

Mutuality, Wellbeing and Mental Health Recovery

Exploring the roles of creative arts
adult community learning and
participatory arts initiatives



RESEARCH BRIEFING

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This study was concerned with creative practice in adult community learning (ACL) and participatory arts settings. Its focus was on processes of mutuality – different kinds of sharing and reciprocity – in these settings and how these relate to mental health and wellbeing. The study was part of a consortium research programme, Creative Practice as Mutual Recovery: Connecting Communities for Mental Health and Wellbeing.

The aims of the research were to explore

- the mutual processes through which creative practices in adult community learning and mental health participatory arts settings affect wellbeing and recovery for a range of people involved.
- how the goals of mutuality, wellbeing and recovery interact with educational goals and traditions in adult community learning and mental health participatory arts contexts.

Background

Opportunities for mutuality which engender social connections and social recognition have been shown to be important for promoting wellbeing and mental health recovery in community contexts. Creative practices may be viewed as potentially conducive to mutuality, particularly where they allow opportunities for participatory practice, sharing experiences and building social support. However, these opportunities can also present challenges and generate difficulties in group settings. Thus, mutuality can provide a



lens through which to study interactional experiences in ACL and participatory arts settings and how these relate to mental health and wellbeing. In addition to adult learners, participants or group members, this includes the experiences of other people involved such as practitioners and volunteers, whose wellbeing needs are often overlooked in research. A concern with mutuality may also be viewed as part of a wider mental health and wellbeing agenda for ACL and participatory arts initiatives and in both these contexts there are debates about the appropriate balance between this agenda and creative or educational goals.

Key findings

Community-based creative arts adult education and art therapy initiatives are of significant value to a 'mutual' recovery and wellbeing agenda involving practitioners and adult learners/participants.

Creative arts ACL and participatory arts settings can develop creativity and agency (action in the world) as interrelated relational processes. This means that both things can be enhanced through acting with or alongside others.

An approach to participatory arts in which practitioners, volunteers and members engage in creative work together can expand capabilities for creativity, personal development and being part of a community for everyone involved.

The sharing of creative practices and products through participation in creative arts community settings can enhance capability wellbeing for all participants through providing a sense of mutual achievement and enjoyment.

Mutual processes of 'recognition' in creative arts community settings involve affording social value to

participants through the sharing of skills and creative products and humanistic connections through shared creative practice. Mutual acceptance and authenticity through this practice can create the relational basis for wellbeing and recovery.

Some of the limiting factors to mutuality in these creative settings revolve around tensions between personal needs for social or creative distancing versus connection to others.

Professional values and boundaries, organisational responsibilities and practical considerations are challenges to a mutual approach involving benefits for practitioners and other participants from shared creative practice in creative arts ACL and mental health participatory arts settings.

In ACL and participatory arts settings, educational and mental health and wellbeing goals may be viewed as complementary and there can be similarities and overlaps between educational processes and therapeutic ones. Nevertheless, tensions between these goals may arise. In ACL contexts, an explicit focus on wellbeing aims may risk overshadowing educational objectives.

Theoretical ideas

The study drew on a range of social theories. Among these were

- **the capabilities approach** - a human rights-based theory concerned with the opportunities, or freedoms (capabilities) afforded by the social, political and economic context of people's lives.
- **relational theory** – which explores how relationships with others shape our ways of thinking and acting and can affect our personal agency, or ability to engage with the world.

Defining wellbeing, mental health and recovery

Fitting with a capabilities perspective, we embrace the definition of mental wellbeing offered by the Foresight Mental Capital and Wellbeing Project (2008, p. 10): “A dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community.” This is similar to the World Health Organisation's definition of mental health which also emphasises the realisation of abilities, working productively and contributing socially but adds coping with stress (WHO, 2014). Although these two conceptions imply an individualistic perspective, they would be considered as encompassing a way of being and doing that can reflect the lives of groups and communities as well as individuals, and can be applied beyond the individual level of analysis to encapsulate relational and communal perspectives. An understanding of wellbeing as dynamic and relational is well captured in the idea of ‘growth in connection’ (Miller and Stiver, 1997). In this briefing, ‘wellbeing’ is generally used as a shorthand term for ‘mental wellbeing’.

