

CREATIVITY, HEALTH AND ARTS ADVOCACY

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Creativity is popularly related to innovation and new ideas. This invention-cognition view of creativity is too narrow a concept for artistic creativity. Artistic creation is also about reproducing traditions and emotional ("affective") processes. Widespread use of the popular invention-cognition view of creativity in arts advocacy obscures wider dimensions of artistic creativity. This article focuses attention on the affective dimension of artistic creation. It surveys "arts therapy" literature and investigates how lessons of this literature can be used to improve the persuasiveness of arts advocacy arguments that appeal to the concept of creativity.

KEYWORDS creativity; arts advocacy; cultural policy; art therapy

Introduction

Creativity has long been a part of the arts lexicon. However, now non-arts areas of interest – such as economic policy and management theory and practice – are becoming increasingly preoccupied with creativity. This fad for creativity might be seen as an opportunity for arts policy and the arts. It promises to bring the arts back into the political mainstream after years of marginalisation under a misguided bureaucratic form of "economic" rationalism. It generates research that can be easily translated for use in the arts. The very vibrancy of creativity injects a new sense of urgency into arts advocacy discourse – a discourse that was fast becoming a stale backwater of economic impact studies. It animates arts policy debates beyond the restrictive borders of outmoded notions of "The High Arts". Creativity resonates with notions of economic and human development more easily than "art". The creativity hysteria seems a bandwagon the arts can ill-afford to ignore.

Yet creativity hype brings threats as well as promises. Despite a healthy debate and research agenda stretching far back into antiquity, we still know little about what creativity is, how it works and how it relates to human well-being. If creativity research has indicated anything, it is that creativity is exceedingly complex, having both positive and negative associations, and embedded within a web of multidirectional linkages with other aspects of human life. Such ambiguities and uncertainties are rarely evident in the creativity hysteria, and are rarely evident in arts and cultural policy discourse. Negus and Pickering (2000, p. 260) find that: "[Creativity] is used vaguely and imprecisely. ... It is often casually introduced into cultural analysis and cultural policy debates as an uninspected received idea." Such unbridled use has, according to Negus and Pickering (2000, p. 260), led to creativity becoming a "dominant category, but a residual concept". Elsewhere, a difference has been identified

between the “creativity” of the creativity fad and the artistic creativity of aesthetic theory and cultural discourse (Madden & Bloom 2001). Creativity may be more than a residual concept in cultural policy; it may be a misleading one.

Nowhere are these semantic problems more evident than in advocacy. Advocacy – and government advocacy in particular – is an overriding imperative of arts policy. Since arts advocacy frames so much of arts policy, analysis and research, it is crucial to ensure that semantic ambiguity or misappropriation does not overrun or distort this important discourse. This article suggests that such a distortion is occurring. A narrow notion of creativity is in the ascendancy in arts policy that is inhibiting the articulation of crucial advocacy arguments and is potentially damaging to arts policy design and delivery. Rather than simply malign this situation, the article uses a more comprehensive notion of creativity to begin constructing missing creativity advocacy arguments. Furthermore, the article extends the creativity analysis of Madden and Bloom (2001), and the methodology is thus comparable. The analysis is directed at government advocacy only, even though arts advocates promote art to a number of audiences. It is based on an explicit creativity framework and uses academic evidence on the assumption that evidence-based advocacy is more persuasive.¹ It considers both costs and benefits of creative activity and requires the establishment of market failure and the consideration of strategic (or “comparative institutional”) issues. As we have argued previously, this critical approach to advocacy may not necessarily be rewarded with a positive response from government, but it can be used confer strategic advantage to an advocate and has “spin-off” benefits for policy and service delivery.

While the overall aim of the article is to improve evidence-based arts advocacy, the view taken of advocacy is sceptical, and may in some instances even appear cynical. The hypocrisy apparent in promoting something one views sceptically is regrettable but unavoidable. The essence of advocacy is suasion. An advocate aims to motivate the “advocatee” to change position, alter decisions or adjust behaviour. (If the advocate and the advocatee were in agreement, suasion would be unnecessary and advocacy would be unnecessary.²) Advocacy thus has much in common with the salesperson’s “sales pitch”, and much of the sullied reputation of the “salesman” must regrettably rub off on the advocate. The critical and sceptical view of advocacy in this article may or may not be justified, but scepticism is deemed analytically more rigorous than its alternatives.

We first examine concepts of creativity. A comparison between the “creativity” used in arts advocacy and broader concepts of creativity reveals that potential lines of arguments are missing from arts advocacy discourse. One of these lines of argument is pursued using the “arts therapy” literature. This literature is employed both as scientific evidence and as a guide for the construction of potential arguments. The case thus constructed is critically examined in light of the reliability of the evidence and in light of wider issues of market failure and advocacy strategy.

Creativity

The word “creativity” means many things to many people. As the histories in Negus and Pickering (2000) and Hausman (1998) show, the meaning of the word has changed significantly through the ages. Contemporary creativity discourse appears to have settled, for the time being at least, on a particular notion of creativity. As the survey in Madden and Bloom (2001) demonstrates, the fashion in contemporary creativity discourse, and even in the cognitive and social sciences, is to equate creativity with problem-solving, invention,

innovation and divergent thought. Typical definitions from a variety of domains are reproduced here with emphases added to highlight the main themes of contemporary views of creativity:

Creativity: The production of *novel, unique* or unusual activity. ... Often "*divergent thought*" is used synonymously with creativity. (O'Sullivan *et al.* 1983)

Creativity is the generation of *ideas* or products that are *novel*. (Manstead & Hewstone 1995)

Creativity is the ability to generate *novel* and useful *ideas* and solutions. (Creativity Web 1999)

[Creative] *ways of thinking* encourage *innovation* and generate *new* possibilities. (Landry 2001)

Creativity has entered the discourse of economics only as it may be the generator of *innovation* and hence the precursor of technological change. (Throsby 2001, p. 93)

