resilient social skills too. Programs that teach perspective-taking can be instrumental. This means teaching people to put themselves in someone else's shoes, understand their feelings, and respond empathetically. Doing so can foster a sense of belonging and cooperation among newcomers and the existing community. In simple terms, while we may not yet have widespread programs to combat the stresses of violence and conflict, there are promising methods. By investing in them, we can protect individuals from the wear and tear of constant pressure and build stronger, more inclusive communities.

### **Arts and Health: A match with untapped potential**

There is significant momentum in the field of non-pharmacological interventions for brain health. The arts, like painting, music, and dance, can benefit health. Two related works, a review that the WHO published in 2019 and an initiative of the Jameel Arts & Health Lab in the Lancet Global Series, have started to show the health benefits of the arts.

Being involved in the arts can boost health and contentment, help treat illnesses with combined methods, and even prevent health issues.

Emerging research has shown that art activities, like group singing, can help reduce depression symptoms. Recreational choir singing can help older adults with dementia feel better. Music and art therapies can reduce pain and anxiety.

However, the main current challenges are institutional: The fields of health and arts don't always speak the same language. Scientists love hard facts, while artists value personal experience and emotion. This difference can create barriers to understanding the real benefits of arts in healthcare. Similarly, the effects of arts on health can be hard to measure precisely. This is reinforced by our society that does not yet see art as essential to our health, like a good diet or exercise.

## If we want better evidence of what the arts can offer to health, we need more research, especially in nations with limited resources.

More innovative projects like the Jameel Arts & Health Lab or the Creative Brain Week are required to answer these questions and better understand the bond between art and health in different global settings. We urgently need to integrate arts more effectively into the overall health approach. This could lead to better care.

### Towards a global future of arts and health initiatives

The creative arts can boost brain health, potentially reducing the challenges of overwhelming stress and external pressures. Such stress can harm our emotional regulation and disturb our natural interaction with our surroundings and our body's processes.

Engaging with the arts offers a unique chance to reshape our internal response to external demands, set up resilient emotional balance mechanisms, and foster social connections.

These aspects have not only a manifestation at cultural levels, but also on our overall health. Art-related practices can influence various physiological pathways in our body, like the inflammation system, our gut bacteria (microbiome), and our body's stress and immune responses. The repercussions of these pathways can improve our physical well-being (including heart and metabolism health) and protect against the impact of psychiatric conditions and neurological diseases.

We need interdisciplinary approaches that merge artistic interventions with systematic health studies to appreciate and harness these effects genuinely.

A comprehensive research approach that includes arts, cognitive neuroscience, psychiatry, and neurology can deepen our understanding by considering sociocultural and experimental research blending.



**Whispers of resilience: The arts and allostatic overload.** This artwork captures the intricate interplay between nature and culture, representing the therapeutic synergy the arts produce in mitigating biological stress responses. The vivid brush strokes evoke the depth of allostatic overload caused by conflict, while the blend of flora symbolizes the alleviating influence of arts. Given the inclusion of real pieces of nature, such as tree leaves, the mixed media art involves combining various traditional and non-traditional materials to create a blending of nature and cultural elements. This combination not only brings depth and dimension to the artwork but also blurs the lines between the natural world and artistic representation, reinforcing the theme of the interconnectedness of nature, culture, and well-being. Produced by B.A. Ibáñez and A. Ibáñez for this work.

Such research could transform how we manage mental health, promoting creativity while easing the burden on healthcare systems and those affected by mental conditions. To truly grasp the complexity of health, we must recognize its inherent human dimension. The intricate relationship between creativity and brain health diversity hinges on many factors— from genetic, biological, and personality elements to social and cultural environments. While experts in the arts and humanities provide a rich depiction of the human experience, neuroscientists often simplify complex issues for manageability. While simplicity has benefits, capturing the full complexity of our experiences is crucial.

Deciphering the connections between human health, creativity, and brain health demands an innovative, transdisciplinary approach. Such collaboration would balance the benefits of creativity with the challenges that mental and brain health issues present, aiming for a holistic perspective on well-being.



### **Professor Agustín Ibáñez**

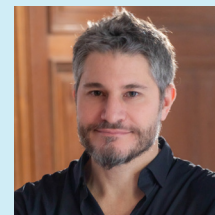
#### **Neuroscientist, Global Brain Health Institute and Latin American Brain Health Institute**

Agustín Ibáñez is a neuroscientist interested in global approaches to dementia and social, cognitive, and affective neuroscience. He is the Director of Latin American Brain Health Institute (BrainLat) at Universidad Adolfo Ibáñez (UAI) in Chile. He also holds international positions from the USA/Ireland [Atlantic Fellow for Equity in Brain Health at the Global Brain Health Institute (GBHI) at the University of California San Francisco and Trinity College Dublin] and Argentina [Cognitive Neuroscience Center].

Agustín holds a track record of +300 publications (+120 in the last five years), including top-ten journals (e.g. Lancet Neurology, World Psychiatry, Nature Reviews Neurology, Nature Human Behavior, JAMA Neurology, Alzheimer's & Dementia, Brain, Neuron).

He has received funding from the Inter-American Development Bank (IDB), ANID (Chile), COLCIENCIAS (Colombia), DAAD (Germany), MRC (United Kingdom), CONICET (Argentina) and Alzheimer's Association, Tau Consortium, GBHI, Takeda, and NIH/NIA (USA). He is the founder of critical regional initiatives, such as the multi-partner consortium to expand dementia research in Latin America (ReDLat) and the Latin American and Caribbean Consortium on Dementia (LAC-CD). His work has been highlighted in the BBC, Nature, Nature News, Discovery Channel, Popular Science, Daily Mail, Newsweek, Le Monde, and Oxford University Press, among others.

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### **Dr Nisha L Sanjani**

#### **Director of the Program in Drama Therapy and Theatre & Health Lab; Chair, Creative Arts Therapies Consortium; Founder, Arts + Health @ NYU**

Other faculty appointments are NYU Abu Dhabi where she developed a trans-disciplinary course entitled Can Art Save Lives? uniting current evidence for the health benefits of the arts with practice and policy, the NYU Stern School of Business where she teaches Improvisation and Leadership, and the Harvard Program in Refugee Trauma where she lectures on the arts and displacement.

In her capacity as Chair of the NYU Creative Arts Therapies Consortium, she leads a World Health Organization (WHO) commission to map evidence for the physical, mental, and social health benefits of the arts and arts therapies. In collaboration with WHO Europe, Culture Action Europe, University of Oxford, and University College London, Dr Sanjani co-authored the first WHO policy on the role of the arts in supporting the mental well-being of forcibly displaced people. She is an award winning author, educator, and advocate, her body of work explores unique ways in which aesthetic experience can inspire equity, care and collective human flourishing across the lifespan.

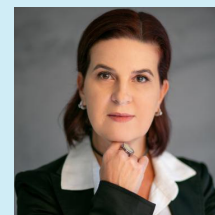
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### **Aline Haas**

#### **Associate Professor in Dance at the School of Physical Education, Physiotherapy and Dance at the Universidade Federal do Rio Grande do Sul, Brazil**

Aline Haas is a Senior Atlantic Fellow for Equity in Brain Health, at the Global Brain Health Institute, Trinity College Dublin, Ireland. She is interested in studying and researching the potential use of dance as a complementary therapy to promote quality of life and wellbeing for older adults with or without neurological disorders. In the last six years, she has been leading the community and research project "Dança e Parkinson" at the School of Physical Education, Physiotherapy and Dance of the Universidade Federal do Rio Grande do Sul, Brazil.



# Creativity, brain and health

Ian Robertson

## The Cambridge Dictionary defines creativity as the ability to produce or use original or unusual ideas.

This definition allows us to encompass the sweeping innovation of a genre-creating artist like Picasso or Stravinsky as much as the invention of a whimsical game between parent and child. It permits Queen's *Bohemian Rhapsody* to be classified as creative, just as much as a fanciful debate between hairdresser and customer about how best to eat a chocolate-coated biscuit.

What is common in all of these examples, whether from the elevation of high art or from the mundane of everyday life, are the thwarting of statistical probability, the breaking of mental habit or cliché – or the accessing of a latent capacity for playfulness.

### The Prediction Machine

The human brain is driven by *prediction* – based on habit and repetition, it computes probabilities that x will follow y and runs smoothly so long as predictions are not confounded. This happens in perception, action and language. For example, you step onto an escalator that is stationary and stagger a little because your brain has predicted it will be moving and has adjusted in advance your step to account for this.

Or try this: finish these sentences with a word that is completely unrelated (ie makes nonsense of the sentence) to the first part of the sentence:

*The early bird catches the ...*

*There are many ways to skin a ...*

*Out of sight, out of ...*

Compare how it feels to finish with a high probability response – ie *worm* in the first sentence, with how coming up with a low-probability nonsense answer – e.g. *photocopier*.

This takes mental effort of two main types – first, *inhibiting* the high probability cliché and the second, *generating* a low-probability answer without the help of a well-established mental habit. Both of these demand the involvement of regions of your brain that can otherwise be underused in a world where the brain's predictions are largely confirmed – ie, a large proportion of our mundane, day-to-day lives where we board trains, drive cars and say *how are you?* to our neighbour without the faintest expectation of any response than *I'm well*.

The regions in question are in the prefrontal lobes of the brain where the machinery for dealing with the unpredicted is hauled into action – as when our trains are cancelled, our cars break down or our neighbour bursts into tears when we greet him.

The prefrontal cortex of the brain acts like a conductor of the rest of the brain, coaxing more output from some regions while dampening it down in others, so as to achieve our goals that are set the prefrontal cortex, while keeping a check – *self-monitoring* – that everything is going to plan. It also *sustains* our attention over time, over-riding our boredom-prone brain that aims to convert every perception, action, thought or emotion into a mental routine that can work off probability and does not require the slow and effortful intervention of the powerful apparatus of the frontal lobes.

### Time and Attention

You may have noticed that if you go on holiday to a place you've never been before, the first hours and days seem to pass much more slowly than the last days. This is an excellent example of your brain doing its best to capture experience and imprison it in routine so that it can predict. The exotic and unfamiliar smells and sights that entranced you as you stepped out of your hotel on the first evening are barely noticed on your last day.

Something similar happens in life – time goes faster the older you get, as your brain gets into *been there, done that*, mode. Unfortunately, getting older eventually involves encounters with illness and other challenges. One Dutch study found something quite strange, however: people in their seventies whose memory



had deteriorated, and whose partner experienced a significant illness like a stroke or cancer, had much better day-to-day memory over the next three years much better than similar people who hadn't had such a stress.<sup>1</sup>

This was probably because the challenge of finding solutions to a sick or disabled partner forced their prefrontal cortex into action, and edged their brains out of cliché-prediction-mode. When our frontal lobes are forced into action in this way – by challenges, problems, curiosity, novelty, or emotions like anxiety, anger or excitement – up to a certain point it causes the generation of hormones such as noradrenaline which, in moderate doses, can have extremely positive effects on our brain's structure and function.

Positive experiences can also push us out of prediction mode – the birth of a child or a grandchild for example, can slow down time like little else. This is because, because of this new experience, we cannot rely on prediction and so have to rely on the attention networks of our prefrontal cortex. And to the extent that we mindfully *pay attention* as opposed to slip into cliché-mode, then we can slow down time as much as we like.

### Novelty, Curiosity and Attention

The definition of creativity at the beginning of this chapter allows us to include participation in the arts – including being part of an audience – as a sort of creativity, because watching a film or theatre piece, or listening to cliché-defying piece of music clearly constitutes a type of 'use' of original or unusual ideas.

It also allows us to include someone who has never 'done art' before – say a prisoner in a jail who begins to paint or sculpt – to be credited with creativity because what he produces may be original or unusual to *him*, if not to other people.

### Above all, creative participation of any kind provides the human brain with one of the most nurturing of substances – novelty.

The novelty that slows down time on the first days of your vacation or the first years of your life is also the novelty of going to the theatre, listening to a new type of music or moulding clay on a potter's wheel for the first time.

What is *novel* is not completely determined by the stimulus or situation itself, but equally by the individual's perception of

that stimulus: for instance, a curious person can find novelty in a situation or stimulus which an incurious individual may not, and their brains will respond accordingly differently. For this reason curiosity and responses to the same 'novel' stimuli will be different in from person to person. Nevertheless, repeated experiences of novel stimuli and situations will increase arousal and alertness, and novelty can help build brain health because of the beneficial hormonal inputs to the brain that arise. Participation in the arts – whose very substance is novelty – is perhaps globally the most powerful way of generating this brain-building stimulation at scale to millions of people.