Recovery from mental health difficulties may best be considered “a process rather than a goal” (Onken et al., 2007, p. 9), key aspects of which are empowerment, connecting with others, having access to positive personal and social identities, and finding a sense of meaning, hope and purpose (Leamy et al., 2011). A capabilities perspective also emphasises broadening opportunities for connectedness and citizenship, for example through education, work, housing and leisure (Wallcraft and Hopper, 2015; Ware et al., 2007), expanding people's ‘agency freedom’ – the capability to act purposefully to advance one's chosen goals and values (Lewis, 2012, 2014, citing Sen, 2010). It may be important for people to make sense of the connections between life experiences and their mental distress (Tew, 2011), and to understand these in the wider context of social inequalities so as to make links between oppressive social structures and personal experience. Current research shows an interesting convergence

between ideas as to what may enable recovery and understandings as to what may promote wellbeing within the wider population (Slade, 2010).

Although sometimes characterised as the ‘heroic’ journey of an individual, the capacity to recover may often be relational and situational, requiring a combination of personal, social, and economic resources (see Tew, 2013) - and mutuality and creativity may be important, both in mobilising such resources and in the actual processes of recovery. Furthermore, research tends to overlook how the notion of recovery may be applied at a range of levels of analysis, including individual, communal, organisational, institutional and societal levels.

Study design

The study involved five adult community learning groups in the West Midlands:

- a women's jewellery-making learning circle;
- a beginners painting and drawing course;
- a creative writing learning circle;
- a ‘confidence through creativity’ art group (targeted for wellbeing);
- a ‘reablement’ art course (targeted for mental health recovery).

It also involved two London-based mental health participatory arts organisations:

- an art studio organisation managed by trained artists and art therapists;
- a poetry group based at a service user-run arts organisation.

Research methods included participant observation alongside interviews and focus groups with adult learners/members/participants (n=50) and practitioners and volunteers (n=16). In addition, interviews were conducted with wider stakeholders – project organisers and managers in the fields of ACL and mental health participatory arts (n=10).

Summary of Findings

This is set out below according to the three research questions.

1. What kinds of opportunities for or barriers/challenges to mutuality are generated in creative arts ACL and mental health targeted participatory arts settings?

This research question focused on opportunities for mutuality generated through the creative social contexts of the research settings, as well as factors that hindered or presented challenges to capabilities in this area. In this section, opportunities are discussed first, then barriers and challenges.



Opportunities

The creative settings were found to generate a range of opportunities for mutuality between adult learners/members/participants and between these parties and volunteers and practitioners in the settings. These related to participants' initial motivations for taking part (community participation and social connection; enjoyment and relaxation; creativity; and learning and vocation) and to broader themes of promoting social and educational participation and inclusion and building social capital (relationships and networks). The three main, interrelated themes were as follows:

Mutual generation of creative and educational capabilities

Across the research settings, creative and educational capabilities were co-produced among a range of parties through various dimensions of collaborative learning. These included opportunities for learning alongside others, learning from one another, sharing direction of the learning, and sharing creative opportunities, knowledge and skills with family members and the wider community. The co-learning involved included practitioners learning from participants/members/adult learners in the spheres of both creative arts practice and personal and professional development. Further, this mutuality and co-production included participants moving between different roles in the arts and ACL organisations (e.g. adult learner, volunteer, tutor, facilitator) and developing their own creative community initiatives.

These findings reflect the reciprocal cultural model of adult education in which developmental opportunities, energy and agency are mutually generated through a process of 'growth in connection' with other adults (Greenhouse Gardella et al., 2005; Miller and Stiver, 1997). The model involves a participatory approach in which adults take an active role in constructing the learning context (Belzer, 2004). In this research, a self-directed approach, focused on individual creative practice and choice, was considered

beneficial for both creativity/learning and processes relating to recovery and wellbeing (such as enjoyment and agency-enhancement), although collective approaches involving themed or group projects were also considered to generate benefits in these domains (e.g. through enabling peer learning, the sharing of outputs and experiences, and a sense of collective achievement).

Participants described the opportunities for social contribution through their involvement in the creative arts initiatives as further expanding their educational capabilities and as supporting their mental health and wellbeing, for example in light of diminished social roles associated with long-term health problems or following retirement. For the targeted arts organisations, 'mutual recovery' for members and the wider community from misunderstanding and stigma relating to mental health was a further educational aim of their work, for example through public arts exhibitions or involvement initiatives. Engagement with the wider community could therefore be understood as an important facet of mutuality in the context of mental health recovery, with this mutuality also working at the organisational level as the mental health participatory arts organisations collaborated with other organisations to build capacity for the extension of creative and educational capabilities into the wider public realm.