The capacity to conceive *new ideas* and develop *new technologies* is the essence of creativity. (Carty 2002)

These definitions suggest that there are two common dimensions to creativity: invention and cognition. The quotes might be said to represent an "invention-cognition" view of creativity.³ Indeed, invention and cognition appear so profoundly ubiquitous that it is almost impossible to find any definition of creativity that is not founded on either or both. Calling this the "fashionable" notion of creativity, as in this article, may be understated. A direct translation of the invention-cognition notion of creativity into the arts sphere would imply that artistic creativity is about generating new artistic ideas. Such direct translations are evident in the cultural policy literature. For example, Frey (1999, p. 76) claims that: "Personal creativity [is] the intrinsic motivation to be artistically *innovative*" (emphasis added). However, such direct translations of invention-cognition creativity belie the complexity and breadth of artistic creativity. When we talk about creativity in art, we often have *more* than invention and cognition in mind: artistic creation is not just about invention, it is also about tradition; and artistic creation is not just about cognition, it is also about emotion, or "affect". *Artistic* creativity is inextricably associated with acts that are traditional and experiences that are affective.

The difference in scope identified here is illustrated in Figure 1. An inclusive view of artistic creativity such as that illustrated in Figure 1 is by no means universally accepted.

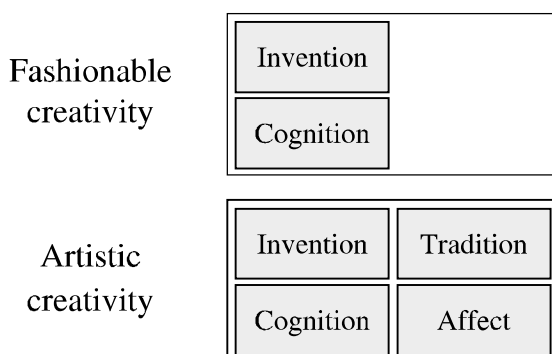


FIGURE 1 Fashionable creativity and artistic creativity

Wolpert (2002, p. 2), for example, denies that artistic creativity is about ideas at all: "Ideas in art come from art critics and historians, not the works themselves." A view of artistic creativity involving all four dimensions in Figure 1 is, nevertheless, preferable in arts advocacy and arts policy, as inclusiveness (within the realms of believability) ensures that the full range of possibilities that creativity represents are considered and utilised.

The traditional and affective associations of artistic creativity are evident across many levels of arts analysis – from aesthetic theory to the "creative" industries (in which are included, by cultural analysts at least, organisations and institutions that uphold the artistic "canon" and conserve artistic heritage *as well as* organisations that produce avant-garde art) – but are they evident in arts advocacy?

Creativity in Arts Advocacy

Advocacy is a highly competitive business, with advocates vying against competitors for the limited attention of "advocates":⁴ The overriding incentive structure of advocacy might be characterised as "political sovereignty", the advocacy equivalent of consumer sovereignty. Political sovereignty impels advocates to cluster their arguments around the tastes and preconceptions of politicians and their bureaucrats, which makes the advocacy arena ripe for fashions in political thinking. In light of this it is hardly surprising that the fashionable notion of creativity (the invention-cognition notion) has flourished in arts advocacy. Murfee's (1992) comprehensive review of advocacy arguments, for example, concentrates on the cognitive and innovative benefits of artistic creativity, especially the educative benefits, but makes no reference to artistic creativity's impact on affect or health. Similarly for President's Committee on the Arts and Humanities (1997), National Endowment for the Arts (1999) and Australia Council (1999).⁵ The preoccupation with invention and cognition is echoed in "justification" arguments found in the economics of the arts, as recent reviews indicate (O'Hagan 1998; Baumol 1997; Throsby 1994). O'Hagan (1998) and Throsby (1994), for example, link non-private benefits with art's identity and social criticism aspects, but not its health aspects.

The preoccupation in arts advocacy for the art-invention nexus is undoubtedly driven by the need to display to governments the economic growth potential of the arts, an imperative more effectively met by linking artistic creativity with innovation and thus development. It is also probably supply-driven, since the creativity research from which advocates can draw is dominated largely by invention-cognition creativity, especially research in management and "pop" psychology. However, political expediency should not preclude the development of a comprehensive creativity framework, even for advocacy. Government preferences are prone to change: developing a broader arsenal of arguments now will provide advocates with greater flexibility in strategic interactions with government later. Even if the full range of arguments is never invoked in advocacy, a broader creativity framework *is* useful for highlighting issues relevant to the design, delivery and monitoring of arts policies. A narrow conception of creativity among arts policymakers will be reflected in narrowly focused arts policy.

A narrow view of creativity is undoubtedly the cause of the specification error made by the editors of *Creativity Plus* (2000, p. 35), who argue that policy can inspire artistic creativity by "providing funding to *innovative* composers, artists, authors and performers" but that "tax-payer supported arts institutes [and] concert halls ... are *not* as relevant to encouraging artistic creativity" (*Creativity Plus* 2000, pp. 36–37; emphases added). It would be disastrous

to replicate such a mispecification in arts policy. It is therefore crucial that the “traditional” and “affective” aspects of creativity be fully explored in arts advocacy. This article will investigate the affective aspects only. To do this, we turn to psychology, and specifically to the body of research known loosely as the “art therapy” literature. Much of this literature is aimed specifically at furthering our understanding of the relationship between artistic creation and human affect, and it is therefore a natural starting point for the present enquiry. The next section reviews art therapy research and uses this research to derive possible arts advocacy arguments based on the affective aspects of creativity.

