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Publisher Routledge

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Arts & Health

Publication details, including instructions for authors and subscription information:

<http://www.informaworld.com/smpp/title~content=t790627366>

Tipping the iceberg? The state of arts and health in Canada

Susan M. Cox^a; Darquise Lafrenière^a; Pamela Brett-MacLean^b; Kate Collie^c; Nancy Cooley^d; Janet Dunbrack^e; Gerri Frager^f

^a The W. Maurice Young Centre for Applied Ethics, University of British Columbia, Vancouver, Canada ^b Arts & Humanities in Health & Medicine Program, Faculty of Medicine & Dentistry, University of Alberta, Edmonton, Canada ^c Arts in Medicine Program, Department of Psychosocial & Spiritual Resources, Cross Cancer Institute, and Department of Oncology Palliative Care Division, University of Alberta, Edmonton, Canada ^d Cooley & Associates: Embracing Change Creatively, Inc., Victoria, Canada ^e J. Dunbrack Associates, Ottawa, Canada ^f Pediatric Palliative Care-IWK, Faculty of Medicine, Humanities-HEALS Program, Dalhousie University, Halifax, Canada

Online publication date: 16 August 2010

To cite this Article Cox, Susan M. , Lafrenière, Darquise , Brett-MacLean, Pamela , Collie, Kate , Cooley, Nancy , Dunbrack, Janet and Frager, Gerri(2010) 'Tipping the iceberg? The state of arts and health in Canada', *Arts & Health*, 2: 2, 109 – 124

To link to this Article: DOI: 10.1080/17533015.2010.481291

URL: <http://dx.doi.org/10.1080/17533015.2010.481291>

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Tipping the iceberg? The state of arts and health in Canada

Susan M. Cox^{a*}, Darquise Lafrenière^a, Pamela Brett-MacLean^b, Kate Collie^c,
Nancy Cooley^d, Janet Dunbrack^e and Gerri Frager^f

^aThe W. Maurice Young Centre for Applied Ethics, University of British Columbia, Vancouver, Canada; ^bArts & Humanities in Health & Medicine Program, Faculty of Medicine & Dentistry, University of Alberta, Edmonton, Canada; ^cArts in Medicine Program, Department of Psychosocial & Spiritual Resources, Cross Cancer Institute, and Department of Oncology Palliative Care Division, University of Alberta, Edmonton, Canada; ^dCooley & Associates: Embracing Change Creatively, Inc., Victoria, Canada; ^eJ. Dunbrack Associates, Ottawa, Canada; ^fPediatric Palliative Care-IWK, Faculty of Medicine, Humanities-HEALS Program, Dalhousie University, Halifax, Canada

(Received 12 February 2010; final version received 23 March 2010)

The field of arts and health is rapidly gaining momentum in Canada despite the challenges of integration across a vast geography, two official languages and multiple interdisciplinary cultures. Although the field is young, there is a solid foundation of innovative work and great enthusiasm on the part of diverse practitioners about the field's salience and impact. This article provides an overview of the arts and health in Canada and considers work that spans health policy, healthcare practice, individual and community health promotion, health professional education and arts-based health research. A final section offers reflections and recommendations on arts and health in Canada. We provide an online appendix through the journal's website that refers the interested reader to Canadian programs, resources, networks and other materials on the arts and health.

Keywords: arts and health; healthcare and health promotion; health policy; health professional education; health research

Introduction

This article provides an overview of the field of arts and health in Canada and considers work spanning a wide spectrum of arts activities related to health and healthcare. It is the fourth in a series of articles focusing on arts in health in different countries, the first three countries being England, the United States and Australia (Clift et al., 2009; Sonke, Rollins, Brandman & Graham-Pole, 2009; Wreford, 2010).

In Canada, official recognition of the connection between arts and health is embryonic, in contrast to England, the US and Australia, where governments, universities and private organizations have supported arts and health initiatives for several decades. It is only in the last few years that arts and health has gained significant momentum as a field of practice in Canada. Before that, arts and health initiatives were mostly unrecognized. For instance, it is little known that the Canadian Red Cross helped to introduce arts and crafts-based activities to assist veterans in their convalescence when they returned home after World War II (Brett-MacLean & Magid, 2006). Other pivotal moments in the integration of arts

*Corresponding author. Email: suecox@interchange.ubc.ca

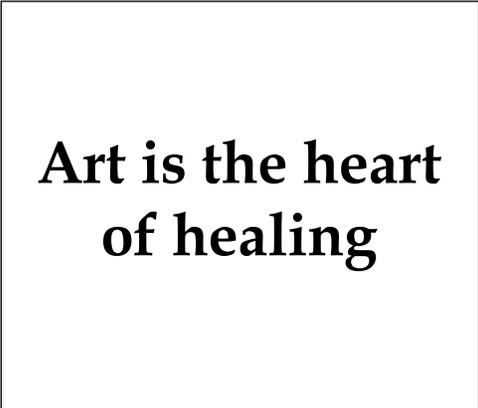
and health, prior to the new millennium, include formation in the 1970s of formal associations for therapeutic uses of the creative arts; in the 1980s, the federal government's identification of culture as one of 12 determinants of health; and, in the 1990s, the introduction of research-based theatre and other arts-based methods in health research.

The year 2005 was a watershed as several initiatives arose independently in western and central Canada that helped to raise awareness and initiate new commitment to the arts and health. The first national Canadian Forum on Arts and Health was held in Vancouver, BC involving practitioners, researchers and representatives of governments and foundations from across the entire country (Cooley, 2003, 2005). This forum, plus a roundtable and two conferences in 2005, made it possible for Canadians interested in arts and health to come together, share experiences and make arrangements to cooperate and support one another. New journals were also launched and initial efforts were undertaken to produce directories of Canadian activities on arts and health (see online Appendix 1 for all the above). These initiatives appear to have resulted in an increase in activity right across the country and were instrumental in focusing national (and international) attention on the scope of arts and health related work in Canada. Sadly, no one knows the full picture, as there are few resources currently available to maintain directories and regular communication, or to document the activity in a comprehensive or systematic way. Further, many arts and health programs and initiatives still remain without a web presence.