Even in younger people, self-reported curiosity independently predicts academic performance over and above measured intelligence and assessed effort.<sup>2</sup> Older adults' measured curiosity levels predict their mortality over and above other measured cognitive, demographic and medical variables.<sup>3</sup> Response to novelty also distinguishes high-cognitively-performing older people from their less-well performing peers: they both look significantly longer at novel stimuli which are presented in the course of an attentional task, and they show significantly elevated brain responses to these novel stimuli.<sup>4</sup>

Unless we do something about it, however, curiosity tends to decline as we get older and hence deprive our brains of the sort of stimulation that protects their brain – and indeed physical – health.<sup>5</sup>

### The Arts, the Brain and Health

A study of almost seven thousand older English people looked at the effects of arts engagement – going to museums, art galleries, exhibitions, the theatre, concerts, or the opera – over a 14 year period. They made sure to take into account differences in socio-economic, health and social status when looking at the linkage between participating in the arts in this way, and risk of dying over the 14 year period.

The results were dramatic. Even doing one of these activities just once or twice per year led to a 14% reduction in risk of dying, compared to those who never did any of these things. But those who took part every few months or more, had a 31% lower risk of dying.<sup>6</sup> A number of other studies have found that arts participation – even as an audience member – has very positive health consequences<sup>7</sup> and this even applies to people who are already suffering some age-related brain impairment.<sup>8</sup>

While correlation does not necessarily imply cause – it is possible that some third factor causes both the arts participation and the lengthened lifespans – there is enough evidence to suggest that there is very probably a causal link between engaging in novelty-generating, socially-enriching, participation in the arts.

But why should going to the theatre, music workshop or art class lengthen one's life? There are obvious benefits such as stronger or more frequent connections with other people, given that social connections are known to be highly protective of health and cognitive function. But there is one other factor that is likely to be as important as the social networking – giving a sense of *purpose* in life.

The greater a sense of purpose people have in their lives, the longer and healthier they will live.<sup>9</sup> Older people with a very low sense of purpose in life were almost two and a half times more likely to die over a four year period than those with a high sense of purpose. While there are many reasons people can feel a strong sense of purpose, there is evidence that participating in the arts and creative activities may give people a sense of meaning<sup>10</sup> and hence this may be an important factor in lengthening their lives and improving physical, mental and brain health.

Just as being forced to pay attention by the novelty of a new vacation spot, or the startling newness of a first day at school, can slow down time, so it can be for engaging in the arts. Mindfulness and meditation practices also do this, and their effects on the immune system, body and brain have been very well documented.<sup>11,12</sup>

The arts and creative activities can help to edge your brain out of habit and out of prediction-mode. This make them potentially as important a part of our lives as diet and exercise and a key component of nurturing a health-endowing sense of purpose and connection.

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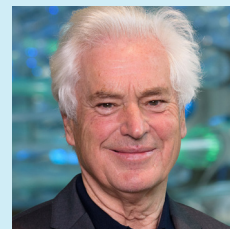
## Ian Robertson

**Emeritus Professor of Psychology, Founding Director  
Global Brain Health Institute, Trinity College Dublin**

Ian Robertson is a Founding Director of the Global Brain Health Institute and Emeritus Professor of Psychology at Trinity College Dublin. He is co-leader of the BrainHealth Project (Center for BrainHealth UTDallas) and is a Member of Academia Europaea and of the Royal Irish Academy.

He is widely known for his research on neuropsychology and his science writing has included books aimed at the general reader: *Mind Sculpture*, *The Mind's Eye*, *Stay Sharp*, *The Winner Effect* and *The Stress Test*, all of which have been widely translated. His most recent book *How Confidence Works* was published in 2022.

<https://ianrobertson.org>



# Creativity as a response to conflict

**Rachel Clarke-Hughes**, Creative Director at  
The Playhouse, Derry-Londonderry

## The Evolution of Peacebuilding at The Playhouse and In Northern Ireland

In 1992, prior to The Good Friday Agreement being reached in 1998, The Playhouse was established. Based in the city of Derry-Londonderry in Northern Ireland/the North of Ireland and founded by Pauline Ross it began life as a community centre to offer “art for the many, not for the few” with a small grant of £300 seed funding. The Playhouse has since taken root and grown into a cultural asset, arts organisation and producing theatre.

### We have matured as our society has evolved to embrace a greater respect for difference and inclusion.

The Playhouse has three decades of experience in using the arts to build peace, create and educate, addressing deep rooted social issues and promoting personal development and well-being.

The most prominent example of this work to date is *Theatre of Witness* a form of testimonial theatre established by artist Teya Sepinuck in which those who have gone through significant life experiences relating to The Troubles share their true stories onstage. It creates a form for players to process their emotions and for audiences to bear witness to issues of transformation and peace. Teya was Artist in Residence at The Playhouse from 2009 to 2014 and she created four productions with thirty individuals who had been impacted by the conflict. Their role during the conflict varied; some members of the cohort were ex-paramilitary, members of the emergency services, members of the security services, members of the public who were injured or bereaved, or members of the next generation: ‘peace babies’ who had grown into adulthood impacted by the traumatic legacy of conflict and are seeking to understand their experience.

These thirty performers went on to perform a total of four productions a minimum of fourteen times each in Northern Ireland or in the border areas. After the Theatre of Witness performances completed across the province, The Playhouse received daily requests for more insight from the performers regarding their self-development and newly formed friendships so together with engagement colleagues this led us to evolve ‘Theatre of Witness’ to become narrative-based workshops to bring more healing and reconciliation into communities. These workshops have travelled across the island and have inspired international acclaim for 13 years.

### New Direction at a Time of Crisis

The pandemic offered us an opportunity to reflect on our peacebuilding work. We collaborated again with Teya to investigate what has the impact been since Theatre of Witness came to The Playhouse focusing on the transformation of eleven of the original members lives over a decade on. This led to *The Ripple Effect* book, highlighting their personal journeys through conflict and trauma as they transform individually and together into present-day peace builders.

*“There are many, many books published about peacebuilding. There are all sorts of theories about how to bring an end to conflict. These are important resources... This book is different. This book is not about theories. This book is about engagement. This book is not about somebody telling you how you should be. This book is about how ‘ordinary’ people like you were facilitated to tell the world how they are, what violence did to them and still does to them.”*

**Eamonn Deane, Former Director & Founder of Holywell Trust**

The book is a testament that in times of crisis, the arts offer hope and healing to individuals and communities.

In the present day following the tumultuous impact of Brexit and COVID-19 we are faced with huge social and economic challenges. In the Northwest and beyond the pandemic has magnified the inequalities in our society and brought into vivid focus the divide between rich and poor, educational poverty and the challenges of mental health. This is compounded further by fragile governments during a climate emergency and a cost-of-living crisis.

As the UK & Ireland navigate the years to come, we look ahead with determination to play a significant role in supporting schools, networks, and communities with renewed focus on our civic role in society. It is vital now, more than ever, that The Playhouse's position as a national cultural asset is strengthened and negative perceptions about capital city-centricity and elitism are countered.

Global movements of recent years such as #BlackLivesMatter and #Metoo have also given The Playhouse cause to refocus and reconsider how we define 'peacebuilding' at The Playhouse and the legacy we hope our work has.

## Over the years we have cultivated and finessed a trauma-informed, rights-based creative pedagogy through our peace and reconciliation work.

We recognise now is the time to apply it beyond this area and explore the interdependence between a multitude of civic rights and identity issues across more breadth.

Traditionally, creative engagement and community relations programmes tend to focus upon single identity-based issues such as sectarianism. This is sometimes because of recent incidents, because of how sectors are constituted, because of funding/foundations key performance indicators or because our lovely brains like to keep things simplistic in order to seek resolution.

At a micro level exploring a single identity issue in depth for a fixed timeframe is a very effective approach.

In the initial engagement phase individuals gain greater confidence in themselves physically and mentally, their expertise in the issue that's being explored, in their creative skills and in their peers that they're working alongside. They regain trust in their body, in their memory and in their ability to emotionally regulate. However, if that issue is never connected to the other civic and rights-based issues where there is interdependence, participants over time can become disempowered again by believing that their relevance is subject to the rawness and continued presence of their trauma and/or the presence of connected or continued adversity and/or based solely on their individual 'performance', creating a culture of judgement, defensiveness, ego and self-criticism.

A dominant culture can take hold and the original mission, e.g. to heal and explore an issue through creative enterprise is not as important as it was at the beginning and protecting the inner sanctum within each project; the inner circle, the individuals who have been involved the longest or have the most seniority becomes increasingly more important as time goes on. The wound gains greater status than the healing. The danger is participant's sense of self, connection to others and the world around them becomes warped through over exposure to a single issue and they remain isolated and dependent on the single identity programme.

By connecting the issue with other identity, rights-based, civic issues you're making the connections clearly for participants to realise that they are still a part of a bigger cultural picture with an active role to play in creating our shared future in present day society.

Bearing all this in mind we're developing a new programme of work called *That's Powerful*.

That's Powerful is a co-designed programme of work and follows a four-part narrative-based process:

**1. Testimonial and discussion**

Sharing stories of lived experience/case studies.

**2. Mindset and Relationships**

Exploring your beliefs in relation to this topic and reflecting how your current thinking impacts how you relate to self, to others and the world around you.

**3. Building Common Ground**

Respecting difference and role-playing how it is to walk a mile in another's shoes; accepting that true empathy is to believe an individual's experience and accept their account on how it impacted it their inner world.

**4. Wellbeing, Hope and Resilience**

Envisioning a better future, workshoping how to take inspired action and appreciating the challenges of change-making within global societal systems.

Participating groups select a topic(s) to explore such as:

- Human rights and access, such as: female rights and education; migrants and displaced people's rights; classism, racism, disability and LGBTQ+ rights.
- Equity, Diversity and Inclusion.
- Sectarianism – post conflict resolution and reconciliation.
- Climate action and conservation.

Together with The Playhouse, the group determine:

1. what topic(s) they want to explore,
2. over what duration of time and
3. through what creative medium(s).

A culmination on the completion of each programme is encouraged but not prescribed.

Participants are guided by a multidisciplinary facilitation team made up of specialists in community relations, professionals with lived experience and qualifications in the chosen topic and creative facilitators who are specialists in the selected artform(s).

The ambition is that by establishing a co-design relationship with participating groups we can facilitate inclusive projects under the banner of *That's Powerful* that meet the needs of participants repeatedly in localities – that creative ambition and ability will increase in scale as more and more projects are completed by each group and that skills and nuance in civic discourse will become more sophisticated and progressive over time. Beginning by exploring a single topic and then eventually leaning into the interdependence and complex cross over between topics.

**These are very long-term relationships we mean to cultivate to yield the impact we seek to achieve.**

To achieve that impact, to identify participating groups and to staff the multidisciplinary facilitation teams we must work together with agencies, individuals and organisations across multiple sectors to share our expertise with one another in relevant ways in order to help individuals and communities to thrive.

**Artitude: Climate, Culture and Circularity**

We know a multi-sector approach with a coalition of partners works. The first arts organisation on these islands to employ a Climate Action Officer to join its creative engagement team, The Playhouse's *Artitude* programme has been running for 18 months now.

Working with partners Zero Waste Northwest, Northern Ireland Resources Network, Queens University Belfast and Derry City and Strabane District Council to co-ordinate and deliver a programme of activities to the 70,000 residents of our city, we use the arts and creative practice to encourage behaviour change to challenge compassionately attitudes to waste, consumption and climate action. Our 'anti-shame/zero judgement' trauma-informed pedagogy meets people where they're at. Quick fixes and sudden radical transformation are highly desirable but fantastical – it's by championing the daily acts of our community, harnessing storytelling and utilising Marshall Ganz's Public Narrative



approach that we are nurturing a grass roots cultural movement made sustainable by cross sectoral partnership working. Within the partnerships we are discovering the value of our differences and that our sense of belonging in the work relies on recognising each other's individual strengths and respecting our different fields of expertise. Leaning into the discomfort that our work practices and cultures don't always align easily but to have any impact in such a systemic issue such as Climate Change, we have an ethical obligation to continue to work with one another, to work with more partners and to continually invest in our relationships, we're conducting research to articulate the transformation for each of us individually and as a collective (as well as to capture the impact the programme is having in our locality).

### Leaders for Peace Network and Summits

Following our track record of providing training and development to peace leaders whilst recognising that diversity leads to innovation and knowing from experience how powerful it is to work in collaboration across sectors to effect positive change, we're launching a cross sector network that will meet biannually at The Playhouse and online. Our intention is that over three-day bi-annual summits delegates will have the opportunity to make connections, receive training and support and experience talks, presentations and workshops from peace leaders and change makers working locally, nationally and internationally to make peaceful change through their work.