Arts Therapy

Therapy, according to Liebmann (1990, p. 13), is “a process of engendering favourable changes in personality or in living that will outlast the session itself”, and *art therapy* is, therefore, “the use of art in the service of change on the part of the person who created the artwork”.⁶ There is now a substantial body of literature in psychology and medicine claiming that artistic processes are therapeutic. This literature, loosely referred to here as the “arts therapy literature”, is distinguished by its concern with *art processes* rather than *art products*.⁷ This focus introduces a natural bias in the literature for activities of *producing* art, rather than *listening to* or *viewing* art. In policy, such a distinction is not always useful or pertinent. Aesthetic response occurs through both the act of creating and the act of spectating. Even in art therapy, art is used to invoke health responses in those incapable of creation, such as coma patients and people with debilitating physical conditions. Though it is commonly assumed that the artistic experience of the creator is more intense than that of the audience, even in psychology (Csikszentmihalyi & Kleiber 1991), this need not always be so. A professional artist, for example, may be able to generate in us a greater aesthetic response than we, as amateurs, could ever manage by creating art ourselves (Creative New Zealand 1998). The mechanisms, effects and benefits are likely to differ between participation as a creator and participation as a spectator, and each might well be considered separately. For simplicity, this article focuses on creating rather than spectating. The discussion should not, however, be taken to suggest that artistic creation is in conflict with promoting attendance at arts events, artistic professionalism or artistic “excellence”.

Arts therapists ply their trade across the full spectrum of art forms, including visual art, music, dance/movement, drama, psychodrama, poetry and prose (or “bibliotherapy”). Despite this, references to art therapy in the literature can be artistically naïve, with “art” regularly taken to represent only visual art (e.g., National Coalition of Arts Therapies Associations 2001). The literature can also appear contradictory, as when art therapy is advocated for its sidestepping of the restrictions of language, despite language-based arts therapies – such as poetry therapy and bibliotherapy – being valid art therapies themselves. This article uses the plural terms “arts therapy” and “arts therapies” to reinforce the need for artistic pluralism.

As the National Coalition of Arts Therapies Associations (2001) notes, arts therapies are considered effective in a variety of settings (therapeutic, rehabilitative, community, educational) and for a range of benefits (to foster health, expression and communication; to promote the integration of emotional, physical, cognitive and social functioning; to enhance self-awareness; and to facilitate change). The Coalition also notes that art is trans-therapeutic, being applied across the full spectrum of psychological models of assessment. The arts therapy literature is accordingly immense. Table 1 sets out just some of the applications of

arts therapies in psychology and medicine to provide a flavour of the impressive variety of applications and to provide some references.

Table 1 is loosely structured in descending order from psychological to physical applications. Although the delineation between the mental and the physical is not always obvious – or indeed relevant – the distinction is useful in suggesting two main paths through which arts therapies may be manifest in health outcomes: psychological and physical. The distinction is particularly useful in examining the mechanisms and processes by which art has therapeutic benefits, and each will thus be addressed in turn.

TABLE 1 Selected clinical applications of art therapy

Clinical application	References
General individual and group psychotherapy	Johnson (1998), Lewis (1993), Franklin (1992), Henderson & Gladding (1998), Liebmann (1990), Case & Dalley (1992), Weiss (1999), Moreno (1988)
General psychiatric rehabilitation	Molloy (1997), Longhofer & Floersch (1993), Cassity & Cassity (1994), Steinberg <i>et al.</i> (1991), Lewis (1990), Skales (1990)
Adolescent psychiatry	Tibbetts & Stone (1990)
Child psychiatry	Selekman (1997), Zeig (1994)
Addiction	Wilson (1999), Feen-Calligan (1995), Johnson (1990), Mark (1988)
Sexual abuse	Brooke (1995), Levens (1994)
Sex offenders	Gerber (1994), Aulich (1994), Ackerman (1992)
Eating disorders	Matto (1997), Schaverien (1995), Luzzatto (1994), Wolf <i>et al.</i> (1985).
Dissociative identity disorder	Somer & Somer (1997), Furhman (1993)
Bipolar depression	Steckler (1998), Colli (1994)
Anxiety in hospital settings	Bolwerk (1990), Philip (1989), Elliot (1994)
Bereavement	McIntyre (1990), Junge (1985)
Schizophrenia	Pendleton (1999), Hartwich & Brandecker (1997), Alter-Muri (1994), Tang <i>et al.</i> (1994), Izhakoff (1993)
Acute psychosis	Killick (1993)
Alzheimer's disease	Ansdell (1995), Swartz <i>et al.</i> (1989), Tyson (1989)
Chronic pain	Steckler (1998), Schorr (1993), Zimmerman <i>et al.</i> (1989), Shapiro (1985)
Rheumatoid arthritis	Long (1998), Dannecker (1991), Evers (1990), Rider & Kibler (1990)
Cancer	Serlin <i>et al.</i> (2000), Hirsch & Meckes (2000), Zaza <i>et al.</i> (1999), Predeger (1996), O'Neill (1989), Walker (1989), Frank (1985)
AIDS/HIV	Piccirillo (1996), Edwards (1993)
Coronary care	Guzzetta (1989), Bonny & McCarron (1984)
Intensive care	Updike (1990)
Quadriplegic rehabilitation	Epping & Willmouth (1994)
Geriatric rehabilitation	Leonard (1993), Prinsley (1986), Morris (1986)
Terminal illness	Trauger-Querry & Haghghi (1999), Weishaar (1999), Tyler (1998), Mayo (1996)

Art as Psychotherapy

There are many different mechanisms through which art is seen to work psychotherapeutically. Feder and Feder (1981) identify four functions of art that favour its therapeutic application: catharsis, mood change, self-communication and interpersonal communication. These functions are evident in various forms throughout the literature (see also Henderson & Gladding 1998; Liebmann 1990) and this typology will be broadly followed here.

Many psychologists take a "shamanic" approach to arts therapies.⁸ They argue that artistic processes are *inherently* cathartic and healing (Kramer 1971, 1993; Cleveland 1992). Csikszentmihalyi's (1997) celebrated work into "flow" supports the "hard-wired" view of the link between artistic processes and human affect. Feder and Feder (1981) suggest that emotional state and image formation are so closely bonded that a mildly depressed person can improve their affective state simply by drawing a "happy" scene. There is also a considerable literature on music therapy that considers the direct link between music and mood (Hair 1995; Flowers 1990; Pignatiello *et al.* 1986).