This article provides an overview of the field's development as well as consideration of work that spans the arts in health policy, healthcare practice, individual and community health promotion, health professional education and health research in Canada. A final section offers some reflections on the arts and health in Canada with recommendations directed to a variety of audiences. Aware that we are only able to survey the breadth and depth of activity in Canada in a very condensed way, we offer references to a range of artistic, scholarly and other materials that could not be cited in full within the text in the online appendices that accompany this article.¹ We regret that space will not allow for more than two visuals, Figure 1 "Healthy Heart" and Figure 2 "Six Word Memoir".



Figure 1. "Healthy Heart" (© Cyrus MacEachern 1999).



Art is the heart of healing

Figure 2. Six Word Memoir.

Arts and Health Policy

Canadian Governmental Structure

Canada is a federation of 10 provinces and three territories with a population of 34 million people and a parliamentary government system. The federal (national) government is responsible for national concerns such as defense, criminal law, citizenship and foreign relations. Provinces and territories are responsible for delivery of healthcare services and education, among other things. Responsibility for the arts is shared between the federal and provincial/territorial governments.

Arts and Health Policy and Funding Structures

Health policy and funding and arts policy and funding constitute two separate streams in Canada. At the confluence of these two streams, programs exist, but there are few specific arts and health public policies and funding structures in place. Arts and health initiatives are largely driven by collaborations between those in the arts and those in health at the level of civil society organizations and individual healthcare providers or local/regional health programs.

Canadian Health Policy: A Population Health Framework

Canada's publicly funded healthcare system covers essential health services such as physician billings and hospital expenses. Federal legislation stipulates that all provincial and territorial public healthcare services must be publicly administered, comprehensive, universal and portable from one Canadian jurisdiction to another. The public healthcare system is financed by transfer payments from the federal government to the provinces and territories and through provincial/territorial revenues. Federal transfer payments totalled CDN\$24 billion in 2009–2010.

Public health policy in Canada at the federal and provincial/territorial levels is based on a population health framework, an approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups. Canada has been developing a population health approach for almost 40 years. In 1986, building on earlier work, *The Ottawa Charter for Health Promotion* (World Health Organization) and

Achieving Health for All: A Framework for Health Promotion focused on the broader social, economic and environmental determinants that affect health (see www.phac-aspc.gc.ca). In order to reach these objectives, federal policy acts upon the broad range of factors and conditions that have a strong influence on health. These determinants of health are currently considered to be:

- income and social status;
- social support networks;
- education and literacy;
- employment/working conditions;
- social environments;
- physical environments;
- personal health practices and coping skills;
- healthy child development;
- biology and genetic endowment;
- health services;
- gender; and
- culture.

Given the comprehensive scope of the determinants listed above, the arts could potentially be engaged in a broad range of areas affecting physical and mental health.

Arts Policy and Funding Structures

Canadian arts policies and funding structures provide a stronger role for government, and a smaller role for the corporate sector, than in the United States (Rushton, 2002; Gattinger, Saint-Pierre & Gagnon, 2008).

At the federal level, the Canada Council for the Arts is the primary arts funding body, operating at arm's-length from government but reporting to Parliament through the Minister for Canadian Heritage. The Council has an annual budget of CDN\$180 million, of which \$160 million was awarded to artists and arts organizations in fiscal year 2008–2009. Each province and territory has an arts council, as do several large municipalities. Provincial gaming lotteries are a major funding source for the arts.

Arts and Health

Health and arts policy have yet to merge into a single stream in Canada, but policy bridges are being built between the two.

The population health framework that informs health policy is flexible enough to allow a strong role for the arts in health. The determinants of health provide policy levers for integrating the arts into programs involving physical and social environments, personal health practices and coping skills, among others. Programs in mental health, chronic and communicable diseases, culture-specific programs and life-stage programs (e.g. youth and seniors) have funding streams that support arts-based programs for Aboriginal populations at the national level. Health Canada and the Public Health Agency of Canada have no formal programs to support the arts, but may fund local or provincial/territorial programs that include arts components. These programs are administered by the community-based organizations that receive federal program funding.

The Canada Council supports collaborations between professional artists and community members (including those concerned with health) through its grants to

individual artists. The Canada Council Art Bank has been involved in placing artwork in healthcare environments.

Some national cultural institutions have offered arts and health programs. The National Arts Centre (performing arts) has held three roundtables on health and the arts. Topics have included mental health and music and medicine. The National Gallery of Canada offers arts programs for persons with disabilities.

Canada is a multicultural country with strong support for the preservation and revitalization of diverse cultures. Programs to support multiculturalism often have a strong arts component and could include health components, particularly if health is broadly defined as including well-being and quality of life.

Provincial/Territorial/Municipal Governments and Private Foundations

Arts and health continue to be distinct streams at the provincial/territorial level, but have the potential to merge more flexibly at this level and at the local level when individuals from the two fields form collaborations. The presence of the arts in healthcare settings and programs is fairly well established in some provinces, particularly Alberta, British Columbia and Ontario. Some provinces have healthy communities programs (e.g. British Columbia and Ontario) that fund initiatives touching on all the determinants of health.

Large cities such as Vancouver, Toronto and Montreal have arts councils that fund individual artists and art organizations. Some of the funding streams support artist–community collaborations that involve the determinants of health, such as engagement and empowerment of street youth, seniors or other groups. Private philanthropic foundations also play a significant role in bringing together the arts and health.