### In conclusion

We are living through powerful and changing times of great uncertainty.

**It's times like these when we need to invest our efforts in collaboration to meaningfully progress and evolve systems to effect real change.**

It takes great movements of people willing to lean into self, to work with one another and to engage with the world around them – peacefully, creatively and with hope – to find innovative and sustainable ways forward together and master the art of living well.

### Rachel Clarke Hughes and Derry Playhouse

A senior creative leader working in the performing arts and charity sector based in the UK & Ireland, Rachel is passionate about equity and excellence.

With a track record for developing strong strategic partnerships and delivering programmes & productions at regional, national and international levels Rachel cares deeply about the people she makes work with and for.

As Creative Director at The Playhouse Derry-Londonderry she works across the organisations three interdependent areas of strategic endeavour: Making Peaceful Change, Empowering People and Producing Art.

As a presenter and Chair Rachel has facilitated conversations with international leaders and artists including, *The Future of the Good Friday Generation*, a discussion with Hillary Rodham Clinton, Prof. Monica McWilliams and Film-maker Alison Millar, recognising the 25 year anniversary of the Good Friday Agreement and the launch of *Lyra* the documentary film that gives voice to the life and work of Belfast born investigative journalist Lyra McKee.

She's also a mindset and resilience coach for professionals working in the performing arts, charity and voluntary sectors: committed to encouraging others, growing confidence and offering support, particularly for early career professionals from underrepresented backgrounds. Rachel offers particular insight in cultural leadership to women and individuals from working class and/or rural backgrounds, those with caring responsibilities and/or persons who are returning to work following bereavement.

[www.derryplayhouse.co.uk](http://www.derryplayhouse.co.uk)



# Creative Brains

**Anna Newell**



About 12 years ago, when I was making the first show I made for kids with complex needs, I was doing some creative consultation with pupils with Profound and Multiple Learning Difficulties and in the course of those few days, these pupils helped me realise what theatre is for me – for me, theatre is one human being connecting with another.

*"I regard the theatre as the greatest of all art forms, the most immediate way in which a human being can share with another the sense of what it is to be a human being."* **Oscar Wilde**

So I see my job as creating the optimum conditions for that connection. And I do that inspired and informed by bits and pieces of early years neuroscience I've magpie'd over the years, particularly drawing on trauma-informed or rather relationship-led practice

Inspired by early years neuroscience, particularly by Dr Suzanne Zeedyk who I am privileged to have an advocate for my work, every single detail of how I create the work is guided by and seen through the prism of the possibilities of connection between one human being and another. This is as true for those micro moments of connection I create in a show as it is for the macro – strategic networks I create or become part of to enable and enrich my work.

With many of my shows, I use portable performance spaces. These remove all visual noise and so create spaces where my audiences' cognitive processing isn't overwhelmed and so are spaces where babies and kids with complex needs have agency, are seen as individuals, are at the centre of leading the experience. The use of these spaces also means that audiences wherever we tour to (special schools, hospitals, community centres, libraries) get exactly the same experience as the audiences that we've played to off-Broadway and at international festivals.

We use voice but no words. The human voice is hugely connective and human voices singing in harmony is not only something that impacts upon a person (however young they might be or however profoundly disabled they might be perceived to be) at a deeply visceral level, but human voices singing in exquisite harmony is often a new sound to our audiences and one that engages their attention and invites their connection in a complex and arresting way.

For me, much 'sensory theatres' can be about an audiences engaging with various objects in a similar way to sensory play workshops in schools or baby classes. But, in the shows that we make, we use objects as a way to invite a conversation, to begin to create a connection.



We use strategies such as intensive interaction to come into our audiences' world rather than, as is usually the case, to insist that they come into ours.

And we do this as calmly as is possible. It sometimes seems that there is a belief that with babies or children with complex needs, one should stimulate, stimulate, stimulate. Lots of high pitched voices, loud music, bright colours. Which of course (as the neuroscience would very easily tell us) simply overwhelms, frustrates and absolutely does not lead to a deep and responsive connection.

To say that our audiences and connection with them is at the very heart of the work is not in any way an understatement – when creating a new piece or re-rehearsing an existing piece of work, babies or children with complex needs come into the rehearsal room as early as day 3 of any process. They inform and inspire the work, they train the performers, they are our creative consultants.



I have found, over the years, that making work for these audiences – particularly when I talk as much as I do about the neuroscience – constantly invites questions about what the ‘developmental aims’ or ‘educational outcomes’ or ‘therapeutic values’ are for this work.

There’s no doubt that these things are in play. It’s very easy to get caught up in the responses that we get from parents – babies who are focussed and engaged beyond anything their parents have ever seen before, children with complex needs who connect with performers they’ve only just meet in a deeper and more meaningful way than their caregivers have witnessed – and even a young boy who had been thought to not have any speech who spoke at the end of a 20 minute show.

But, for me, these are all bonuses. For me, this work is about the fundamental human right of all children, however young they may be or however profoundly disabled they may be perceived to be, to high quality arts experiences designed especially for them; to beauty. Our humanity is rooted, I believe, in those moments where beauty lifts our heads and fills our hearts.

**Beauty delights. It is full of awe, joy and magic. It transports and transforms us in unique and profound ways.**

By only allowing these babies and children experiences that are ‘educational’, ‘therapeutic’, ‘developmental’, we deny them their humanity.

So the neuroscience is crucial to me in terms of the complex creation of an environment and processes of making work and an approach to my audiences that enables me to create the optimum conditions for connection. And into that arena, I bring the alchemy that is beauty.

So what does this kind of theatre look like? Parents and teachers who attend the shows with their children often express how difficult it is to describe the experience. Which is one reason why there are lots of images and videos on my website and why I have chosen to write less and show more with this article. In these photos you can see the costumes, you can see the objects we use, you can see the environments we create. But most of all you can see the connection.

*“Doing theatre for babies is to explore the unknown. It goes against common sense. It’s political. It’s also necessary, I believe, because babies have a right to beauty and they’re not always exposed to it. Theatre for babies implies commitment, but a commitment that draws us in. It’s the opposite of cynicism. It’s hope in its purest form. It’s an attempt to talk with the beginning of the world.”*

**Veronique Coté, Theatre des Confettis, Quebec**



### Anna Newell

#### Theatre maker for young audiences

One of Ireland’s leading theatre makers for young audiences, creating unique theatre adventures for babies, early years and children/young people with complex needs. Anna created the world’s first BabyDay, introduced theatre for children and young people with PMLD (Profound and Multiple Learning Difficulties) into Ireland and helped start babytheatre in South Africa.

The work for early years audiences has been seen on six continents. The shows are informed and inspired by their audiences at every stage of their creation and have human connection at their very heart. Anna is based in Bray, Ireland.

[www.annanewell.ie](http://www.annanewell.ie)



# Unclear minds and coping through music

Dr Rachel Hoare and  
Professor Ganzamungu Zihindula

## ‘Unclear minds and coping through music’: neuroscience and expressive arts as pathways to explain and recover from the trauma of forced displacement.

Ganza and Rachel met through Creative Brain Week in Trinity College in 2022 and began a friendship and work collaboration which led to Ganza presenting at the launch of the Centre for Forced Migration Studies in Trinity College later that year and presenting to Trinity College students on his experiences and research. He later secured a Research Fellow position at the Centre for Global Health in Trinity College which is providing him with the opportunity to deepen his knowledge and understanding of the causes and impact of psychological trauma for refugees and asylum seekers, and ways in which these can be avoided to promote their mental health wellbeing.

### **For this contribution they brought lived and learnt experience into dialogue.**

#### **Ganza**

This is the first time that I have tried to write my story. I found it difficult – the thoughts came to me in a very fragmented way and having Rachel’s calm presence to accompany me through this process increased my understanding of the enormous impact of my experiences, which was overwhelming at times.

#### **Rachel**

Thanks so much Ganza for agreeing to have these conversations. I feel very humbled to have been invited to bear witness to your experiences of constantly having to flee your home and your country because of the ever-present threat of violence and war. It must be extremely painful for you to recount and re-live these experiences and I sincerely hope that this process has been helpful in some small way.

#### **Ganza**

Thanks Rachel, yes it has helped me to understand how events which happened so long ago still have an impact on my daily life. I was just 14 years old in 1996 when I was first forced to flee my home town in the Democratic Republic of the Congo because of the civil war. My whole family fled to a rural area for safety away from the fighting in the town.

We returned after a year and a half but a few months later, when I was 16 years old, war broke out again so we left again and traveled to many different places. Anywhere where we could find safety. We traveled north, south, east and west and Congo is a big country. Some of us crossed borders to neighbouring countries including

Kenya, Uganda, Burundi, Rwanda and Tanzania. We were on the move for so long and in so many different places, just focused on surviving.

We returned home in 2001 to try to rebuild our lives. I was 19 years old. Almost four years later in 2004, the same armed rebel group who had originally forced us to flee, stormed our university and forced us to become soldiers. We had to carry arms to the forest and whoever refused was killed on the spot. My friends were killed in front of me. On our way to the bush, a few of us were able to escape and cross into Rwanda. From Rwanda we traveled to Tanzania, on to Malawi and Mozambique.

We had to leave Mozambique because the rebel group was looking for us believing that we had informed on them. We left Mozambique for South Africa, arriving there in 2005, with unclear minds and having nightmares every night about the poor souls who had lost their lives in front of us. I didn’t know the whereabouts of my family members and had no contacts in my destination country. I was just 23 years old and almost half of my life had been spent fleeing war and violence.

#### **Rachel**

Ganza, there are no words to respond to the unbearable loss which you suffered during this period of your life: loss of home, family, friends and everything you knew. In my work as an expressive arts psychotherapist with unaccompanied minors who seek asylum in Ireland, I witness stories which contain similar elements to many of the experiences you describe, experiences which no human being

should ever have to witness or endure, inhuman and dehumanizing experiences which often render us speechless and take away our power, our dignity, and our ability to trust.

The therapy which I engage in with these young people typically comprises a number of interconnecting, overlapping core principles: building a trusting, accepting therapeutic relationship, resourcing (identifying and instilling coping skills), offering psychoeducation, bearing witness, supporting engagement in remembrance and mourning and developing a sense of empowerment and reconnection. As part of the psychoeducation part of the healing process, I recognise the power that knowledge of the developments in neuroscience since the 1990's would have had during that period in helping you to understand what you so powerfully describe as your 'unclear mind'. To help you to understand that you were not going crazy, but that experiences of armed conflict, violence and persecution can have a significant impact on the brain and cause considerable psychological stress (Bennouna, Stark, & Wessells, 2020). I'm very aware that you would not have known this at the time and that you would have been terrified that you were losing your mind.

Van der Kolk (2015) describes how during a terrifying experience the brain's alarm system (the amygdala) is triggered and releases powerful stress hormones, including cortisol and adrenaline, which increase heart rate, blood pressure and breathing rate, physiological responses which I'm sure are familiar to you Ganza. Pre-programmed physical escape plans which automatically drive the body to run, hide, fight, or freeze, are instinctively triggered in the brain stem and the mid-brain. When these parts of the brain take over, the higher brain structures of the cortex (the conscious mind) are partially shut down and by the time full awareness of the situation is restored, the body is already likely to have responded through the fight/flight/freeze response. Providing this information in an accessible way to the young people I work with so that they understand that the way they are feeling is not their fault, that they are not going crazy, and that their brain is impacted in many ways by trauma, provides great relief.

### **Ganza**

Yes, the way you describe these bodily responses feels very familiar to me – it was like I had no control over what my body did. When the violence happened my heart was beating so fast that it felt like it was going to jump right out of my chest and my breathing became so shallow and it was like I just instinctively ran as fast as I could to escape. There was no time to think. After so many experiences like that I have never been able to relax and I felt like I was always waiting for the next attack.

### **Rachel**

This is very much a normal response to what happened to you Ganza. After a traumatic experience the world is experienced differently by the brain, with the survivor's energy being diverted into trying to control unbearable physiological responses (Cozoloni, 2010). It seems as if this was the rhythm of your life during adolescence and into early adulthood. The re-modelling of the brain which occurs during adolescence marks it as a *critical period* (a time of significant change) for brain development, which also impacts hormonal changes and sculpts the emotional, cognitive, and behavioural characteristics of this stage (Aoki, Romeo and Smith 2017). Experiences during this period also influence the shaping of the adult brain (Philips Swanson et al., 2010) and the 'double burden' of being forcibly displaced from your homeland and moving from childhood to adulthood is recognised in the literature (Tefferi, 2007). You spent your adolescence and your early adult years in a state of constant hypervigilance, tracking for danger, anxiety and the stresses associated with living in limbo. Your body was continually primed to defend itself.