Although protagonists of the shamanic view prefer to leave the mechanisms as a "black box", a window into this black box is afforded by research on the direct physical benefits of art (see the next section). Other theorists take a more "mechanistic" approach, attempting to unravel the mechanisms by which artistic creation is psychologically manifest.⁹ The most prominent mechanism appears to be that artistic creation is a means of self-communication, of tapping into the "inner self" or of expressing emotions and thoughts that may be otherwise inexpressible. Naumburg (1958, p. 511) suggests that: "The process of art therapy is based on the recognition that man's most fundamental thoughts and feelings, derived from the unconscious, reach expression in images rather than words." Wolfe *et al.* (1985, p. 198) concur: "A picture may be worth a thousand words, but ... more importantly, a picture may express what the patient lacks words to describe." Part of the role of artistic expression is to bypass the defence mechanisms frequently used in speech (Labarca 1979).

Artistic processes are consequently portrayed as facilitating the emergence and release of inner experience and feelings and the breakdown of defences (Schaverian 1995; Case & Dalley, 1992; Liebmann 1990; Linesch 1988). Both conscious and unconscious expressiveness can thus be heightened, which has a number of effects. Self-expression is strongly linked to emotional health (Linesch 1988). Greater expressiveness facilitates the re-experience and resolution of inner conflict (Feder & Feder 1981) and may promote personality integration by harmonising a subject's perception of fantasy and reality, their unconscious and conscious, and their inner self and outer world (Benner & Hill 1999, p. 420; Ulman 1961). Greater expressiveness is also seen as a bridge to improving self-esteem, self-empowerment and self-respect (Henderson & Gladding 1998; Ellenbecker & King 1990; Lewis 1990; Malchiodi 1990; Franklin 1992; Brooke 1995; Henderson 1983).

Much of the arts therapy literature is focused on the instrumental benefits that improved expressiveness brings – that is, the *analytical* benefits of easier and better diagnosis and treatment. Naumburg (1966) argues that the more effective communication of affect, dreams and fantasies is the most important mechanism of arts therapies. However, these "instrumental" therapy benefits extend well beyond the uniqueness of art's communicative aspects. Art, it is claimed, is concrete and tangible, which makes it possible to look back over previous sessions, track developments and develop new personal insights (Liebmann 1990). Tangible artworks are less exposed to the tyranny of memory (Wadeson 1980). Still other analysts attribute arts therapy's success more to therapeutic context than

to the art itself. Skales (1990) suggests that the “hands-off” approach common in arts therapies offers patients space to simply be, to discover and explore their own potential (an approach, Skales suggests, that is rare in other forms of psychiatric treatment). It is argued that the freedom afforded by art in therapy allows experimentation and rehearsal of new behaviours as preludes to change (Mills 1985; Kramer 1971). Liebmann (1990) notes that arts therapies differ from other forms of therapy by setting up a “triangular” relationship between client, therapist and art. This emphasis on the client and the suppression of the analyst is a key to successful therapy (Miller *et al.* 1997). The existence of these benefits makes it useful to distinguish between the “pure” and “instrumental” benefits of arts therapy, identified by Ulman’s (1992) classification of the “art *as* therapy” approach and the “art *in* therapy” approach.¹⁰ The art *as* therapy approach considers the act of artistic creation as itself healing and cathartic. The art *in* therapy approach sees artistic creation as an instrument for the clinician – as a tool for diagnosis, prognosis and treatment. This distinction is highly relevant to arts advocacy and is discussed later in the section on strategic issues.

The overriding psychological outcome of arts therapies found in both shamanic and mechanistic approaches – and the outcome of most relevance to arts advocacy – is that artistic creation and arts therapy reduce stress and anxiety (Kozłowska & Hanney 2001; Miller 1998; Theorell *et al.* 1998; Riley 1996; Roje 1995; Breslow 1993; Foster 1992; Tibbetts & Stone 1990). Artistic creativity helps us feel better.

Art as Physical Therapy

Arts therapies are applied to all manner of physical pathologies, from inflammatory bowel disease to coma (Aldridge 1996). In reviewing research on the physical applications of arts therapy, it is useful to make a distinction between *direct* physical effects and *indirect* physical effects.

Direct physical effects. Art, and especially music, are argued to have a variety of direct physical manifestations.¹¹ Music has been applied clinically to induce calm across a variety of physiological indicators such as neurological activity, blood pressure, peripheral temperature and heart rate (Elliot 1994; Thaut & Smeltekop 1990; Updike 1990; Guzzetta 1989). Equally, of course, music might excite (Thaut & Smeltekop 1990). Respiratory influences have also been suggested (Haas *et al.* 1986; Safranek *et al.* 1982). Aldridge (1996, p. 70) concludes that “auditory cues ... appear to be important in the synchronization of respiration and other motor activity”. The “plastic” arts, too, have a literature devoted to measuring direct physical effects. Visual stimuli are, for example, argued to have direct cardiovascular and neurological impacts (see the examples discussed in Ulrich *et al.* 1991).

Many studies into direct physical benefits focus on *psychophysiological* impacts – that is, impacts that are measured in variables that are co-determinately physical and psychological. This is especially true in music therapy research (see, e.g., Elliot 1994; Thaut & Smeltekop 1990; Bolwerk 1990; Updike 1990; Guzzetta 1989; Philip 1989; Bonny & McCarron 1984). Although the direct physical benefits of artistic processes cannot be denied, this line of reasoning is not fully pertinent to the current investigation for a number of reasons. The studies on direct physical impacts focus largely on *responses* to artistic stimuli; they are less about the physical impacts of *creating* art. Furthermore, the main physical impacts of

artistic creation in the literature are those that derive from improved psychological states (i.e., indirect). Indirect physical impacts are also more likely to be attuned to use in advocacy since these rely less on arguing for the highly esoteric link between aesthetic stimulus and physical response.