Arts in Healthcare

Creative Arts Therapies

Canada has helped to establish the creative arts therapies as internationally recognized professions. Research demonstrating the value of creative expression in healthcare (e.g. Collie, Bottorff, & Long, 2006; Klassen, Liang, Tjosvold, Klassen, & Hartling, 2008) has led to increased interest in music, art and drama therapy and also in dance/movement therapy, poetry therapy, phototherapy and expressive arts therapy. Concordia University in Montreal, Quebec, a world leader in creative arts therapies education, offers master's degrees in art, music and drama therapy. Examples of research in this area include Ferrara's (2004) study of art therapy in a Cree community.

Creative Expression and Healing

In Canada, there are numerous innovative examples of arts-based approaches to healthcare outside the realm of creative arts therapies. *Arts in Medicine* at the Cross Cancer Institute in Edmonton, Alberta has arts classes for cancer outpatients that combine meditation with creative expression and are co-facilitated by artists and therapists. *Artists on the Wards* at the University of Alberta Hospitals provides patients with opportunities to engage in creative expression at the bedside, with assistance as needed from artists, writers and musicians. The Centre for the Arts at Bloorview Kids Rehab in Toronto, Ontario offers arts experiences for children and youth. Their *Spiral Garden* is an integrated art, gardening and play program. Other examples include the *Artswell* program in Ottawa, Ontario; Manitoba Artists in Healthcare; and the British Columbia Artists in Healthcare Society.

The *Workman Arts Project*, *Creative Works Studio*, and *Touched by Fire* in Toronto help people with mental illness and addiction gain new perspectives while experiencing the esteem-bolstering effects of creative expression. *Artbeat Studio* in Winnipeg, Manitoba provides studio space and support for artists facing mental health challenges to promote recovery, empowerment and community. *Gallery Gachet* has galleries and studio space in Vancouver, British Columbia's Downtown Eastside (DTES) where artists affected by mental health issues can exhibit, curate, perform, read, teach, and develop their leadership skills while also educating the public.

Art in Healthcare Environments

The Montreal-based Art for Healing Foundation is one of many organizations in Canada that has introduced professional art exhibits into healthcare settings to improve austere environments with art. In Edmonton, the Friends of University Hospitals manage a permanent art collection, and the hospital-based McMullen Art Gallery offers changing art exhibits with drop-in art workshops. In Saskatchewan, the Hospital Art Foundation facilitates the donation of artwork to Pasqua and Regina General Hospitals. *Art à la Carte* volunteers in Calgary, Alberta visit cancer patients receiving acute and palliative care, and offer a choice of visual art for their hospital rooms.

Partnerships with Arts Institutions

As one of its many initiatives, the *Artswell* program in Ottawa has partnered with the National Gallery of Canada in Ottawa to develop painting and music workshops for the blind and visually impaired. The McMichael Canadian Art Collection in Kleinburg, Ontario introduced an innovative program to give cancer patients opportunities to explore their feelings about cancer through combined gallery and studio experiences (Deane, Carman, & Fitch, 2000). An outreach initiative of the Toronto International Film Festival involves film screenings and filmmaking sessions in a psychiatric unit at Toronto General Hospital.

Artists-in-Residence and Visiting Performers

Artists-in-residence and visiting performers have been an important component of arts in healthcare programs in Canada. Through a Partnership Explorations Grant program, the Saskatchewan Arts Board helped to fund an artist-in-residence at a long-term care community for people who are elderly and frail. The Ontario Arts Council introduced an Artists-in-Residence pilot program with the long-term goal of placing artists in healthcare settings across the province.

In British Columbia, the Health Arts Society (HAS/ArtsWay) has delivered over 2500 professional music and theatre performances to people living in long-term healthcare facilities. The Société pour les arts en milieu de santé in Quebec and the Health Arts Society of Ontario have formed along the same lines as HAS.

Therapeutic clown programs are in place across Canada, the earliest having been introduced in 1986 at the Winnipeg Health Sciences Centre. *Fools for Health* in Windsor, Ontario promotes wellness through the therapeutic use of music, improvisational play, reminiscence and humor. In 2007, a Canadian Council on Health Services Accreditation team described this program as a leading practice and recommended it as a standard of care.

Creative Aging

Arts and health programs often blur the line between healthcare and health promotion. This is apparent in the field of creative aging, where programs designed to promote well-being may also address health problems. Arts programming is featured in many residential care facilities and community centres for seniors. The community-based Arts, Health and Seniors Project in Vancouver, initiated in 2007, was inspired by the groundbreaking research of Cohen et al. (2006) in this area in the US. The Canadian Organization of Senior Artists and Performers produces an annual extravaganza at Roy Thomson Hall in Toronto to showcase seniors' talents and accomplishments. Other examples of arts initiatives that promote healthy aging are the *Learning Elders Arts Program* in Prince Edward Island and Nova Scotia's Seniors Art and Photo Gallery. *Geriatrics and Friends*, an intergenerational theatre group in Edmonton, provides opportunities for seniors to share stories of their lives on stage.

Creative aging initiatives also include programs that help professional artists continue their involvement in the arts in the latter stages of their lives. Examples include *Western Gold Theatre* in Vancouver and *PAL Canada*, which provides housing and care that respects the creative aspirations of older members of Canada's entertainment industry.

Festivals such as the *Creative Age Festival* in Edmonton and the *Silver Screens Festival* in Toronto have raised awareness of the potential of arts programming to promote healthy aging. The Society for the Arts in Dementia Care, founded in 2005, hosts annual international conferences.