### **Ganza**

That is exactly how I felt. Always waiting for the next attack, never able to feel calm within myself or to focus on anything or concentrate properly. The inability to focus and concentrate went on for many years after these events and it is only in recent times that it has improved.

### **Rachel**

People often don't realise that exposure to potentially traumatic experiences can directly affect learning and cognitive functioning. This can manifest as the inability to concentrate, difficulties in processing information, impaired short-term memory recall, and the inability to store long-term memories (Ainamani, et al. 2017). In order to process, store, retrieve and respond to new learning, the brain must be in a calm and attentive state whereas when a trauma survivor is in a state of fear, the brainstem is involved in the fight, flight or freeze response and information is blocked from entering the brain's areas of higher cognitive memory consolidation and storage (Dyregrov 2010). A refugee who experiences a trauma trigger cannot, therefore, be fully present in the current moment and cannot easily absorb new information. Interestingly, visual sources can be easier to remember than written sources for trauma survivors because they typically have higher emotional salience and sensory detail.



### **Ganza**

That really explains why even when I was engaged in study I found it so hard to focus and retain information. Not being able to sleep didn't help either. Before I left my country it was so hard to sleep because of being on constant alert, then when I was on the run I just slept in very small bursts whenever I could and even when I was safe it was hard to change that pattern.

### **Rachel**

That's a pattern I see over and over again with the unaccompanied minors I work with and neuroscience can help us to understand why. We know that sleep is crucial for brain health and function and that it plays an important role in memory consolidation, emotional regulation and overall cognitive performance (Coleman 2021). The brain goes through various stages during sleep, each of which serves different functions. Emotional processing takes place during the rapid eye movement (REM) stage and memory consolidation takes place in the non-rapid eye movement (NREM) stage (Germain 2013). These processes can be disrupted by traumatic experiences. For example, trauma-induced nightmares can interfere with REM sleep, affecting emotional regulation and memory consolidation (Sinha, 2016). Sleep disturbances can impact the ability of the brain to manage stress which leads to heightened anxiety and emotional reactivity. I use psychoeducation around sleep hygiene to resource many of the young people I work with as well as strategies which mimic tiredness to make the brain think that it is sleepy at bedtime.

### **Ganza**

Something which has always puzzled me is the way in which certain sounds, smells and visual stimuli can still have an impact on my life today. Certain triggers can take me right back to the traumatic events which I experienced. Whenever I see a soldier in uniform or a gun, I have an immediate fear response. My heart starts pounding and I start sweating profusely. Any sounds that are like a bomb or a gun will immediately result in my heart racing and my blood pressure increasing and sometimes I even dive for cover. Finally, and perhaps most shockingly, any smell of rotting food will trigger memories of abandoned dead bodies and corpses which we saw almost every day when we were on the run. At times we were even forced by the soldiers to throw the bodies into a mass grave.

### **Rachel**

Ganza, these are horrific experiences which no one should ever have to endure, and I admire your courage at being able to share them here. At a physiological level, responses to stimuli which are

reminders can again be explained by neuroscience. The brainstem acts as a crucial relay centre that receives, filters, and forwards sensory input to higher brain regions for further processing and appropriate responses. This includes input associated with both positive and potentially traumatic experiences. When you saw a soldier in a uniform many years later, sensory visual components of the traumatic experience of cruelty inflicted on you by a soldier entered the brainstem and the matching process in the brainstem connected these experiences.

As the brainstem cannot compute the fact that any time has passed, it activated the same fear response which meant that you re-experience the feelings of being overwhelmed and powerless.

As your experiences demonstrate, smell can also be a powerful trigger for emotional responses due to the way the brain processes olfactory (smell) information. Its close connection to the amygdala activates an emotional response and the hippocampus helps consolidate the memory of that event (Vermetten and Douglas Bremner 2003). This means that encountering the same smell in the future can trigger the recall of the memory and the associated emotions. I resource the young people I work with by introducing simple grounding techniques to help anchor them in the present moment when they re-experience traumatic events in this way before they are ready to engage in the challenging work of processing the memories, often using non-verbal pathways of expression as trauma often shuts down areas of the brain closely associated with language and speech production such as Broca's area (Porges, 2011).

Ganza, I'm also very curious to hear about the rest of your journey and to find out what helped you to cope after these experiences which in many ways defined your adolescence and early adult life.

### **Ganza**

Well, when I arrived in South Africa at the age of 23, my dream was to pursue a medical degree. Unfortunately, the first three universities I approached were unable to accept asylum seekers or refugees. Being denied this opportunity was re-traumatising and increased the fear that I may never be able to continue my studies. A second challenge was the department of home affairs not issuing permanent residencies to people who had been in the country legally for more than 10 years, which would have facilitated access to higher education and to other social services.

As time went on, South Africa received many forcibly displaced Africans who were later accused by some political leaders and some

citizens of stealing their jobs and their women. This accusation resulted in hostility, discrimination and hatred towards forced migrants which led to xenophobic attacks resulting in the loss of many lives. Those of us who fled conflict and war in their countries, found themselves in the very same situation or worse than that which had forced us to flee in the first place. Facing all of these rejections and not having a job (because priority was given to citizens), are all factors which lead to re-traumatisation. Many asylum seekers and refugees took their own lives and others became addicted to alcohol or drugs as a way of blocking out their realities.

How did I cope? Well, I found myself playing the guitar or watching stand-up comedy to help block out thoughts of what had happened to me and thoughts of taking my own life or drowning my sorrows with alcohol.

Later, I realised that a combination of playing guitar and singing together with watching stand-up comedy, slowly reduced my anxiety and my depression levels. Some years later, I joined a cycling team in my area which also helped me to feel better about myself.

### Rachel

I recognise your ways of coping and applaud your resilience. I recognise the power which the expressive arts, in your case music, but which can also include art, sandtray, working through metaphor, drama, dance and movement, had in your healing. I recognise that you didn't have anyone to direct you in this way but that you took control and found that this helped you to feel better. Expressive arts can provide a pathway for externalising symbolised trauma before it can be accessed verbally, thereby promoting healing (Malchiodi, 2020). Especially effective in situations where identities have been lost or are in conflict with the host culture, this makes the expressive arts ideal for working with refugees (Kalaf and Plante, 2019).

The expressive arts can also provide a temporary home for adolescent refugees in the acculturation process by serving as a safe transitional space (Callaghan, 1998). For example, working with dance and movement can foster the experience of the body as a home and thus provide a safe starting place from which to regulate arousal, increase the knowing and feeling of what is happening in the body, and symbolize trauma processes (Payne, 2006). Listening to, playing, and singing music from the home culture can support refugees to maintain their cultural and personal identities (Molyneux, 2018) and drawing, painting, or using clay may help them to recognise, access,

and ultimately process unconscious feelings that can influence their daily lives (Adnams Jones, 2018). Research shows that the expressive arts are not only a container that can offer a temporary home, but that they can also serve as a bridge that gently guides refugees in the process of moving from home to host culture to the integration of both (Dieterich-Hartwell, 2017).

So finally Ganza I'm wondering about the myriad of ways in which your lived experiences impact and inform your current work.

### Ganza

Yes, my own experiences have definitely shaped and informed the direction I've taken. I understand what those who have been forced to flee their homes are going through and I am passionate in advocating for them and in looking at the ways in which we can support their positive mental health – support which I never received as an adolescent and young adult but which I was lucky enough to figure out for myself.

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**Dr Rachel Hoare**

**Lecturer in the School of Languages, Literatures and Cultural Studies in Trinity College Dublin,  
Director of the Centre for Forced Migration Studies and  
the Director of the Trinity Inclusive Curriculum project**

Rachel is a member of the Trinity College University of Sanctuary committee. She is also an expressive arts psychotherapist providing psychological support to separated children seeking international protection on behalf of Tusla, the Irish child and family agency. Rachel was awarded an Irish Research Council grant to conduct collaborative engaged research with Spirasi, the national support service for the rehabilitation of survivors of torture, into their befriending programme.

The research report was launched in September 2022. Rachel is passionate about the importance of trauma-informed care for refugees and the potential impact of mentoring and befriending on refugee lives as well as raising awareness about the lived experiences of refugees. She has organized and contributed to conferences, seminars and workshops around the expressive arts and refugees.

**<https://www.tcd.ie/research/profiles/?profile=rmhoare>**

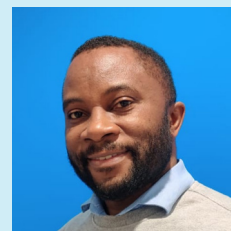


**Professor Ganzamungu Zihindula**

**Research fellow at the centre for Global Health at  
Trinity College Dublin**

Professor Zihindula holds a PhD in Public health from the University of Kwazulu-Natal South Africa. His research explored access barriers to healthcare services for refugees. The research outcomes led to a formation of Urban Refugee and Asylum Seekers Assistance (URASA) and co-founding the South Africa Refugee-Led Network (SARLN). He is passionate about health inclusion, health equity and social justice for the socially excluded people.

His work is found at the intersection between access to care, health promotion intervention development implementation and evaluation, human resource for health, prevention strategies for NCDs (Cancer, Diabetes, Hypertension & Mental health conditions), forced migration health. He has published more than 35 peer review articles and book chapters and presented at over 40 scientific conferences. He is a steering committee member of the Centre for Forced Migration Studies at Trinity College Dublin (TCD), member of the Africa Brain Health Network (ABHN) and Founder of Healthy Rural Societies South Africa (HRSA).





# Imagination is awesome, caring connects

Arts for Health, Telling  
the Untold Stories

Justine Foster

Arts for Health, West Cork was born from a need to support access to the arts and creativity, no matter where we are in our lives. Recognising imagination as a critical part of our way of being, helping us navigate life and respond to our experiences.

The twenty-year-old arts and health programme is run from a central hub called Uillinn: West Cork Arts Centre in Skibbereen – a rural town on the southwest coast of Ireland. In the centre of the rural town, the contemporary arts building serves a widespread population of over 111,000<sup>1</sup> stretching over 100km from east to west including seven inhabited Islands.

Uillinn is an Arts Council funded facility that supports a multi-disciplinary arts programme offering opportunities for the people of West Cork to have access to, and engagement with, local and global arts practice of excellence. As Programme Manager at the Centre, I work to provide a space to enable many ways in which art, artists and the public meet.

Uillinn is an architect designed five story arts facility that took the community over 20 years to realise. Opened in 2015, it was designed to be fully accessible with many cutting-edge facilities for its time, with a double height gallery, three visual artists studios, a dance studio, café, offices and lots of curious places in between where – artists work and public interact.

**The building presents an arts space that is worthy to our rural community. A quality, thriving space that embraces the imagination, freedom of expression, nurtures creative and free thinking.**

Galleries, corridors, workspaces are designed to interlink and encourage conversation between people visiting and artists working in the space. While much of the work that happens is purposefully programmed, a lot more happens organically. Such as artistic collaborations born out of conversations and corridor meetings.

As an example of this, in the first week of working there, before opening to the public, I walked into the gallery to see the aerial dance artist in residence hanging off a window engaging with the exhibition, the photographer in residence capturing the moment and a poet sat in the corner writing a reflection – if I hadn't walked by, I'd have never known the moment existed.

Not all our programming takes place at Uillinn. Much of it goes beyond the building out into the community, across the entire region, where we seek diverse ways to increase the points of intersection for art, artist, and public to meet. Artists in Residence, along with locally based Arts Practitioners work with us to adopt unique ways to engage with the community and uniqueness of the location. We take work out to schools and community spaces, on walks in the town, into the countryside, explorations at the beaches and the harder to reach communities, of community hospitals, day care centres and more recently to family carers in the home.

Either at Uillinn or out in the community, the engagement approach is one of open discourse. A well-considered conversation between art, artist and public, ensuring an upfront honesty and integrity in the creative exchange between professional artist or arts practitioner and participant. In the Arts for Health context a responsive approach is prioritised, to motivate and enable the creative potential within the exchange, for imagination to flourish.

At all ages, and at many points in our lives we seek different ways to fulfil our creative needs. Sometimes the most important element of the experience is to hone an artistic skills and, at other times, it will be seeking to explore ideas through a creative process, and at any time it can be an opportunity to engage with artwork of others: to watch, listen, enjoy and be challenged by new perspectives.