Indirect physical effects. The bulk of analyses into art as physical therapy are focused on improvements to physical health brought about by improved psychological states – that is, the physical benefits that *derive* from improved mental health. The link between mental health and physical health is now an *idée fixe* of modern medicine. It is, nevertheless, founded on overwhelming scientific evidence measured in both morbidity and mortality. It will be assumed here that the case linking mental health with physical health need not require substantiation through the reproduction of supporting evidence. Improved physical health has a number of benefits relevant to policy, and these will be discussed in the section on market failure later in the article.

It should also be noted that other “downstream” or indirect effects might be claimed to derive from improvements in both psychological and physical health, such as reduced crime, reduced delinquency, more appropriate social behaviour and improvements in public safety. These wider indirect benefits are popularly described as “social impacts”. A full survey of types of social impacts and evidence for or against them cannot be pursued here. The possibility that broader social benefits may derive from health improvements should, however, be noted, as these social benefits are natural candidates for advocacy.

In summary, the brief review of the art therapy literature here highlights the affective associations and mechanisms of art, artistic creation and artistic creativity. The literature can be used to construct an argument “trajectory” similar to the one developed for inventive creativity in Madden and Bloom (2001). Figure 2 contains such a trajectory. The trajectory is an explicit representation of the major steps in a line of argument that links artistic creativity with affective states and their policy implications. The benefit of constructing such a trajectory is that it is an explicit representation of an argument that clarifies and summarises the major points, and invites and facilitates consideration and critique. Some critical considerations are addressed in the next section.

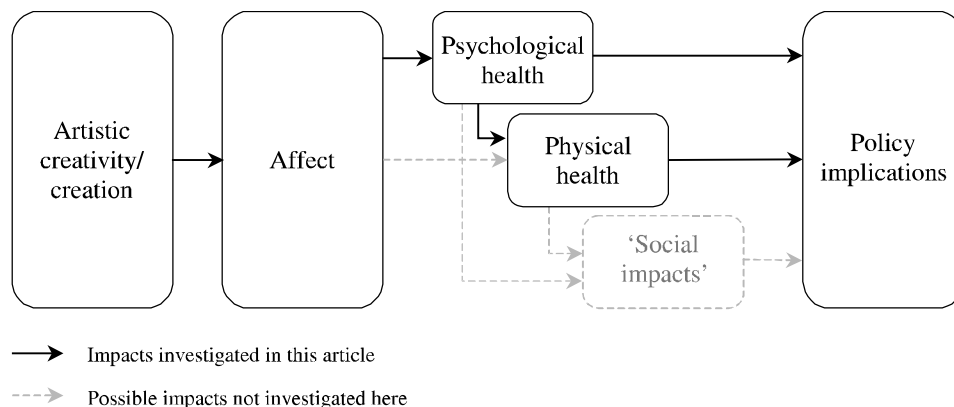


FIGURE 2 Trajectory from artistic creativity to policy implications via health impacts

Caveats

The broad linkages identified in the arts therapy literature, as summarised in Figure 2, are intuitively recognisable and appear, even on the basis of the limited survey here, to be supported by a vast professional and academic body of research. It would be difficult for even the most sceptical not to be overwhelmed by the sheer immensity and diversity of this literature and the apparent conviction of professional opinion. There are, however, three important considerations if the arts therapy literature is to be submitted as evidence in support of the arts: the representativeness of the research for the “healthy” population, the quality of the evidence and the existence of costs to artistic creation. Each of these will be discussed in turn.

The Healthy and Unhealthy

The bulk of arts therapy research is clinically based and therefore applies to “unhealthy” subjects (“unhealthy” and “healthy” will be pragmatically distinguished here by the existence or absence of diagnosis). Few studies are designed to address whether the effects of arts therapies hold for healthy as well as unhealthy individuals.¹² This issue is particularly relevant to arts advocacy, where artistic activity is advocated for its benefits to the health of the general population, rather than just the diagnosed.

Many art therapists, particularly Gestalt art therapists, eschew the distinction between healthy and unhealthy and take a more expansive view of arts therapies. Feder and Feder (1981, p. 77) note that the “line between normal self-growth and therapy is blurred”, while Liebmann (1990, p. 16) states that “it is not always easy to see where [artistic] activity shades into therapy”. Arts therapy is thus portrayed more generally a means of “personality support”, rather than just specifically as a treatment for illness (Hodnett 1973). Csikszentmihalyi (1977, p. 91) concludes that “the whole of society needs art therapy, not only the emotionally disturbed”.

Though arts therapy research evidence is based largely on clinical populations, arts therapists posit that similar mechanisms are at play across all people (namely that arts therapy integrates individual experience and progresses personal “meanings”). Such an extrapolation may be somewhat bold. In practice, arts therapies might be expected to have differential effects across clinical and non-clinical populations. The *types* of psychopathologies, and the intensity with which pathology is manifest, are likely to differ between the two groups, and members of each of the two groups are likely to have different psychological aspirations. Evidence based on the clinical population will not always be relevant to the non-clinical population.

In arts policy, attention to the differences between the clinical and non-clinical populations can strengthen advocacy arguments by confining evidence to where it is most applicable. Using evidence in its “rightful” place makes advocacy arguments more resonant. Using evidence in its “wrongful” place makes advocacy arguments vulnerable to the disbelief of governments and the counter-claims of competing advocates. For example, art-in-hospital programmes, since they target a clinical audience, will be well supported with the clinical research found in the arts therapy literature. However, the promotion of artistic participation to the general citizenry would be better supported with evidence based on non-clinical populations. Arts therapy research does not serve this purpose well, and evidence from other areas of research is rare. A recent exception is

Creative New Zealand (2000), which finds that, over a four-week period, 26% of New Zealand adults participated in the arts “to help overcome stress, anxiety or depression” (Creative New Zealand 2000, p. 53). There are no comparative statistics to indicate whether this is significant. Significance might, however, be inferred. Although this is the sixth highest response category, three higher-ranked categories are so general or ubiquitous to be of little relevance (“for enjoyment/entertainment”, for a “feeling of satisfaction” and “for something to do”). The two remaining higher-ranked categories have a strong therapeutic dimension, although they also contain inventive/cognitive elements (“for personal growth and development” and “as a means of expression”).¹³ Furthermore, the response rate of 26% appears high compared to rates of stress and anxiety in the general population. New Zealand’s Ministry of Health estimates that the rate of *all* psychiatric disorders in the New Zealand adult population over a *six-month* period is 30%, while anxiety/somatoform disorders in particular are experienced by 8.4% of New Zealand adults over a six-month period.¹⁴ More such studies on general and non-clinical populations would provide a stronger empirical base for advocating the health benefits of artistic creativity.