Disability Arts

Disability arts spans not only healthcare and health promotion, but also education, advocacy, empowerment, outreach, community building, research, and entertainment. Canada has been a trail-blazer in this area, as demonstrated by festivals such as *Kickstart* organized by the Society for Disability Arts and Culture in Vancouver, and conferences such as *Challenging Stereotypes: A Celebration of Arts in Community*, held in Winnipeg in 2004. Exemplary art programs such as the Nina Haggerty Centre for the Arts in Edmonton also exist in this area.

Arts and Individual and Community Health Promotion

Throughout Canada there is a flowering of arts-based activity focused on promoting and enhancing both individual and community well-being, an area of arts' contributions to health that is not as widely recognized as arts in healthcare. An international program that bridges the two, The Royal Conservatory of Music's *Learning Through the Arts*, started in Toronto in 1994, is a very large full school arts intervention program, reaching over 100,000 students annually in 400 schools in 14 countries. Its outgrowth, *Living Through the Arts*, which was started in 2003, seeks to spark creative imagination in all ages, building self-knowledge, encouraging celebration of creativity and identity. Its *Outreach Program* also offers challenged individuals (e.g. trauma, eating disorders) opportunities to communicate more effectively through art.

The following examples illustrate the richness and diversity of health promotion activities underway in Canada.

Addressing Social Issues

Canada has cutting-edge practitioners in the use of theatre to address social issues. David Diamond's *Headlines Theatre*, founded in Vancouver in 1981, originally based on

Augusto Boal's Theatre of the Oppressed, has evolved to become *Theatre for Living*. This approach moves beyond ideas of oppressor and oppressed, making Diamond's work (2007) broadly and powerfully inclusive in seeking solutions to difficult issues.

Diamond travels internationally to help communities address such issues as addictions, suicide, domestic violence, street racing, bullying, and most recently obstacles to facing climate change. Headlines Theatre offers training to students from around the world and uses the Internet to allow people at distance to participate in its *Forum Theatre's* interactive performances.

Andrew Burton founded *Street Spirits Theatre Company* in Prince George a decade ago. The company focuses on youth-at-risk, using drama-based activities and movie-making to address issues such as the sex trade, methamphetamine addiction, and assertiveness. In 2009, Street Spirits received the Otto Rene Castillo Award in New York for innovation in theatre.

Elaine Carol's *Miscellaneous Productions*, started in Vancouver in 2000, creates new frontiers in performance with new media, merging them with community development and popular culture. *Miscellaneous* works with youth in trouble with the law or victims of crime; high-risk, at-risk and mainstream youth.

Community Development

Organizations offering arts-based activities focused on neighbourhood and community development span the country. *Art City* is a non-profit organization dedicated to providing high-quality programs free to residents of the West Broadway area in Winnipeg, including multimedia and interdisciplinary works. The centre encourages "self-expression, communication, and creativity, thereby fostering a sense of self-worth, ownership, and accomplishment" (Art City, 2010).

A funding partnership among three levels of government recognizes the power of the arts in community healing and development for Vancouver's DTES, a neighbourhood suffering from high levels of addiction and homelessness. Illustrative projects include *Vancouver Moving Theatre's* community play showcasing the DTES' strengths to other Vancouverites; and the Carnegie Centre's creation of street mosaic tiles to engage DTES residents and help them develop employment skills.

Common Weal Community Arts in Saskatchewan links professional artists with communities to promote cultural identity, social justice and long-term positive social change through creative expression. The organization seeks to empower individuals, and their communities, to tell their stories in their own voices. Recent projects include *Common Circles: Addressing Violence Through Art*; and *Two Story Café*, an installation, performance and media art festival focused on Aboriginal artists addressing cultural tensions.

First Nations' Healing and Cultural Bridging

It has long been recognized by researchers that creative expression is at the heart of healthy Aboriginal culture and communities. In the Yukon, Northwest Territories and across Canada, arts-based activities are incorporated into both treatment and wellness programs for Aboriginals. The Wabano Centre for Aboriginal Health in Ottawa offers many cultural programs as part of its health services to Inuit, Metis and First Nation communities.

Traditional dance societies often showcase First Nations' culture to create a bridge to non-aboriginal communities. Margo Kane (Cree/Saulteaux) provides a venue for Aboriginal artists to connect, develop, and collaborate as well as show their work to non-Aboriginal communities through *Full Circle* and its annual *Talking Stick Festival*. Young First Nations artists, such as Wayne Clearsky (Blackfoot/Saulteaux) of Metro Vancouver's *Knowledgeable Aboriginal Youth Association*, also use hip-hop and rap to work with urban youth. In 2005, Clearsky was inducted as a United Nations Messenger of Truth.

Arts-based initiatives are also used in many provinces to raise awareness and educate residents of all ages about a variety of public health issues.

Canada has a multitude of diverse arts activities promoting individual and community health, supporting people of all ages as they become ill and return to wellness. The *Alberta Foundation for the Arts* (2006) inventory of arts and health initiatives and resources is one of the few attempts anywhere in Canada to develop a comprehensive picture. It lists over 80 initiatives; 27 individual practitioners; and 13 researchers in arts and health. This is a summary for only one province, but it illustrates the richness, variety and volume of arts-based activities underway in Canada in both health promotion and healthcare.