Whatever mode of arts experience we chose, the programme is designed to be as easy to access as possible. By removing barriers where we can, we can reach out to the most seldom heard voices of isolated older people, as this represents a significant and growing proportion of our community in West Cork.

In 2002, Arts for Health, Partnership Programme, was initiated as a strategic and sustainable response to an ageing population, which enables choice, social inclusion and equitable access to arts for older people in West Cork. We seek to respond to individual creative needs of the participants, by embedding the arts into the culture of care. It takes place in eleven healthcare settings across West Cork and is supported by an interagency partnership with Cork County Council, Cork Education & Training Board and the HSE Cork Kerry Community Healthcare. The make-up of the partnership demonstrates the commitment of health, education and local authority agencies working together for the shared goal of providing arts access.

As Roisin Walsh, Arts for Health Partnership Chairperson and Director of Nursing at Schull Community Hospitals describes, *'Arts for Health TELLS THE UNTOLD STORIES. It provides staff and residents with a means of displaying our pride in what we are – ordinary but extraordinary.'*

Over the 20 years of programme delivery, challenges have presented themselves in many ways, such as, maintaining specific artistic expertise, ensuring sustained resources, and communicating across large network of partners. In response to these challenges, we have built trusted relationships, and sought to remain flexible while working in a strategic way. This has enabled resilience, the ability to respond, resolve and develop over time.

We have invested time into training and building a multidisciplinary team of artists with specific expertise in working with older people and in healthcare settings. We engage with 10 to 20 artists each year to deliver 8 to 9 sessions a week.

Peer learning is an important part of the training, providing a space where each share their unique expertise, inspiration and methodology that makes the work meaningful and responsive to both the people they work with and to their own practice.

Supported by a framework of regular network meeting, learning days, collaborative projects, mentoring and placement opportunities, consistent governance and supportive management and administration team. This framework helps keep balance between being consistent, with delivery, while remaining responsive to the element of surprise, intrigue and creative ambition. Enabling spaces where wellbeing is minded and creativity flourishes.

Access to and engagement with the arts in healthcare settings improves the quality of life for the individuals in residential care. It encourages conversation and links with the wider hospital community. By being integrated into the culture of the care, the Arts for Health programme allows both collaborative ideas and the individual creative interests to be nurtured, developed, and implemented over time.

The Arts for Health Programme seeks to work with people as they gain in age following interests and responding to the environment. Where possible we make links in the community, seeking a flow and connection between services we offer at the Centre and in the community.

An example of this is Haiku Shelter, part of Compassionate Culture Network, initiated and managed by Irish Hospice Foundation, supporting people experiencing loss. Participants might be referred through a partner programme, such as Cork Adult Education Services or signposted through the healthcare setting.

Artist, Tess Leak, has delivered several series over the last two years using the creation of haiku-inspired poetry, drawing, and printmaking. As Tess Describes *‘On long winter walks in between sessions, we collected ‘haiku objects’ as starting points for drawings and conversations, ... What’s great about using creativity to talk about grief and loss is that we don’t have to share directly. We can share through something we’ve written, or made, or drawn.’*

The network of partners in education, health and local authority; the multidisciplinary team of artists; the cohort of healthcare professionals in each location each coordinated through the resources of staff and spaces at Uillinn, adds another layer to the framework of the programme.

This framework built over time, has exhibited a sustained resilience, through the development of trusted relationships with an emphasis on communication and understanding of each partner policies and objectives.

The network of relationships between managers, healthcare staff, artists and participants work together strategically. This long-term thinking allows us to be more responsive in the moment.

The framework has enabled a level of agility, and space to be creatively responsive to the changing circumstances, such as fluctuating funding streams, and changing policies. For instance, during the pandemic, when the programme continued to employ the creatives and serve the participants without more than a week of broken contact, between artists, staff and participants.

In a post pandemic response with support from Cork Kerry Community Healthcare, the Arts for Health programme expanded to work with family carers both at Uillinn, and in their homes in recognition of the challenge carers have in leaving their home.

“Research has shown that loneliness has a serious impact on people’s physical and mental health and quality of life, with loneliness comparable to risk factors such as smoking and obesity in terms of its impact on life expectancy. Carers are particularly at risk of loneliness and social exclusion as the caring role often limits the time available for socialising and the associated costs

of caring can make social activities less affordable.” Family Carers Ireland Report: The State of Caring (2022)

Named *Creative Carers*, the new programme looks towards the creative wellbeing of family carers in a range of multidisciplinary ways. Delivered by Visual Artist Sarah Ruttle and Composer Justin Grounds from the arts for health programme – both of whom have a high level of expertise from many years working and being trained through the Arts for Health Programme.

A twelve-month action research project took place to test the best way to meet family carers who faced many barriers to accessing arts and cultural services gain access to the programme Family Carers. The outcome is a programme with multiple access points, via day care service, cafes, community centres and at home. The ‘At Home’ strand of *Creative Carers* involved careful governance building between the arts and healthcare management.

Once an artist and carer are paired, they work over six sessions to explore and unlock creativity in their everyday life, as a family carer explains, *‘My husband, Ian played in a Symphony Orchestra for over 20 yrs. However, he hasn’t played for past 5yrs because of his Parkinson’s until artist Justin Grounds arrived through Creative Carers...and now he’s loving it. Justin has changed his life at 81yrs. He brings so much joy into both our life...as a carer 24/7 365 it has made coping with Parkinson’s easier...the joy of music is back in our home.’*

Behind *Creative Carers* is the support and combined knowledge of interagency working and while the resources are stretched the partnership of arts, health and education their expertise to the process. Straddling multiple sectors and systems. However, it requires a high level of cooperation and accountability but brings with it embedded knowledge of people past and present along with well-developed supports of evaluation procedures, governance infrastructures, and cross-sector expertise. On a whole, providing positives for the artists with the backing and confidence to create a unique space for imaginative experiences in the home.

To give ourselves a wider context, I am a member of Arts and Health Coordinators Ireland (AHCI) a support network of professionals who are responsible for managing arts and health initiatives in Ireland. Participation in the Network allows for a national perspective and, a place to engage in reflective practice of arts management, to learn and share with other arts and health leaders from all around Ireland.

In 2021, AHCI shared the results of their mapping research carried out by Dr Francesca Farina, which was undertaken to measure changes in the field of arts and health in Ireland. The research demonstrated that those programmes that had input from multiple partners, ran for longer periods and were more likely to show resilience against the ever-changing funding landscape. *'It is hoped that the outcomes of this mapping exercise, which, will provide a benchmark for future and ongoing mapping of the practice and will lead to a more strategic and policy-driven approach to embedding arts into service users' experience of healthcare in Ireland.'* Mary Grehan, Chair of AHCI Mapping Group and Children's Health Ireland (CHI) Arts in Health Curator.

As the interagency development of arts, health and education in Ireland grows on a national level, there is hope to for reciprocal learning.

A responsive approach at national level, to the regional and local programmes that retain embedded knowledge so that Arts for Health, West Cork and other local and regional programmes can continue support access to the arts and creativity no matter where we are in our lives, connecting and igniting the imagination, with the courage and conviction of the many that take part and the many that make it happen.

## References

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- <sup>2</sup> Family Carers Ireland Report: The State of Caring (2022)
- <sup>3</sup> [hospicefoundation.ie/our-supports-services/ihf-in-the-community/arts-and-creativity/compassionate-culture-network/cork-compassionate-culture-network/](http://hospicefoundation.ie/our-supports-services/ihf-in-the-community/arts-and-creativity/compassionate-culture-network/cork-compassionate-culture-network/) Tess Leak (2021)
- <sup>4</sup> [artsforhealthwestcork.com/Mapping-Arts+Health-in-Ireland-Arts-for-Health-West-Cork-Mary-Grehan](http://artsforhealthwestcork.com/Mapping-Arts+Health-in-Ireland-Arts-for-Health-West-Cork-Mary-Grehan) (2022)

## Justine Foster

A graduate of Chelsea College of Art & Design in 1991, Justine spent several years working as a visual artist in a public and community context in UK and Ireland. In 1997, she moved to Ireland taking up a yearlong arts residency in a West Cork healthcare setting where her work in arts and health practice was founded.

Justine is currently Programme Manager at Uillinn West Cork Arts Centre where she has worked since 1998 developing numerous projects with artist and public with an emphasis on collaboration and partnership. In 2005, she initiated an Arts for Health Partnership Programme with the HSE, Cork Education & Training Board and Cork County Council which she continues to manage.

Justine was Chairperson for the national network, Arts and Health Coordinators Ireland (AHCI) 2020–2022 and has recently embarked on a master's in arts and health Research at MTU Crawford College.



# Leading change in health and social care

The Art of Building Relationships,  
Diversity and Creativity

**Corrina Grimes**, Atlantic Fellow and Visiting Research  
Fellow at Trinity College Dublin

Leading change in the realm of health and social care is a multifaceted art that transcends the mere transmission of information through letters or reports.

It's about people, relationships, and trust, and Chuck Feeney's wise words, "It's always about people," underline the fundamental importance of human connections in driving transformative change in healthcare policies.

The core of healthcare policy development is people. The public, our communities, those who care, and those who receive care. It's also about the people we work with and through to make change happen.

**Change and transformation are not just about writing policies; they're about building relationships and trust. It's about cultivating hope, creating a vision, and taking the right action to deliver better outcomes for people, places, and communities. Better outcomes for the environment and better utilisation of resources, underpinned by equity.**

This chapter delves into the art of leadership in healthcare policy development, emphasising the role of diversity, relationships, and creativity in achieving better outcomes for individuals, communities, and the environment while ensuring equity.

### **Humanity and Motivation – what makes people 'do', act or change our behaviours?**

Healthcare leaders often rely on directive approaches, assuming people are solely motivated by directives, advice, or evidence. However, it's crucial to remember that whether deemed 'professionals' or 'patients', we are all people first and foremost. Motivating individuals to act and change their behaviours requires a deeper understanding of what drives us.

I recall attending a beneficial 'patient adherence' seminar early in my clinical career. A revealing experience during the session highlighted the gap between evidence-based health messages and actual behaviour. The clinical psychologist asked the audience of 'professionals' to stand up. He then asked us a series of questions about health behaviours based on evidence. The results were thought-provoking.

"Stay standing if you brushed your teeth this morning".  
"Stay standing if you had five portions of fruit and veg yesterday".  
"Stay standing if you took 150 mins of exercise in the last week",  
and so on, until about four questions later, no one was left standing.

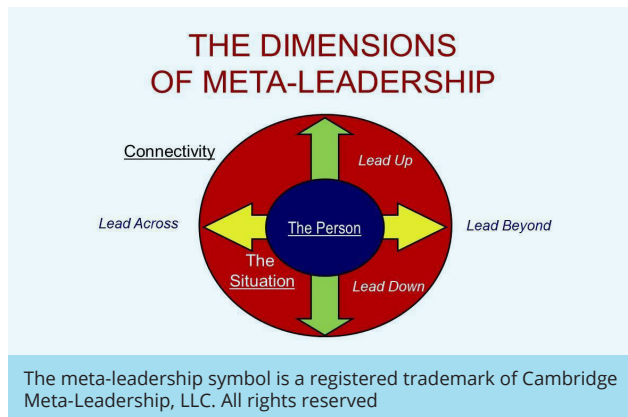
We were all 'health professionals delivering these evidence-based health messages, yet no one in an audience of 150 people was adhering to them. In health care, 'professionals' sometimes have different expectations of 'patients' than they do for themselves or their peers. It made me question the power dynamic of the 'label' 'patient', how it impacts building relationships, and why, whenever possible, I use the word 'people' instead of 'patient' in health care policy, fostering a more inclusive and empathetic approach.



Meta-leadership is a framework for organisations facing complex crises. It has three dimensions: the Person, the Situation, and Connectivity. The model guides self-assessment, multidimensional analysis, and collective action to achieve a shared goal.

Meta-leaders take a systemic view, leading juniors, superiors, peers, and external entities. The desired outcome is a “swarm” of autonomous entities operating in swift synchrony.

This evidence-based framework has been refined by interdisciplinary research and crisis leaders’ experience. It’s helpful in everyday leadership in situations involving diverse stakeholders facing a shared challenge.