Evidence

Despite a widespread professional conviction that art is a therapeutic panacea, there is a notable absence of hard evidence. Much of the psychological and psychiatric research is casework based and either evaluative or descriptive. Rosal (1989) argues that such “narrative” methodologies lack clarity, objectivity and the critical facility of independent verification or replication. Clinical writers argue that the quantitative measures used in the studies do not adequately identify the complexities of the changes that occur during arts therapy treatment (Hagood 1990; Kellerman 1987). Reviewing empirical studies in art and drama therapy, Burleigh and Beutler (1997, p. 377) argue that “the majority of art therapy literature consists of narrative case studies on samples whose particular problems are poorly identified” and conclude that, despite their popularity, “the art and drama therapies raise far more questions than they can answer” (Burleigh & Beutler, 1997, p. 380). Feder and Feder (1981, p. 215); suggest that “[m]uch has been written in the form of hypothetical conjecture”. For music therapy research in the medical literature, Aldridge (1996, p. 83) finds that “well intentioned and often rigorous work is spoiled by a lack of research methodology”.

The importance of scientific evidence in advocating arts therapies is noted in Burleigh and Beutler (1997, p. 380): “Without the proper substantiation, it is unlikely that the therapeutic potential of the creative arts therapies will be realized and quite probable that the political movement to require empirical justification will result in the eventual abandonment or restriction of these interventions by third-party payers.” The same might be claimed for arts advocacy. That said, it may be that common sense or even weighty anecdote will stir pragmatic politicians as much as technically proficient research evidence. The widespread use of arts therapies by professional practitioners might itself be offered as evidence in arts advocacy, even if the benefits of arts therapies have not been perfectly verified in terms of scientific “proof”. The use of such anecdotal evidence should not, of course, deter advocates from trawling research for “harder” evidence, as whatever “proper substantiation” might represent in arts policy, the more “scientific” the evidence, the more persuasive the advocacy.

Costs

Much of the arts therapy literature approaches issues of therapy from the practitioner's desire to avoid, forestall or alleviate illness. Not surprisingly then, research studies are strongly targeted toward understanding the *benefits* of art. This singular focus obscures what is an exceedingly complex relationship between artistic processes and health. Arts therapies are applied so predominantly to reduce stress and anxiety that its other stimuli are easily overlooked. Depressing art can depress. Exciting art can excite. Controversial art can incite controversial response. If the outcome of art is aesthetic response, art can agitate as easily as it can soothe.

To manage the complexity of the art-health nexus, Richards (1999) identifies five "patterns of association and causal connection" covering direct and indirect relationships, their inverses, positive and negative correlations and third-factor influences. Richard's typology highlights the intricate, ambiguous web of linkages and correlations that surround creativity. It is a comprehensive treatment that is rarely evident in research studies. A full analytical framework recognises that art processes involve health *costs* as well as benefits. The most obvious cost is that artistic creativity is correlated with mental *ill* health, as discussed in detail in Madden and Bloom (2001). The evidence for negative impact of artistic creativity on mental health is at least as convincing as the evidence for its positive impact. If only for this reason, costs cannot be ignored.

It is not suggested that the health costs of artistic creativity should be highlighted in arts advocacy.¹⁵ Recognition of the costs should, however, improve advocacy and make for better policy analysis and more focused policy delivery. James *et al.* (1999) demonstrate this in an organisational setting. An understanding of the costs of artistic creativity may also afford advocates a strategic advantage by allowing anticipation of the counter-claims of sceptical governments and competing advocates.¹⁶

In summary, the three mitigating factors identified above prompt some adjustments to the trajectory in Figure 2. Caveats should be made that research does not confirm that the trajectory holds for the "healthy" (i.e., non-clinical) population, and that scientific evidence is inconclusive, though anecdotal evidence is strong. Costs should also be incorporated into the trajectory to indicate anti-therapeutic outcomes and to alert to the need to consider *net* benefits.

The mechanisms by which art processes generate health outcomes have now been established and some caveats applied. Assuming that the caveats do not negate the links in the trajectory, the advocacy argument is that the process of creating art is therapeutic and beneficial to people's psychological health and, in turn, people's physical health. Even further downstream benefits might be identified in the form of beneficial "social impacts" resulting from improved health. These health and social improvements obviously have policy implications, to which we now turn.

Market Failure and Advocacy Strategy

Establishing benefits, as in the trajectory developed here, does not in itself compel an "objective" government to intervene: if the benefits are well known, then individuals and professionals will pursue them appropriately through their free actions; if they are not well known, then there is a role for arts advocates to inform individuals and organisations of the benefits of which they are ignorant. Neither scenario requires government to intervene.

Objective governments are motivated by public benefits, not private benefits. Public benefits, which might better be termed non-private benefits, are those that are not captured in the free actions of well-informed agents. Identifying and highlighting these non-private benefits is not the only case for government intervention, but it is a highly persuasive one.