Arts in Health Professional Education

Creativity should not be "optional" in medicine. It allows us to solve clinical problems in new ways, helps us pull together disparate ideas and sustains us in the face of uncertainty. ... [we] want to find and sustain meaning in what we do. Even more challenging, we work every day with patients who struggle to find new meaning in the face of illness. They expect us to offer guidance on the journey. True healers have always used images, music and poems to help find the way. Little by little, these and many other creative tools are finding their way back into our black bags. (Peterkin, 2008, p. 648)

The inclusion of arts and humanities perspectives in health professional education has centered on the *art of caring* (defined by professionalism and humanism), and also use of *arts-based approaches* to promote reflective practice and insights into caring. Echoing the famous Canadian physician Sir William Osler, a 1985 *Canadian Medical Association Journal* editorial encouraged a more "balanced serving of the arts, the humanities, and the natural and social sciences" (Squires, 1985, p. 1000). Myra Levine (1999) in the *Canadian Journal of Nursing Research* called for a greater presence of the arts and humanities in nursing education. Accreditation criteria and guidelines from the governing bodies associated with Canadian health professional education currently promote integrated curriculum content and experiences that support the development of healthcare practitioners who are caring and compassionate as well as knowledgeable and skilful.

A few dedicated programs in Canada include a focus on arts and humanities in health professional education. The humanities curriculae and programs at Dalhousie University, the University of Manitoba and Memorial University of Newfoundland were described in a special issue of *Academic Medicine* in 2003. In 2006, a dedicated arts and humanities program was launched at the University of Alberta (Brett-MacLean & Yiu, 2006). A recent survey of medical schools documented a variety of medical humanities and arts-based activities across Canada (Kidd & Connor, 2008). A wide range of arts-based approaches have helped medical students develop their observational, interpretive skills and empathic abilities. A photography contest is held within the "Cardiovascular" block at the University of British Columbia. A reading group at the University of Alberta has supported participants in reflecting on books by physician authors in relation to their own professional lives. Also, as part of an introductory "Infection, Immunology, and

Inflammation” block, a jazz band is used to illustrate the various bacteria that caused Harry Houdini’s death. At the University of Calgary, interactive theatre has been used to facilitate learning about aboriginal health issues. Various narrative and arts-based projects by medical students at Dalhousie University and the University of Western Ontario inspired the book *“In Our Hands: On becoming a doctor”* (Clarke & Nisker, 2007). Many medical schools incorporate arts and humanities electives, “arts-in-medicine” projects, and art gallery visits as part of their curricular and co-curricular offerings. Artists-in-residence programs have also been introduced in some Canadian medical schools and teaching clinics. Students have initiated and participated in various groups and arts-based activities to enrich their educational experience. For example, the *Music-in-Medicine* program at Dalhousie University involves students with professional musicians and the broader community.

The need for networking and sharing information about use of arts-based approaches in health professional education has been identified. A new database called AHHM-ED developed at the University of Alberta includes articles about the use of arts, social sciences and humanities approaches to health professional education. In 2008, the Canadian Medical Association supported the introduction of the Arts, Humanities and Social Sciences in Medicine Educational Interest Group. One of a few such journals in the world, *ARS Medica* explores the interface between arts and medicine; the *Canadian Medical Association Journal* includes a “Humanities” section. The College of Family Physicians of Canada has created a database of stories written by family physicians and patients. The theme of the 2010 Conference on Medical Education is “White Coat, Warm Heart: Integrating Humanism and Science” – a landmark event in Canada. All of these associations, groups and meetings have helped Canada gain ground in the developing field of the medical and health humanities. Although examples exist (e.g. Hall et al., 1995), there is a further need to share approaches across the health professions, and consider the use of the arts in interprofessional health education. Established in 1998 in the Faculty of Nursing at the University of Calgary, the Creative Arts/Integrated Therapies in Health Care Research Group promotes education and research into the therapeutic benefits of the arts in healthcare.

Arts-based Health Research

Research is defined here as “an undertaking intended to extend knowledge through a disciplined inquiry or systematic investigation” (Canadian Institutes of Health Research et al., 2009). In Canada, arts-based methods were first employed in health research for representation and dissemination of research findings. Currently, arts-based methods are being utilized in all stages of inquiry: as a stimulus for data generation, a method for eliciting meanings and values, an intervention tool or form of dissemination.

Historical Developments

In Canada, arts-based methods were introduced at the end of the 1990s with the production of theatrical performances such as *Handle with Care* about metastatic breast cancer (Gray et al., 2000); *No Big Deal?* about prostate cancer (Ivonoffski & Gray, 2000); and *Sarah’s Daughters* (Nisker, Martin, Bluhm, & Daar, 2006) and *Ladies in Waiting? Life After Breast Cancer* (Sinding, Gray, Grassau, Damianakis, & Hampson, 2005).

At the turn of the millennium, the social and ethical implications of genetics became a topic that received significant attention in Canada. Funding agencies prioritized research

in this emerging area and resource allocation decisions were made accordingly. Two major research projects were funded to elicit the values of Canadian citizens regarding genetic technologies and to evaluate theatre as a means to achieve that goal: *Orchids* (Cox, Kazubowski-Houston, & Niskier, 2009a) and *Un jeu de société* (Doucet, Dion-Labrie, Durand, & Ganache, 2007).

Since the mid 2000s, a significant increase in the use of arts-based methods of health research has been noted. Artistic media diversified with the introduction of dance, photovoice, poetry and song in research.

Methodological and Theoretical Contributions

Increasingly, health researchers are employing artistic methods as a form of inquiry and, as such, activities span everything from data collection to novel strategies for disseminating research findings. Canadian contributions highlight this diversity and also significantly advance understanding of the role of the arts in participatory action and other social justice-oriented methodologies.

Data collection. Visual methods have been the most popular tools used by arts-based researchers at the data collection stage of research. Some examples include the use of visual methods to explore the health beliefs and health promotion practices of pregnant Tlicho women in Canada's Northwest territories (Moffitt & Robinson-Vollman, 2004), photographs to study the benefits of using photo elicitation among prostate cancer survivors (Olliffe & Botorff, 2007), and visual images to bring to the public arena concerns of Indigenous people (Castleden & Garvin, 2008). Poetry has also been employed in data collection to examine the experiences of individuals living with HIV infection and/or AIDS (Groft & Robinson-Vollman, 2007) and drama to engage citizens in developing health policy on preimplantation genetic diagnosis (Cox et al., 2009a).