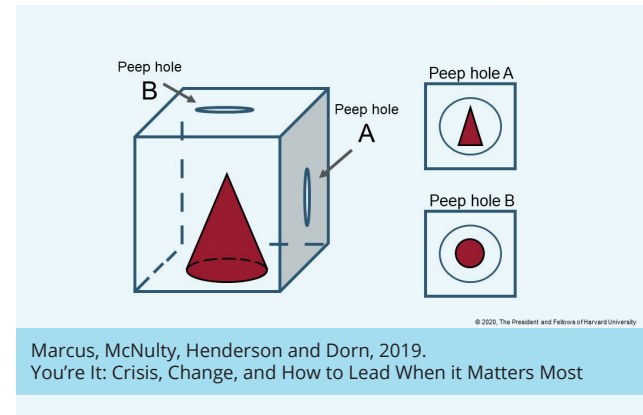


### What is diversity in opinion?

Eric McNulty who led an Atlantic Fellow Master Class on Meta leadership, illustrated diversity’s values through the cone-in-the-box analogy.

He asked us to imagine a cone in a box. The box had two tiny peepholes, one on the top of the box labelled “peephole A”, looking down from above on the point of the cone, and another on the side of the box, labelled peephole B which looked in at the side of the cone.

What would someone at Peephole A see? “A circle.” And those at peephole B? “A triangle.” When, in fact, it is a cone. We need to see things from diverse perspectives to help solve the real problem; we need to be able to share our and hear others’ versions of their truth.



Working with a diverse team is imperative to success when developing impactful policy, particularly with ‘wicked’ problems.

In her book *Radical Help*, Hilary Cottam reinforces this belief in diversity and relationships in understanding problems and creating solutions. Hillary reports that diversity supports a growth mindset, the power of relationships, and the appreciation of people building capacity and creating the possibility of exploring and building solutions together.

Hilary also observed that in modern-day health and social care design, “we create a service for every problem”. The health and care system and services are becoming more complex and more challenging to navigate, akin to the house with numerous extensions or adaptations, with no consideration of the bigger picture and how it will work.

## Big Picture and Small Detail

A clear vision of what success will look like, then working back, detailing every stage, understanding levers, and mitigating challenges is the approach I tend to take. Robust governance is critical, with transparent, decisive decision-making. Asking what is the right thing to do? – not just what is usually done.

## Being able to move between the big picture vision and the small details, knowing stages and interdependences, is crucial to ensure successful development and delivery.

It's like progressing a jigsaw; you have a vision or a picture of the end result but you must ensure that all the pieces join seamlessly, which takes planning and attention.

Lou Downe's book "Good Services: How to Design Services That Work" outlines 15 principles. Principle number 6 emphasises the importance of minimising the number of steps required. "A good service requires as minimal interaction from a user as possible to complete the outcome that they're trying to achieve. Sometimes this will mean proactively meeting a user's needs without them instigating an interaction with your organisation".

It is encouraging to see the increased focus on behavioural science and service design in the Public Sector on the Island of Ireland, with the Innovation Lab as part of Northern Ireland Civil Service, and the application of the design within the Government of Ireland and their publication *Designing our Public Services; Design principles for Government in Ireland*.

In any health and social system, there is only one population and workforce at a high level. Yet, we often silo and sub-divide, building complexity, duplication, and inefficiency. A one-system design that genuinely addresses an individual's and population's needs should be the direction of travel. Recognising the user perspective will reduce duplication, meet needs, and maximise the utilisation of resources – if we are focusing on doing the right thing.

## Focusing on the right thing

Policymakers, commissioners and service providers can lose focus on the balance between ensuring optimal outcomes for people and populations and the efficient use of resources. The latter should be a consequence of the first, not the driver.

We need to ensure we lead the right culture and practice. I recently heard from an integrated health and social care team aiming to optimise outcomes for older people. They understood the value of building relationships with people and focusing on the right thing.

*"On the first visit, no proformas, no laptops open. If people think they are being assessed, there is a greater likelihood of them telling you the answers they think you want to hear and of us asking fixed (and often the wrong) questions. What we find is that a conversation will (in most cases) give you key elements of the frailty assessment, which we then update ( afterwards) – but will also generate some quick outcome wins – the person who can't get to the shops and loves a particular loaf of bread or coming back next visit and spending time making a meal with someone rather than arranging for a meal to be delivered – steps towards trust being built – amazing the conversations that come from doing a shared task together. Most people don't want to be seen to need or ask for help for fear that everything will be taken away. Understanding what matters to me rather than what is the matter with me is so important, especially in the first visit or two."*

This is an example of focusing on what matters in a meaningful way. The positive consequences of focusing on and doing the right thing for people in this service have demonstrated a decreased the utilisation of GP appointments, ED attendance and hospital admission.

## When developing or implementing policy, it's vital to consider the potential consequences, including the unintended consequences that may incentivise poor practices or drive public distrust.

It's like a Rubik's cube. Action on one side, even though the intent is positive, will affect all others, and it will change all aspects of the cube. Like with 'the cone in the box', we must be mindful of all facets.

To illustrate my reflection with a real example. Advance Care Planning is a global policy priority. Lived experience and academic research reports<sup>1</sup> that most people don't know much about advance care planning but acknowledge that planning for the future is a good idea and would be of comfort to their family; however, most people don't want any further information on the topic.

**There is a disconnect between – what the best evidence is, people's beliefs, and their behaviours. Globally, many projects and initiatives have attempted to address this disconnect.**

I had the privilege of leading policy on this topic during the pandemic. Through a meta-leadership approach, with a diverse team, we explored the problem, understood the root causes of issues, and provided innovative solutions which included a creative approach.

Having a diverse range of opinions and expertise within a team is crucial for developing effective and impactful healthcare policies. In my opinion, the most impactful team incorporates the perspectives of individuals with lived experience and members of the public, subject matter experts, clinicians, policymakers, academics, behavioural scientists, service designers and creatives. I see these 'members' as a team blueprint for future work in healthcare policy development.

We focused on building trusted relationships, particularly with those with lived experience. Behavioural science experts introduced the COM B Model and we explored the capabilities, opportunities, and motivation required for this particular behaviour change. To drive engagement in advance care planning, a creative approach was used to connect with people, and provide them with the necessary capability, opportunity, and encouragement for behaviour change.

Typically, building community knowledge and capability involves information campaigns such as billboards, leaflets, or other forms of communication. However, since people tend to avoid engaging in this topic, a different approach to the usual type of campaign was needed.

So we launched a government creative program, drawing on creative expertise as part of the team, that offered creative grants to communities to help them reflect on their pandemic experience and plan for the future. Each group received a grant and support to complete their projects, which were recorded in video to create a lasting record of their work and impact. Grants were awarded to a diverse range of organisations, and the success of the projects was attributed to four themes.

The first theme is Agency, which allows individuals and groups to be self-directed, thanks to the grant and professional and peer support. This gave them the impetus to do something they had wanted to do.

The second theme is Emotional Experimentation, which involves creating a safe space for emotional exploration through creative practices. This allowed people to talk about themselves from a safe distance, using objects or pictures to facilitate necessary uncertainty and ambiguity.

The third theme is Inclusivity and Assets, where the awardees had already established a firm relationship with their members and went on a journey of exploration together. Peer-to-peer sessions reinforced and celebrated their specific expertise while making their commitment to the program public and introducing gentle competitiveness and a social contract.

The fourth and final theme is Local Benefit and Mediated Benefit, which supported locally beneficial and locally delivered creativity while engaging professional video makers to tell the project's story, playing to each organisation's strengths.

**Creativity has been an effective means to help build a bridge for communities to engage in advance care planning.**

While the delivery of this public health solution is ultimately geographically specific, the principles can be generalised. This reflects how, in large-scale public health programs working for cultural and behavioural change, there is a need for complex informal and less visible social networks to interact with professional services.

## Arts, creative and health – are we measuring what matters?

I became a stronger advocate of creativity and arts in health after Creative Brain Week in 2022. Listening to the robust evidence from Prof. Daisy Fancourt, UCL sparked a keen interest which was fuelled by the personal experience shared by Christopher Bailey, WHO, especially with his the poignant reflection on that art won't cure his sight loss, but nor will science, but arts and theatre can heal and can help on our personal transformation.

Arts and creativity have long been associated with well-being and community building. Despite a robust academic evidence base, there remains reluctance, particularly in the global North, to embrace arts and creativity as essential components of healthcare. This reluctance parallels the historical resistance to handwashing in healthcare.

Dr Ignaz Semmelweis noticed higher mortality rates among women giving birth in medical student/doctor-run wards. He discovered that doctors carried infectious particles from the autopsy room. Handwashing led to a significant reduction in deaths. However, Semmelweis's ideas were initially rejected by the medical community and only in the 1980s were his innovations widely adopted.

Creative Brain Week is a now global innovation to bring together diverse people, ideas, and evidence, focusing on the right things and acting as a catalyst for future policy design and implementation.

## Leading change in health and social care is an art that revolves around people, relationships, diversity, and creativity.

To develop and implement effective policies, leaders must consider diverse perspectives, build relationships, focus on the right things, and embrace creative approaches. Ultimately, the goal is to optimise outcomes for individuals and communities while ensuring equity and well-being.

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## Corrina Grimes, Atlantic Fellow and Visiting Research Fellow at Trinity College Dublin

Corrina has recently taken on the role of National Deputy Director in Service Policy Design and Implementation at NHS England. With a strong commitment to improving healthcare, Corrina brings a wealth of experience and an enthusiasm for creativity and inclusive approaches to policy development. She often quotes the word of Chuck Feeney "It's always about people".

In October 2022, Corrina was pivotal in launching the groundbreaking policy "For Now and For The Future – An Advance Care Planning for all Adults" by the Department of Health in Northern Ireland. Her leadership involved co-producing this policy and implementation plan, which employed innovative and creative methods to encourage people and their communities to think ahead and plan for the future.

Before her current role, Corrina co-led the Palliative Care Program for Northern Ireland, known as "Palliative Care In Partnership." This program aimed to enhance the quality of life for individuals with palliative and end-of-life care needs and those important to them.

Furthermore, Corrina's Journey also sees her as a Visiting Research Fellow at Trinity College Dublin. She has been recognised for participating in the European Innovation Partnership on Active and Healthy Ageing under Horizon 2020, the European Union's research and innovation program. Her contributions to this initiative reflect her dedication to finding innovative solutions to healthcare challenges.

One of Corrina's advocacy points is the global movement known as Project ECHO. She champions this lifelong learning and guided practice model that transforms health education and expands workforce capacity to provide specialised care while reducing health disparities. Her commitment to Project ECHO is evident through her completion of Project ECHO Training at the University of New Mexico, USA, in 2014 and 2015. Subsequently, she led several Project ECHO networks in Northern Ireland, including the pioneering network for unpaid caregivers, demonstrating her commitment to supporting all individuals involved in caregiving.



# High Security Long Stay

David Cotterrell

*It is a Friday morning in July. I was awake at 5am and have been travelling for two hours. As I step out into the bright sunshine, I am dressed in 'smart-casual' clothing, I am carrying a camera bag and there is a long silver chain attached to my belt. A quick check of my pockets ensures that tobacco, phone, credit cards and money are removed from my belongings and gently deposited in the glove compartment. I slip a lanyard over my head and place it under my ponytail, positioning the tethered ID card centrally on my chest. I slam the door, lock the car with the single key in my hand and turn to walk 400 metres across the car park, toward the enormous imposing building that frames the cloudless blue sky.*

*A seamless sheer concrete wall obscures the horizon ahead of me. It appears to be at least six metres high, topped with a metre diameter horizontal concrete pipe. Central within the impassable barrier, a windowless brick structure frames an imposing double-height vehicle gate. To its left is a small glass door. There is nobody visible, but I feel self-conscious. I try to appear to walk with purpose, toward the entrance. Above the door a sign displays (in small capital letters), "SAFETY, DECENCY, HOPE: HMP SWALESIDE." Below these words, in larger blue letters, "Welcome".*

*I walk forward, push the glass door and step inside. The room is shabby. There appear to be several generations of information signs randomly placed on the walls, displaying messages offering an incongruous range of advice from crisis support helplines through to threats of potential criminal prosecution. Remnants of tape from previous iterations are still visible. Paint has been renewed but edges are rough and tired materials appear to frame every view. A few metres to my right, behind a glass screen, uniformed men and women are milling around. I look across and hold up my pass and shift the camera bag from my shoulder inviting further scrutiny. I get a nod of acknowledgement and am waved on to step forward into the glazed airlock ahead of me. A camera watches me from above. After a few moments the panel ahead of me opens and I step through and walk into a corridor. Barriers ahead of me bar onward passage. I place my finger onto an illuminated red square and the barriers slide open. To my right is a locker room, but one wall is entirely lined by glass fronted cabinets containing grids of red lights and silver keys. Again, my finger is presented to an illuminated red square. There is a short pause before a small screen displays my name and an actuator is*

*triggered unlocking one of the cabinets. One of the lights is now green, I reach for the keys, they are released into my hand. The screen reads: "David Cotterrell, Keys Held".*

This diary narrative of access to an unfamiliar environment is especially unusual because I am an artist. My only qualifications are a Painting Degree and a Fine Art MA. But I am not there to provide educational classes, facilitate therapeutic engagement with arts practice or to produce artwork for the prison estate. My role is simply to observe, witness and engage.