The existence of non-private benefits in health is now well established in health economics. Arts advocates would do well to draw parallels with these health “market failures” (Bonetti & Madden 1996). The obvious pragmatic argument is to highlight the direct financial benefits that improved health has in alleviating the demand for costly public health services – reductions in doctor visits, drug administration, briefer hospital stays and so on. More fundamental theoretical arguments might be developed by borrowing health “externalities”, asymmetry of information and coordination arguments.¹⁷ Not all health justification arguments will be translatable into the arts sphere (e.g., there is unlikely to be an arts parallel to the external costs of disease transmission). It is not therefore simply a task of surveying the vast literature on health market failures, but also of distilling the salient arguments and translating them into the arts context. Such an involved analysis is clearly beyond the scope of this article.

Arguments that appeal to market failure need, anyway, to be positioned within the broader strategic dynamic of advocacy. Strategic considerations can easily overshadow market failure considerations. For example, the non-private health benefits of art might be irrefutably demonstrated, but the arts sector may not always offer the best policy channel. If art is advocated for its reduction of stress and anxiety, an objective government will compare the stress-reducing efficacy of arts programmes with other stress reducers. There are many competitors. The pet lobby, for example, advocates that pet ownership reduces stress and anxiety.¹⁸ This is just one example of many advocated stress-reducers, including yoga, massage or simply going for a walk (Driver *et al.* 1991; Canadian Parks/Recreation Association 1997). One of art’s competing advocates openly attacks art by presenting evidence that walking in a “natural” setting is *more* psychologically effective than listening to music (Hartig *et al.* 1990). Vying for the attentions of government is a highly competitive and oftentimes ruthless business.

Intense competition such as this might encourage arts advocates to champion difference. Just as Porter (1985) recommends businesses cultivate difference in order to procure sustained competitive advantage, so too arts advocates might argue difference to secure sustained advocacy advantage. Arguments that highlight the unique or non-replicable health benefits of artistic activity will be more persuasive of the need specifically for *artistic* intervention. Yet, as noted earlier, the highlighting of difference is in tension with the incentive of “political sovereignty”, which encourages advocates to converge on or “cluster” around arguments that sway the central advocate. Further convergence will be promoted if advocates search out focal points around which to compete, as in other competitive scenarios (Schelling 1960). The risk in competing around focal points is that the arts are likely to come off second best, particularly as the arts are confounded by intangibility, ambiguity and misdefinition. Seaman (1987) recognises this for the “economic” impacts focal point when he notes that “[the arts] simply cannot win the fight about who has the biggest impact”.

The complex strategic issues surrounding advocacy cannot be fully explored here. However, we, along with Madden and Bloom (2001), suggest that the balance is currently tipped in favour of convergence. Some rebalancing toward difference is in order. Clues for art’s differentiating factors can be found in the arts therapy literature presented here, where

therapists advocate art for its superior linkages to the human subconscious and affect. These factors, however, need to be translated into non-clinical settings and such a translation needs to be done with great care. Many of the factors identified by therapists are for art's *instrumental* therapeutic benefits; the arguments work in support of art *in* therapy, not art *as* therapy. A government may defensibly respond to such clinical evidence by providing funds to associations of professional art therapists rather than to arts councils (similarly, without careful contextualisation, highlighting the educational benefits of art suggests funding arts education, not arts councils). Not only, therefore, do arts advocates need to convince the government of the comparative utility of art, but also of the comparative utility of the mechanism endorsed. If an arts council is to use arts therapy theory to advocate the arts to government, its own indispensable role should be part of its case.

The discussion here assumes that government is critical or objective. It might be argued, and is probably easily demonstrated that, in practice, objectivity is uncharacteristic of government. Yet this should not deter advocates from applying critical scepticism and objectivity to their own arguments, or from requiring that their advocacy be supported by empirical evidence (be it strictly scientific, quasi-scientific or even strongly anecdotal). Evidence-based advocacy is not just a noble aspiration for advocates, it is more persuasive. The trick for resource-strapped arts advocates is, of course, to manage the delicate balance between the advocacy and research agendas that are often in conflict (Nielson 1999).

It is worth noting one final and somewhat dismal possible paradox evident from the strategic setting. An attempt to improve the quality or persuasiveness of advocacy arguments may, if it triggers retaliation from competing advocates, ultimately be futile or self-defeating. Viewing advocacy as a game in which players compete for limited resources, any bettering of one's position relative to competitors may induce the advocacy equivalent of an arms race. Two effects might be entertained:

A "ratcheting" effect, in which improved "evidence" for existing arguments is matched or bettered by competitors, creating an upward spiral in which arguments become increasingly exaggerated as competitors attempt to outdo the arguments of their rivals. (For more on this, see the discussion on "biased exaggeration" and grandstanding in Madden and Bloom (2001, p. 410) and Palmer (2002).)

A "clustering" effect, relating again to focal points, in which the deployment of a new and successful type of advocacy argument in one domain (e.g., the arts) is rapidly replicated in other domains (e.g., pet ownership), thereby competing away the new argument's advantage of uniqueness. Anecdotal evidence for this effect might be the widespread and rapid emergence of advocacy that appeals to "sustainable development", "social capital" and "creativity" itself, despite each of these concepts being poorly defined and often misunderstood.

Any advantage that can be gained through the development of new or better advocacy arguments might thus be competed away and resources devoted to such arguments unnecessarily wasted. This seems a rather dire prediction, but it does not imply that arts advocates should eschew improvements to their case, merely that they should target developments with strategic ken. Both effects occur around generic advocacy arguments, where competitors can display similar or superior findings (as with economic impacts). Unique arguments, based on findings that are non-replicable in competitors' domains, will be less subject to dilution by competitive retaliation. The lesson is again that advocacy resources can be targeted toward developing arguments that maximise sustained competitive advantage.

Summary

Advocacy is a major overriding concern of arts agencies. Since advocacy demands the devotion of research resources, and since few arts agencies can afford separate research agendas, the advocacy agenda often dominates the research agenda. In response to political demand for “economic rationalisation”, we now know too well the financial topography of the arts industries and, to a lesser degree, the implications of artistic creativity for innovation and economic development, but are naïve to the complex links between artistic creativity and non-economic indicators of well-being. Politics is, however, changeable. Arts advocates would do well to position themselves for an inevitable shift in political tastes.