Knowledge translation. Other interesting works have been undertaken for disseminating knowledge. *I'm Still Here!* is a research-based drama about living with dementia (Mitchell, Jonas-Simpson, & Ivonoffsi, 2006). *Hearing Voices* is a choreography that disseminates study results about the pathways to treatment for young people suffering with psychosis (Boydell, Jackson, & Strauss, in press). An experimental arts-based production featuring drama, poetry, song and visual arts was presented to communicate the findings of a study that explores the way human subjects experience and give meaning to their participation in health research (Lafrenière & Cox, in press; Cox et al., 2009b).

Evaluation. Just as methods of arts-based inquiry differ widely between disciplines, so also do modes of evaluation. There is, at present, no consensus on how to balance scientific research requirements (e.g. for rigour) with the aesthetic dimensions of arts-based inquiry. Research-based theatre has, however, led the way in focusing on the importance of evaluating arts-based methods. Theatrical performances have been evaluated for the purpose of transferring knowledge about brain injury (Colantino et al., 2008) and for public engagement in health policy development (Niskier et al., 2006). Audience responses to research-based drama about life after cancer have been evaluated (Sinding et al., 2006), along with healthcare practitioners' perceptions of the way a study conveys the meaning and significance of bodily habits, gestures and actions in the context of advanced stages of Alzheimer's disease (Kontos & Naglie, 2007).

Interdisciplinarity. Arts-based methods of health research often require collaboration between researchers and artists. Two research teams have published on this topic. One manuscript was a reflection on dramaturgy and the art of interdisciplinary translation (Rossiter et al., 2008). The other described how ethnodrama and the community music

therapy process were combined in an innovative example of interdisciplinary research involving creative art therapies (Snow, Snow & D'Amico, 2008). On a similar note, the *Advancing Interdisciplinary Research in Singing* initiative is studying, among other topics, how singing affects mental and physical health (see <http://www.airspace.org/node/84>).

While knowledge regarding the methodology employed in the use of arts-based methods of health research in Canada is increasing rapidly, new attention needs to be directed to ethical and conceptual aspects. Although the Tri-Council, the body regulating the ethical conduct of research involving humans in Canada, explicitly refers to creative practices in the last draft of its revised policy (Canadian Institutes of Health Research et al., 2009), a sign that arts-based methods are now fully recognized as a credible qualitative method, considerable work remains to be done in the area of ethics of doing arts-based research. Regarding the need to develop conceptual aspects related to arts-based health research, three models that may stimulate more work in this area are: an Arts-Based Health Research Collaborative Framework (Boydell, 2009), a Critical Realism and the Arts Research Utilization Model (Kontos & Poland, 2009), and a tri-partite model for assessing the quality and effectiveness of arts-based methods (Lafrenière & Cox, under review).

Challenges

The vastness of Canada makes it difficult to gather arts-based researchers in a network that produces close collaborative partnerships. Even locally, scholars who conduct arts-based research usually come from one world (social sciences) or the other (arts). They are usually the exception using artistic methods in their department and/or institution. Moreover, arts-based researchers within the same institution may not know of each other's work, as this research exists at the margins of many disciplines. Some developing initiatives offer promise of greater integration. Two exploratory workshops aimed at creating new research networks were held in fall 2009 in Toronto and Vancouver with the purpose of bringing together arts-based researchers from a wide range of disciplines and from geographically diverse areas.

Reflections and Recommendations

There is an abundance of innovative and exciting work occurring across all areas of the arts and health field in Canada. We believe there is an unstoppable momentum wherein new work will surface, new practitioners will emerge and new connections will be forged. In order to nurture such growth and vitality, there are a number of areas in which we wish to pose some key recommendations.

Funding and Infrastructure Support

There is a plethora of arts and health programming, projects, exploration and experimentation going on across the country, despite the fact that there is little in the way of formal policy recognition and funding available in all areas of the arts and health. In this regard, Canada currently lies somewhere between the UK and the US with somewhat less government involvement in the arts and health than the UK and more than the US. There are officials at all levels of government who are knowledgeable and interested in seeing arts and health activities recognized and supported, yet they do not have mandates to tackle the difficulties posed by the multiple disciplines, ministries, and jurisdictions that are involved in arts and health activities.

This situation also bears on the precarious vitality of arts-based health research. The three major granting agencies in Canada have all funded health research, although this is no longer the case. In the wake of recent budgetary cutbacks at the federal level, the Social Sciences and Humanities Research Council is referring all health research (including arts-based inquiry) to the Canadian Institutes for Health Research (CIHR). The impact of this remains to be seen, although it is clear that initiatives supporting new partnerships that span the academic and artistic communities are essential to fostering excellence in this field. Thus far, CIHR has provided some funding for research in arts and health, with research grants being awarded through the Institute of Neurosciences, Mental Health and Addiction, and the Institute of Genetics. The relevant review committee for arts-based proposals is Humanities, Law, Ethics & Society in Health.

Networking and Communication

The geographic size and cultural diversity of Canada make networking and communication an ongoing challenge. Many important initiatives remain at the local/regional level. National and international networks are, nonetheless, forming and this is having a significant impact for Canadian practitioners seeking a more well-defined arts and health community in academic, policy, medical and educational circles. The year 2005 was, in this regard, a watershed with four national events focusing on arts and health in Canada, all with separate origins. Similar events bringing together practitioners, researchers and policy makers are much older in the UK and US. Such expansion and outreach needs active support including new funding devoted to the development of regular opportunities for networking and collaboration.