Based on the precedent of the 'War Artist' role as an uncensored observer within a contentious and sensitive environment, I had been working for nearly a year with the UK Prison Board to gain access to the High-Security, Long-Stay Prison Estate. Following gentle negotiations with the Ministry of Justice, an AOR (acceptance of risk) had been issued and governors at a series of Category A & B prisons had agreed to authorise unrestricted access to their buildings, officers, and prisoners. I had now been approved to visit, carry keys, be unescorted, and use still cameras, video equipment, and audio recording devices throughout the facilities. Platforms for public, academic and institutional debate and dissemination have been agreed. The outcomes of the project are not yet known. The project is just about to start.





### Why here?

It was an interesting time to be allowed access to this most restrictive of environments. The High-Security estate has always been cautious of allowing independent observers due to the political sensitivity of the criminal justice system. The prison service is often described by officers as the 'forgotten service' and prisoners frequently state that they feel that politicians, media, and society have no awareness of their situation.

The prison system is isolated from the community that it exists within.

Contact with prisoners in High-Security facilities is extensively managed and restrictions on dialogue are structurally created. Public discourse is dominated by conflicting rhetoric and characterised by limited direct testimony.

In the post-pandemic period, this disconnect has been heightened. Prisoners have been locked down within a regime that was uniquely austere. At times during the pandemic, they were limited to 15 minutes per day outside of their cells. Visits from relatives, education programs, work opportunities, therapeutic treatment, and other external services were either completely halted or significantly curtailed. An unforeseen by-product of the emergency has been a massive loss of staff and profound limitations on the opportunities to directly support individual offenders.

The high-security, long-stay prison estate, houses prisoners with a minimum of ten years left to serve, however many of the inmates are serving much longer or even indeterminate (IPP) sentences. It is a bleak environment, which variably offers the threats of boredom, distress and violence, to its inhabitants. It stands out from society by its structural separation from more pluralistic experiences of time, utility and culture. Its representation of the wider population is distorted by its entrance criteria, and it is, by design, separated from view and experience. For many of the wider population, their perception of the prison environment will be mediated through the narrative construction of fictional entertainment, documentary journalism, and media campaigns.

The context is often viewed as being a world apart, having its own unique institutional, security, organisational, financial, and architectural challenges. However, despite its exoticisation, prison also functions as a microcosm of universal societal challenges. It offers an uncomfortable reflective portrait of the empathetic fractures and the mental health of a nation. Perhaps for this reason, the distilled vision of individual and societal failure is kept safely at a distance. The walls that are erected, notionally to protect society from the enduring danger of the prison population, also serve to discretely obscure the uncomfortable nature of catastrophic personal and societal tragedies disproportionately experienced by the victims and perpetrators of crime.

Within this enclosed landscape, wider issues of economic inequality, mental health neglect, educational disadvantage, community polarisation and failures of empathy, care and community, can be witnessed through perverse amplification.

### Why artists?

The interesting factor is that, in this case, novel approaches have been mandated by the structural challenges that might generally be expected to dissuade an institution from opening itself to scrutiny. The involvement of artists as part of the response, is premised on the collaborative hypothesis that art practice and research methods offer significant toolsets to challenge perceptual barriers.

There are several obvious questions that might be encountered. Perhaps firstly, at a time of stress and uncertainty, the question is, why? – why would an institution that is highly controversial, subject to negative press reports, allow an uncensored observer? Why would prisoners, officers and governors tolerate the intrusion of an unknown witness? Why would an artist be willing to engage in a potentially compromising environment with uncertain relevance to their cultural audiences?



There are well-documented precedents for theatre, dance, music, visual arts, and other modes of cultural engagement being funded and deployed within community, healthcare, and prison environments.

## Whether to promote tolerance, reconciliation or catharsis, there is evidence for the arts being effectively used as a tool for engagement, or therapy.

However, the arts are rarely seen as a method to embrace and address criticism of institutional policy and structures. Cultural activity is often seen as a method of increasing the impact of solutions, gaining consent, or celebrating relationships, rather than revealing misunderstandings or insensitivity.

This experiment is premised on the expectation that the arts can reveal deep understanding of subjective experience, create space for uncomfortable dialogues, and provoke a re-evaluation of questions rather than to support the delivery of responses. The manner in which this knowledge can be used to inform (and even challenge) policy is rarely understood.

## Within risk-challenged and time-pressured contexts, this vital role for the arts is seldom tested. In this case practice is being deployed as a catalyst for undocumented insights, and unresolved questions, to be articulated and explored.

There is no expectation that for this activity alone, can fix the problems that have afflicted individuals, policies or systems, but it is imagined that the resultant unconventional record may interrupt the strategic narratives that have defined the hierarchy, or the nature, of the response.

Within the institution, there are already sustained internal debates to address the ongoing challenges of staff recruitment, accommodation shortages, prisoner mental health treatment, escalating violence and dormant education programmes.

However, recognition of the internal systemic stress is beginning to spread beyond the boundaries of the estate. There is an understanding that the service may no longer be able to sustain the illusion that the criminal justice system can solve its own problems, without greater empathetic engagement from society in general and a wider recognition that many of these problems originate before the sentence, and beyond its own jurisdiction.

The prison service addresses the symptoms of devastating problems. By the time that individuals are sentenced the wider societal systems of care, support, treatment and protection have, by many metrics, already failed. The role of the prison service is particularly complex through the parallel perceptions of its core purpose. The popular narratives of punishment, redemption, rehabilitation, and education are varyingly applied as measures for its success or failure, depending on the vagaries of public, media, political or regulatory observers. The confusion of political agendas means that policies are rarely fully realised, and inaction is more likely to shape the service than humanitarian idealism. The society, that it exists within, may want prison to have the capacity to police or suppress its problems, but if it is to avoid the problems emerging in the first place, or even re-emerging as soon as the enhanced security is scaled back, a wider range of analytical and structural tools need to be used to consider the complexity of its task.

An unfamiliar conversation, perspective, or reflection can sometimes be a powerful method for reminding ourselves of some of the approximation of assumptions. An artist may create, translate or mediate a subjective, idiosyncratic record. The value in this is not purely in the quality of the narrative produced, but through the evolving awareness of missing forums, failure of vocabularies, and embedded prejudices, that may be encountered through the process. The arts cannot necessarily produce a more accurate representation of a shared truth, but they may have the potential to reveal something of the failure of extant summative narratives to create a more empathetic societal understanding.

The generosity of access within this project is designed to establish a portable methodology for the foregrounding of the arts as a valued pre-requisite for a greater quality of institutional critical self-reflection.

The openness of the engagement is a testament to the enormity of the challenge.

*I am aware that it is time for me to become a participant rather than a visitor. I attach the keys to the chain at my belt and place them in my pocket, exit the locker room, step into the corridor and turn to my right. A heavy unpainted wooden door marks the end of this area. A small camera looks down from above and I look up. Seconds pass, then I hear the lock being released. I pull the door toward me revealing a steel gate immediately behind it. I present the newly issued Class 1 key to the lock, push the gate forward and lock it behind me as the heavy wooden door swings closed to complete my separation from the world that I have just transitioned through. I am in the prison yard. I take a few calm breaths and walk out to cross the last space with daylight before entering the main prison block feeling profoundly alone.*

*Today, I will enter 'G-Wing' and wander out onto the spurs to meet prisoners. I will be the only person who visits without escort. I will be the only person allowed to photograph their contained worlds and the only person to record their words. Released from the instrumentalisation of role or the limitations of sentence, I will wander freely in a way that few of the participants in this environment can. I will spend time with imams leading prayers. I will join governors receiving security briefings. I will drink tea with officers mentally preparing to unlock cells, and I will quietly share time with inmates struggling to navigate the most challenging of emotional landscapes. I step forward hoping to confront the fear, prejudice and empathetic failure that has enabled me, and others, to maintain distance until this point.*

*As I try to find the courage to present my keys and open the gate to the landing, I am reminded that there is confidence from all involved in this experiment, that the experience will change me, as much as anyone else involved.*

#### David Cotterrell

**Artist and Director of Research Institute at Sheffield Hallam University**

David Cotterrell is an installation artist working across media and technologies to explore the social and political tendencies of a world at once shared and divided. The practice is typified by an interest in intersection: whether fleeting encounter or heavily orchestrated event,

Cotterrell's works explore the human condition and the breaks or nuances that can lead to a less ambiguous understanding of the world they inhabit. Encapsulating the roles of programmer, producer and director, Cotterrell works to develop projects that can embrace the quiet spaces that are the sites for action, which might (or might not) be clearly understood in the future.

Cotterrell's work has been commissioned and shown extensively in Europe, the United States and Asia. He is Research Professor of Fine Art and Director of Research Institute at Sheffield Hallam University and is represented by Danielle Arnaud gallery.

<https://www.cotterrell.com>



# Art amongst the caring

Caroline Schofield

I work as an artist in Arts & Health where there are no bells and whistles (although there might be if it's called for). Most of the work I do with participants is with them on their own or with a carer beside a bed, in a nursing home or at a kitchen table. In those spaces the most beautiful conversations and art work can transpire.

Yesterday in a nursing home I worked with a woman who was painting a pink Hydrangea flower from still life. The most beautiful marks were being made on the paper and often when she needed more paint she took her brush to the flower to take colour from its leaves. At some point she laughed and told me that there were elephants and a tent camped in her pink marks. For a moment we were both in another space looking at elephants from a tent.

In the same session a woman painted a page of green in watercolour, her mission to fill every white bit of paper with the green pigment. At the end of the session, when the group looked together at her painting on the wall we all saw a field of green. One of the group kept marvelling at this green painting, she saw a summer's morning dew on the grass and trees; 'it makes me happy'.

Explaining what I do as an artist in Arts & Health is not simple, and yet it is. It is made up of small moments like the above and can come in many different forms. My work as an artist in Arts & Health is not to teach participants how to paint a chocolate box scene, but to facilitate their own mark making journey, artistic response and voice.

*'To have a voice is to be human. To have something to say is to be a person. But speaking depends on listening and being heard; it is an intensely relational act'.* **Carol Gilligan, A Different Voice**

The American Psychologist Carol Gilligan writes about ethics of care, saying it is an ethic grounded in voice and relationships, in the importance of everyone having a voice, being listened to carefully and heard with respect.

**Art can open that conversation.**

An example of this conversation occurred during a residency in an acute hospital. I met a man who was living with dementia and was very confused. Each day I walked by him and invited him to draw or paint. One day he said yes and suddenly wonderful drawings of a childhood home and dogs who were pets appeared on the page. A friend visiting him remembered clearly how as a young man he had drawn caricature sketches of people he worked with. These drawings opened up a new way of seeing him as a person, creating new and different conversations with doctors, nurses, families and friends.

The work can be painting, drawing, printing, clay, sculpture, mixed media or looking. It might even incorporate music. Recently a man in hospital who is a set dancer and teacher looked in wonder at images I put on his wall of Irish dancing at a crossroads in Ireland. He spoke about the traditional music he loved and we played some of those songs while his feet moved to the music. I know very little about this music, but the room filled with his knowledge and love of music and the musicians who sang and played. I met him another day sitting outside his door on the corridor and he said he had to stay there because he was waiting for the doctor and wanted to be discharged. I spent some time with him and we played music from Frankie Laine, Dean Martin and others. As the staff walked by, they moved, swayed and laughed with the music. For a moment we were in a dance hall.

Recently, during a presentation I gave at a doctors' grand rounds, I spoke about a patient I had been working with who had been in the hospital for a long time and had been moved to different wards during their stay. When I spoke about what the patient had created, the doctors present said they hadn't thought about the wellness of a person's soul or their need for creativity to make

living bearable while spending time in the hospital. One doctor pointed out that they are focussed on the medical needs of the patients and are time poor, but that they need to think about this.

My role as an artist in Arts & Health means that I am not bound by medical routines and responsibilities. It is not my job to see the patient in medical terms. Our conversations are purely based on our creative connection. This also means that while always being mindful of the hospital and staff and the job they do, I am separate to the system.