To date, references to creativity in arts advocacy refer largely to the fashionable invention-cognition notion of creativity. This notion does not represent *artistic* creativity well. It is too narrow. If creativity is to become a dominant force in arts advocacy, adoption of the fashionable notion risks distorting advocacy discourse and, inevitably, arts policy. The fashionable view relates artistic creativity to invention and problem solving. Advocacy arguments based on this view allude to the education benefits of art and the role of artistic creativity in promoting economic growth and development. A broader notion of creativity – one that represents *artistic* creativity more fully – recognises the emotional aspects of artistic creativity. Artistic creation is therapeutic. Artistic creativity thus has impacts on psychological and physical health that are pertinent to government policy. Evidence for these impacts is just as overwhelming and policy-relevant as for invention-cognition creativity. Advocacy arguments ensue. Arts advocates risk ignoring these important arguments in their over-enthusiasm to tap into the wider hysteria for invention-cognition creativity.

This article has provided insights into the type of arguments that might flow from recognising that creativity has affective implications as well as cognitive implications. The objective has been to improve arts advocacy. A significant part of the discussion has, however, been directed toward strategic issues. Any advocacy argument needs to be assessed in light of the dynamic strategic interactions of all players in the advocacy game. The interplay between advocacy “stakeholders” may determine the ultimate success or failure of any improvement in advocacy such as that attempted here. The spectre of retaliatory response should not discourage arts advocates from considering and investigating new and alternative advocacy arguments, but it does demand that advocacy be designed with the strategic context in mind.

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NOTES

1. There is a contradiction in calling for evidence-based cultural advocacy while simultaneously bemoaning, as we do, the tarnishing of the cultural research agenda by the advocacy agenda. That such a tarnishing has occurred in arts policy has been noted elsewhere

(Nielson 1999). How best to insulate the scientific research agenda from the political agenda cannot be investigated here.

2. The notion that advocacy is only suasion is an extreme position adopted for illustrative purposes. Lobbying and advocacy theory suggests that advocacy involves two main elements: suasion and information exchange. The relative importance of these two elements, and other subtleties in the advocacy game, cannot be fully discussed here. That being said, information exchange can be characterised loosely as suasion, as its aim is to bring the advocate out from under the shadow of ignorance.
3. The term "invention" will be used here as it is theoretically more rigorous to the more popular "innovation". In the standard Schumpeterian distinction, an "invention" is new, whereas an "innovation" is both new *and useful*. The distinction brings invaluable analytical insights. Initially, creativity should be defined as invention rather than innovation, as a crucial aspect of creativity is the eschewing of rules and preconceptions, including *ex ante* expectations over what might be considered useful. A more detailed discussion is in Madden and Bloom (2001).
4. As Schelling (1966) notes, "a nation has limited resources, so to speak, in the things it can get exceptionally concerned about".
5. It must be noted that the art-health nexus does feature in some advocacy materials (such as in Canadian Conference of the Arts 2002). The main contention here is that arts advocacy that appeals to *creativity* does not highlight the creativity-health nexus. Even if the reader deems this an overly sensitive play on semantics, this article is still of relevance, as the evidence used by advocates such as the Canadian Conference of the Arts is conspicuously underwhelming in light of the art therapy evidence we present later in this article. This article is therefore still useful in providing material that can strengthen existing art-health advocacy arguments.
6. A history of art therapy is in Hogan (2001).
7. Liebmann (1990, p. 16), comparing arts activity and arts therapy, suggests that: "As a general 'rule of thumb', arts activities have as their main aim an external product (mural, concert, play, etc.), whereas arts therapies look more explicitly at the personal processes involved."
8. The term "shamanic" is from Gilroy and Skaife (1997, p. 58).
9. The term "mechanistic" is not used pejoratively.
10. Gilroy and Skaife (1997) suggest that the distinction is particularly North American.
11. This article will not discuss those direct physical benefits of arts therapy that result simply from the engaging of individuals in physical activity and movement. These physical benefits are well recognised and documented in occupational therapy as well as in leisure research (Driver *et al.* 1991; Canadian Parks/Recreation Association 1997). The benefits are not, however, unique to arts therapies; they can be acquired from any activity that promotes focused movement. Such benefits provide an advocacy case for *physical* therapy in general, but not *arts* therapy in particular. The issue of uniqueness is expanded on in the section on market failure and strategy.
12. Interestingly, the advocacy evidence commonly used in "leisure research" displays a similar preoccupation with unhealthy populations (see Driver *et al.* 1991; Canadian Parks/Recreation Association 1997).
13. Categories of benefit were pre-determined. There were, unfortunately, no categories for invention-cognition creativity specifically (such as "to generate new ideas/meanings" or "to challenge existing ideas and practices").

14. All data taken from Ministry of Health (1999).
15. Although Autry (1999) contends that advocating the costs of art to the public might prove a successful strategy: "Bringing back censorship would help rekindle fading public interest, and the possibility of making art illegal is worth considering.[!]"
16. Governments should in theory account for public costs as well as public benefits in their allocation decisions. However, advocacy arguments are a primary means for governments to obtain relevant information without having to undertake their own costly research and analysis (Dewatripont & Tirole 1999). Governments are, therefore, unlikely to counter advocacy arguments by alluding to costs, unless a competing advocate supplies them with the ammunition.
17. Any health economics textbook inevitably discusses the issues, although treatments can vary considerably. Some examples are: Donaldson & Gerard (1993); Culyer (1991); Menzel (1983); Rapoport *et al.* (1982); Aaron (1981). This list is by no means definitive.
18. See, e.g., "Petnet", the Australian pet lobby's homepage (www.petnet.com.au/statistics.html), which employs as evidence Anderson and Heady (1995), Anderson (1995) and Anderson *et al.* (1992).

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