We hope this article and the materials provided through the online appendices will assist in this endeavour by fostering new awareness of emerging networking and mapping initiatives and highlighting the need for a comprehensive survey of arts and health activity at regional, provincial and national levels. This may also enhance opportunities to bring together arts and health practitioners from all regions of Canada as well as other countries and perhaps entice arts and health associations to consider holding conferences and related meetings here in the near future.

Education and Training

Those working at the intersection of the arts, humanities and healthcare education enter this area from a variety of disciplines. This is, in part, because educational programs in this area are limited. Although training and credentialing programs exist in support of the creative arts therapies, those who are interested in pursuing advanced degrees often have to pursue this in other countries. Moreover, it remains unclear which educational experiences are most helpful in preparing practitioners in arts and healthcare as well as health promotion for their work. Educational experience and credentialing in the area of arts-based research also remains an open question. It would be helpful to describe the pathways that have led individuals into these areas, and apply this knowledge to deepen and extend existing programs and opportunities for building new as well as supporting existing talent and expertise in the arts and health in Canada.

Researching and Documenting Development of the Field

Over the coming years, it will be important to explore how arts and health initiatives have emerged in past decades, and learn more about the factors and conditions that have served

to sustain them and foster their growth. In this regard, it is vital that arts and health practitioners reach out to supporters of the arts in many domains, seeking partnership in securing the necessary support to continue this work but also in the spirit of discovering the vast and largely untapped potential for creative exploration of the role of the arts in health in Canada and elsewhere.

Acknowledgements

We gratefully acknowledge the assistance of Anita Kante, Kim Taylor and Linda Vaudan in the preparation of this manuscript.

Note

1. The website for the Arts and Health Network Canada also has many items of interest in its "Resources" section. Anyone wishing to add reports on Canadian projects, programs/publications, or those of interest from other countries, is invited to submit them via the contact link on the web site. Notices or updates on arts and health activities and events anywhere in the country are invited.

References

- Alberta Foundation for the Arts (2006). *Mapping the arts and health: An Inventory of initiatives and resources – Updated 2007*. Retrieved from: <http://www.afta.ab.ca/publications.aspx>.
- Art City. (2010). Art City Objectives. Retrieved from <http://artcityinc.com/vision>.
- Boydell, K.M. (2009). *What Are the Priorities for Research on the Use of Arts-Based Methods?* [PowerPoint Slides].
- Boydell, K.M., Jackson, S., & Strauss, J.S. (in press). Help seeking experiences of youth with first episode psychosis: A research-based dance production. In K.M. Boydell & H.B. Ferguson (Eds.), *Hearing voices: Qualitative inquiry in early psychosis*. Waterloo, ON, Canada: Wilfrid Laurier Press.
- Brett-MacLean, P.J., & Magid, M. (2006). Fostering well-being and community in a continuing care setting: The George Derby Artworks Program. In R.C. Perry Magniant (Ed.), *Art therapy with older adults: A sourcebook*. Springfield, IL: Charles C. Thomas.
- Brett-MacLean, P.J., & Yiu, V. (2006). Arts & humanities in health & medical program. *Canadian Creative Arts in Health, Training and Education eNews/journal*, 1(3), 6–7. Retrieved from: <http://ijcaip.com/archives/CCAHE-Journal-3.pdf>.
- Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, Social Sciences and Humanities Research Council of Canada. (2009). *Revised Draft 2nd Edition of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*. Retrieved from: http://pre.ethics.gc.ca/pdf/eng/Revised%20Draft%202nd%20Ed%20PDFs/Revised%20Draft%202nd%20Edition%20TCPS_EN.pdf.
- Castleden, H., Garvin, T., & Huu-ay-aht First Nation. (2008). Modifying photovoice for community-based participatory Indigenous research. *Social Science and Medicine*, 66, 1393–1405.
- Clarke, L.E., & Nisker, J. (2007). *In our hands: On becoming a doctor*. Lawrencetown Beach, NS, Canada: Pottersfield Press.
- Clift, S., Camic, P.M., Chapman, B., Clayton, G., Daykin, N., Eades, G., et al. (2009). The state of arts and health in England. *Arts & Health: An International Journal for Research, Policy and Practice*, 1(1), 6–35.
- Cohen, G.D., Perlstein, S., Chapline, J., Kelly, J., Firth, K.M., & Simmens, S. (2006). The impact of professionally conducted cultural programs on the physical health, mental health, and social functioning of older adults. *The Gerontologist*, 46, 726–734.
- Colantino, A., Kontos, P.C., Gilbert, J.E., Rossiter, K., Gray, J., & Keightley, M.L. (2008). After the crash: Research-based theater for knowledge transfer. *Journal of Continuing Education in the Health Professions*, 28, 180–185.
- Collie, K., Botorff, J.L., & Long, B.C. (2006). A narrative view of art therapy and art making by women with breast cancer. *Journal of Health Psychology*, 11, 761–775.