In 2016, I carried out a residency at University Hospital Waterford with Waterford Healing Arts Trust (now Waterford Healing Arts, part of Réalta, the National Body for Arts + Health in Ireland). This residency embedded me in Arts & Health and gave me a grounding in working within a hospital and what might be possible in the environment. The ward I based myself in cared for older people and people living with dementia. On my first day I was surprised at the noise on the ward – alarms, food, medical trolleys and people. What surprised me was that when I worked in the creative process with a patient, we didn't hear the noise or see the hustle and bustle going on around us.

## Time during the creative space slowed down and allowed us to work in an art bubble.

Since then, I have worked with lots of Arts & Health projects including projects developed in conjunction with Waterford Healing Arts: Open Gallery, an art viewing project based on 'Meet me at Moma', Art at the Kitchen Table (AKT), bringing art into people's homes and AKT Studio. As part of the AKT project I was introduced to Corina Duyn, a puppet maker and artist, who had recently moved from her home into a nursing home at the age of 59. She was diagnosed with Myalgic Encephalomyelitis (ME) aged 36. The project aimed to discover new ways that Corina could work within the increasing limitations imposed by her illness, and within the space in her nursing home room. Very quickly this project became a longer session, with the continued support of Waterford Healing Arts.

Corina and I worked together for over a year discovering a new methodology and while I facilitated the sessions, it became an artistic partnership. At the beginning we explored mono-printing using the nursing home garden as inspiration, but although

Corina stated that she was no longer doing her own art work, this very quickly changed as she started to create work which confronted her move into long term care. After initially beginning a conversation about mapping Corina's room space onto the floor, a replica of the room was built by her brother. This room and the exhibition developed because we were given time by WHA and the funders Creative Waterford to develop and explore possibilities. We couldn't know, until the work was exhibited, how that piece would capture the essence of our collaboration, while showing the audience Corina's every day, 24/7 living.

The 18 months collaboration culminated in the exhibition 'I brought the dream of flying' in GOMA Gallery of Modern Art in Waterford in February 2023 and toured to Creative Brain Week in March 2023.

Corina said *"Collaborating with my co-artist was for both of us a big learning experience: to understand our different art practices as well as finding ways to work together. While I slowly accepted the 'use of her hands' to create my ideas, we brought many into being. Our connection often changed the direction of the works, as well as fine-tuning them. A beautiful collaboration."*

In March I began a residency for the Irish Hospice Foundation at St Luke's Hospital in Kilkenny working with patients, some of whom were in the last days/weeks of life. I also worked with Waterford Healing Arts during August on a pilot project bringing arts into the South East Palliative Care Centre (SEPCC) with patients who were receiving specialist palliative care. Both projects were challenging but very different.

In St. Luke's Hospital the residency was ground breaking for them, having an artist on the wards and introducing art to patients. Although patients were referred to me, often there was a 'cold call' feeling as the staff didn't have time to introduce me, rather I introduced myself to each patient. Having the freedom to move within the hospital also brought opportunities. When following the trail of a patient I was working with, I eventually found her in the Critical Care Unit. We were allowed to paint in her white medical cubicle and put her colourful painting onto the wall. A moment of joy for her. Had I asked before I went to CCU I might have been told that it wouldn't be possible. I think it might be possible to develop this area of work further with the support of the hospital End of Life Care Co-ordinator.

The SEPCC experience was very different to my experience in the acute hospital. Part of this was due to the relationship between Waterford Healing Arts and the SEPCC. Waterford Healing Arts have the experience and knowledge to set up a structure in partnership with the unit so that all the organising was taken care of and I was able to focus on making art with patients and their families.

In Arts & Health projects there is an anxiety anticipating the end of a project or leaving a participant. Working with patients in palliative care in an acute hospital brought thoughts of more permanent endings, and the anticipation of how this might transpire. I learned that you can't anticipate death and what that might entail.

I worked with a larger than life patient over a period of time. Although he was seriously ill in hospital, his death was a huge surprise. I had arrived to his room to show him images we were using for inspiration to work with, only to discover that he had just died. A family member was there and they spoke about how much he had loved making drawings and working with me and they were going to keep his art materials with him. This experience became a core moment for me. This patient's unexpected death unravelled the bubble I had been working in where I felt in control. The place felt lessened by his death. I left the hospital and was able to give myself space. The nurses, carers, doctors, and household staff had to continue working and caring.

## There are so many ways that art can be part of a person's life, even at a very late stage.

I worked with a patient and their family member, making a print of their hands. There was an intimacy to the touch of their hands, together, which made this moment beautiful. The patient died soon afterwards. This legacy piece of work was a comfort to both the patient and their family.

The Arts & Health organizations I work with genuinely care for the staff and participants, constantly breaking new ground. I have learnt that having champions in the hospitals really makes it easier to work. At the end of the project in Kilkenny a patient exhibited her work in the hospital. Staff from throughout the hospital came to the opening including nurses, a consultant,

hospital management and her public health nurse who said she 'wouldn't have missed it'. During that opening, I saw staff organising and managing. Nothing was too much for them. That experience made me realise that the project reached much further than I had thought.

During the Irish Hospice Foundation project I met with a psychologist who supported me to reflect on the journey; We talked about learning to let go, how to accommodate endings, living with the loss and the 'what's next'. This is all a work in progress.

## Further reading

Case Study – I brought the dream of flying

[www.artsandhealth.ie/case-studies/i-brought-the-dream-of-flying/](http://www.artsandhealth.ie/case-studies/i-brought-the-dream-of-flying/)

Perspective – Open Gallery

[www.artsandhealth.ie/perspectives/when-you-asked-us-to-look-the-world-of-open-gallery/](http://www.artsandhealth.ie/perspectives/when-you-asked-us-to-look-the-world-of-open-gallery/)

Article – In Residence

[www.artsandhealth.ie/articles-documentation/waterford-healing-arts-trust-artist-in-residence-2016-caroline-schofield/](http://www.artsandhealth.ie/articles-documentation/waterford-healing-arts-trust-artist-in-residence-2016-caroline-schofield/)

## Caroline Schofield

Visual artist Caroline Schofield studied textiles at NCAD and completed a Master's in Art & Process at Crawford College of Art & Design. An Azure and TimeSlips facilitator, for Waterford Healing Arts Trust, Caroline delivers Open Gallery, a dementia-inclusive art project, and Art at the Kitchen Table, supporting older people to make art in their own homes. She recently worked with the Design & Crafts Council of Ireland on Narrative Tools, exploring the culture of making and handing down tools and skills within families and community. Other work includes projects with Butler Gallery, Age & Opportunity and Open Circle.

Caroline's work is found in public and private collections and has been exhibited nationally and internationally.

[www.carolineschofield.ie](http://www.carolineschofield.ie)



# Conclusion or provocation?

Dominic Campbell



The first Pandemic of the digitised age plainly communicated that people only live well if concerned with the living well of each other. People connect through the practices of creativity.

The COVID-19 virus demonstrated how everyone is connected on this one planet, with its frail breathable membrane, a dot in something so bewilderingly vast we call it “space”. Like it or not on this small rock in a vacuum people have to find tolerance and agreement to live in geographical proximity. Not just with each other but with all life forms. In the short term we connect by transport and trade, by migration and curiosity. Over time we are as symbiotically connected through air and water as twins in the womb.

Tug on one aspect of this complex system in equilibrium and a distant consequence occurs. Most of which we lack the sensitivity or technology to comprehend. The historical view suggests that repeatedly we may not even fully understand what constitutes pulling on a thread until long afterwards.

To date initiatives created to promote or maintain human health within these complex systems have primarily been developed in battlefields and in response to crisis. Acute systems predominate health care. Can we ever fully conceive of a health care system that isn't focused on crisis?

What Creative Brain Week is already beginning to suggest is significant. Neuroscience and creativity excite each other. Collaboration is critical for innovation, and for health.

**Health not just as the absence of illness but as the optimal flourishing of humankind amongst living systems.**

Longitudinal learning from conflict and conflict resolution in Ireland echoes old tales detailing how conflict begets conflict. It seems as true for groups as it is for individuals as it is for cells, if we swap “crisis” for “inflammation”.

**Perhaps instead of spending all our energy and lives picking people out of the river of crisis, we should question why they're falling in, and act on it.**

Neuroscience at its most optimistic and awe informed echoes this. Its encounters with multiple modalities of research like the arts of music, dance, visual practice bring new understanding to all. Art evolves. Industrial scale models of care might begin to.

The growing global platform of “Brain Health” uniting the previously separate issues of mental health, social determinants of health, and biological frameworks, indicates the need for cross-disciplinary international collaboration and innovation. It indicates political and economic trajectory. What about the translation of this to practices on the ground?

Corrina Grimes and Justine Foster, beginning their presentations in the area of their expertise – respectively national care and local cultural centres – or the dialogue between Dr Zihindula and Rachel Hoare, suggest similar challenges wherever people start from, and that similar strategies are beneficial. Shared values and purpose are critical. Inspiration and up-skilling important. ‘Soft’ skills like hosting a space for risk-taking and minding minds are no longer perceived as soft. Culture is critical care.

What the long term perspective of conflict and post conflict zones bring into focus are the many reasons why our starting points are unequal. We start these stories in the middle. In a post conflict zone care and its adjunct health is complex and nuanced. Collaboration is curative.

Similar issues and attitudes seem to apply if we consider successful responses to non-communicable neuro-degenerative conditions like Alzheimers. Moving towards solutions means moving together across the biological and physiological and psychological underpinnings of brain science connected with creativity and craft. Dance may well be the best diagnostic and music a curative wave form. Nurturing Culture a key deliverable.

Moving together means learning, as Creative Brain Week is, to listen more closely. To realize that we are all Patients, or likely to be. We are all artists, or can be. We can all choose to think as scientists.

Over time we move between states, therefore should not our hierarchies of knowledge-making be more porous. Research is the endless curiosity of the mind at play in this extraordinary world. Little is fixed except perhaps the value of local experience in a global world.

### Where is this going?

Richard Horton editor of The Lancet writing about the challenge of climate and health suggests

*“The problem lies as much with our imagination as with our cognition”*

How might we all nurture imagination and better apply it to the challenges of our time?

Creative Brain Week will continue to nurture and to challenge, to host and gently provoke.

**You are welcome to join us.**

[www.CreativeBrainWeek.com](http://www.CreativeBrainWeek.com)



# About the editors

Dominic Campbell and Bea Kelleher are co-founders of Creative Aging International, which leads on Creative Brain Week for the Global Brain Health Institute at Trinity College Dublin.

## Dominic Campbell

Dominic Campbell conceived and is leading this initiative. As Bealtaine Festival's Director he steered the festivals growth and expansion over eight years. Formerly an Artistic Director of Ireland's national celebration, St Patrick's Festival, he transformed its three shows into ninety within four years growing production and managerial teams alongside the financial support required.

Dominic went on to design and produce national celebrations marking the expansion of European Union in 2004 and Centenary celebrations for James Joyce. For "The Day Of Welcomes" marking EU expansion, he devised and produced 12 simultaneous festivals pairing EU expansion countries with Irish towns and cities engaging 2,500 artists from 32 countries.

He mentored festivals in Wales (Gwanwynn), Scotland (Luminate), and has developed projects with partners in Australia and The Netherlands. In 2012 he established the first global conference on Creativity In Older Age opened by Irish President Michael D Higgins.

In 2016 he became an inaugural Atlantic Fellow for Equity and Brain Health at the Global Brain Health Institute a project between Trinity College Dublin and University College Southern California an ambitious worldwide program seeking social and public health solutions to reduce the scale and adverse impact of dementia.

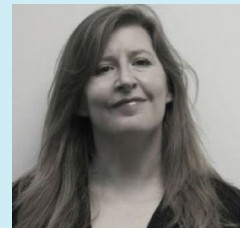


## Bea Kelleher

Bea Kelleher has been working in arts and communications for over 30 years. Since graduating, she has worked across every discipline in the marketing industry from pure play graphic design agencies to PR companies, from sales promotion to advertising, from digital to direct response and shopper marketing.

As the Executive Producer, she helped set up Spiegelworld LLP in the USA, and her other experience includes EP of the Dublin Fringe Festival, Line Producer for the iconic Gaiety Theatre pantomime, Manager for the Anna Livia International Opera Festival, Deputy Manager for the Dominion Theatre and other venues/productions. As Executive Director of the Gate Theatre Dublin she has been responsible for the planning, transference and successful implementation of the commercial and operational side of the theatre following a change in leadership. As Head of Operations of the Dublin City Council Culture Company she was responsible for the legal, HR, H&S, buildings, IT and general operations of this multi-site cultural organisation.

She has been on a number of arts boards as well as marketing industry-representative board and acts as an advisor to a number of self-producing performance companies and festivals.





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