- Cooley, N. (2003). *Arts and Culture in Medicine and Health: A Survey Research Paper*, Background paper for the 2005 Canadian Forum on Arts and Health, Vancouver, B.C. Retrieved from: <http://www.artshealthnetworkcanada.com/resources/index.html>.
- Cooley, N. (2005). *Canadian Forum on Arts and Health 2005: Forum Summary Report* (April 2005). Victoria, BC, Canada. Retrieved from: <http://www.artshealthnetworkcanada.com/resources/index.html>.
- Cox, S.M., Kazubowski-Houston, M., & Niskier, J. (2009a). Genetics on stage: Theatre and public engagement in health policy development. *Social Science and Medicine*, 68, 1472–1480.
- Cox, S.M., Lafrenière, D., Belliveau, G., Lea, G.W., O Donoghue, D., & Sharon, R. (2009b). *Centring the human subject. Disseminating study results through drama, poetry, song and visual arts* [DVD]. Vancouver: SFU Media Design Services.
- Diamond, D. (2007). *Theatre for living: The art and science of community-based dialogue*. Victoria, BC: Trafford.
- Deane, K., Carman, M., & Fitch, M. (2000). The cancer journey: Bridging art therapy and museum education. *Canadian Oncology Nursing Journal*, 10, 140–142.
- Doucet, H., Dion-Labrie, M., Durand, C., & Ganache, I. (2007). Genomics and modes of democratic dialogue: An analysis of two projects. In B.M. Knoppers (Ed.), *Genomics and public health: Legal and socio-ethical perspectives* (pp. 287–304). Leiden/Boston: Martinus Nijhoff.
- Ferrara, N. (2004). *Healing through art: Ritualized space and Cree identity*. Montreal PQ, Canada: McGill-Queens Press.
- Gattinger, M., Saint-Pierre, D., & Couture Gagnon, A. (2008). Toward subnational comparative cultural analysis: the case of provincial culture policy and administration in Canada. *Journal of Arts Management, Law and Society*, 38, 167–186.
- Gray, R.E., Sinding, C., Ivonoffski, V., Fitch, M., Hampton, A., & Greenberg, M. (2000). The use of research-based theatre in a project related to metastatic breast cancer. *Health Expectations*, 3, 137–144.
- Groft, J.N., & Robinson Vollman, A. (2007). Seeking serenity: Living with HIV/AIDS in rural Western Canada. *Rural and Remote Health*, 7, 677. Retrieved from: <http://www.rrh.org.au>.
- Hall, P., Weaver, L., Fothergill-Bourbonnais, F., Amos, S., Whiting, N., Barnes, P., et al. (1995). Interprofessional education through popular literature: A palliative care model. *Journal of Interprofessional Care*, 20, 51–59.
- Ivonoffski, V., & Gray, R.E. (2000). *No Big Deal?* Toronto ON, Canada: Toronto Sunnybrook Regional Centre.
- Kidd, M.G., & Connor, J.T.H. (2008). Striving to do good things: Teaching humanities in Canadian medical schools. *Journal of Medical Humanities*, 29, 45–54.
- Klassen, J.A., Liang, Y., Tjosvold, L., Klassen, T.P., & Hartling, L. (2008). Music for pain and anxiety in children undergoing medical procedures: A systematic review of randomized controlled trials. *Ambulatory Pediatrics*, 8, 117–128.
- Kontos, P.C., & Poland, B.D. (2009). Mapping new theoretical and methodological terrain for knowledge translation: contributions from critical realism and the arts. *Implementation Science*, 4(1). Retrieved from: <http://www.implementationscience.com/content/pdf/1748-5908-4-1.pdf>.
- Kontos, P., & Naglie, G. (2007). “Expressions of personhood in Alzheimer’s disease”: An evaluation of research-based theatre as a pedagogical tool. *Qualitative Health Research*, 17(6), 799–811.
- Lafrenière, D., & Cox, S.M. (in press). Les arts comme outils de transfert des connaissances et d’engagement du citoyen en matière de recherche médicale. *Sociologie et Sociétés*.
- Lafrenière, D., & Cox, S.M. (under review). “If You Can Call it a Poem”: Criteria for Assessing Research Poetry Used as a Means for Data Representation. *Qualitative Inquiry*.
- Levine, M. (1999). On the humanities in nursing. *Canadian Journal of Nursing Research*, 30, 213–217.
- Mitchell, G.J., Jonas-Simpson, C.M., & Ivonoffski, V. (2006). Research-based theatre: The making of *I’m Still Here!* *Nursing Science Quarterly*, 19, 198–206.
- Moffit, P., & Robinson Vollman, A. (2004). Photovoice: Picturing the health of Aboriginal women in a remote northern community. *Canadian Journal of Nursing Research*, 36, 189–201.
- Niskier, J.A., Martin, D., Bluhm, R., & Daar, A. (2006). Theatre as a public engagement tool for health-policy research. *Health Policy*, 78, 258–271.
- Olliffe, J.L., & Botorff, J.L. (2007). Further than the eye can see: Photo elicitation and research with men. *Qualitative Health Research*, 17, 850–858.

- Peterkin, A. (2008). Medical humanities for what ails us. *Canadian Medical Association Journal*, 178, 648.
- Rossiter, K., Kontos, P., Colantonio, A., Gilbert, J., Gray, J., & Keightley, M. (2008). Staging data: Theatre as tool for analysis and knowledge transfer in health research. *Social Science and Medicine*, 66, 130–146.
- Rushton, M. (2002). Political oversight of arts councils: A comparison of Canada and the United States. *International Journal of Cultural Policy*, 8, 153–165.
- Sinding, C., Gray, R., Grassau, P., Damianakis, F., & Hampson, A. (2006). Audience responses to a research-based drama about life after breast cancer. *Psycho-Oncology*, 15, 694–700.
- Snow, S., Snow, S., & D'Amico, M. (2008). Interdisciplinary research through community music therapy and performance ethnography/recherche interdisciplinaire: Musicothérapie communautaire et ethnographie de la performance. *Canadian Journal of Music Therapy/Revue Canadienne de Musicothérapie*, 14, 30–47.
- Sonke, J., Rollins, J., Brandman, R., & Graham-Pole, J. (2009). The state of the arts in healthcare in the United States. *Arts & Health: An International Journal for Research, Policy and Practice*, 1(2), 107–135.
- Squires, B.P. (1985). The humanities in the general professional education of the physician: Can Canadian schools meet the challenge? *Canadian Medical Association Journal*, 132, 1000–1001.
- Wreford, G. (2010). The state of arts and health in Australia. *Arts & Health: An International Journal for Research, Policy and Practice*, 2(1), 8–22.