Being part of a creative community or group

Participants described opportunities for partaking with others, giving and receiving as part of a therapeutic creative community, and valuing the chance to take part in shared creative spaces and activities. The capability to 'be part of something' was described as particularly important in the context of experiences of social exclusion relating to mental health difficulties. The creative groups were described as proving a kind of sanctuary or respite away from personal or wider social problems and caring responsibilities.

Being part of a creative group or community was linked to the generation of shared creative identities which were described in the targeted settings as helping to displace identities surrounding mental health or illness. Membership of a creative group was also described as helping support wellbeing through boosting morale and self-esteem, providing a self care practice and alternative view of oneself for full-time informal carers, and helping with continuation of a valued social role for women following retirement.

The benefits of being part of a creative community/group and associated shared interests and identities were described by practitioners as well as other participants. In addition, they were evidenced among friends and family members attending one of the groups (the jewellery-making learning circle) together, with the shared creative practice being supportive to these pre-existing relationships.

Social connection, friendship and social support

Across the settings, participants described valuing opportunities for social connection and friendship through their participation in the creative initiatives. This was mentioned by ACL practitioners and volunteers as well as adult learners/members/participants and especially by those with experiences of (potential) social isolation due to being an informal carer, older age, mental health issues or long-term health conditions. In these last two circumstances, participation in a mainstream setting was described as valuable following experiences of marginalisation, although the targeted settings were also considered important for enabling (initial) social reconnection as part of mental health recovery.

The findings showed how relationships of care and support can be built through shared creative activity in ACL and participatory arts settings. Participants conveyed opportunities for friendship based on shared creative practice and interests and associated enjoyment - an important dimension of capability wellbeing (Al-Janabi et al., 2012). Findings also demonstrated the production of capabilities for social support through connecting with others in similar situations, something which allowed for sharing experiences and finding shared realities with others, seeing one's life in broader social perspective, and the sharing of useful knowledge and information ('informational support') in the face of mental health issues and caring responsibilities.

The mental health targeted settings were found to generate capabilities for mutual understanding and support in relation to mental health, and for building solidarity and resistance to problematic societal messages surrounding mental health, with the relationships and regular creative group activity enhancing stability as a key dimension of capability wellbeing (Al Janabi et al., 2012). Similarly, the wellbeing targeted setting was described as generating capabilities for mutuality, here based on shared social location, with the art group being attended mainly by women from working class backgrounds. However, mutual understanding and support around matters relating to mental health and wellbeing was also evidenced in the non-targeted ACL settings.

Features of the social and creative contexts which were found to be important in generating these capabilities included informal settings, supportive and encouraging approaches, and the make-up of the groups. Non-pressurised environments and non-competitive approaches were generally felt to be beneficial, although in one of the targeted settings a participant described 'pushing' one another to do public performances as a helpful part of recovery work and in another some participants described how having their work chosen for an exhibition had helped to rebuild their confidence. In the ACL

contexts, art and craft subjects were often considered to help generate non-threatening spaces, and offered participatory practices and both collaborative and self-directed learning opportunities. The targeted creative settings were described as allowing for acceptance of potentially socially unacceptable and nonconventional ways of being.

Barriers and challenges

The research findings revealed a range of tensions around mutuality in the study settings, many of which revolved around preferences or needs for social or creative distancing versus connection to others through the creative practices. Barriers and challenges included:

Professional and organisational boundaries and responsibilities, including therapeutic boundaries, a duty of care and person-centred values which meant putting the needs of clients first. Thus, while shared creative practice among people in various roles was a feature of all the study settings, and this was often considered important for an inclusive or community-building approach, the practitioners generally felt they had to guard against over-absorption in their own projects in these settings. In one of the targeted organisations, the practitioners discussed shared creative struggle through art-making alongside members and how this allowed for a generous, reciprocal way of working, from both creative and emotional perspectives. In addition they discussed mutually exploring different subjective states through involvement in members' creative compositions and learning from members' interpretation of their art work. However, their accounts also conveyed dilemmas over revealing too much of oneself through shared art-making and concerns that a reversal of roles in the therapeutic relationship could be damaging to a practitioner's wellbeing. Ultimately though such challenges were considered to be a constructive part of the art therapeutic process and making art alongside members was viewed as a way of staying centred and dealing with the tensions involved.

Both the ACL and participatory arts settings challenged traditional role distinctions and organisational divisions to some degree, through encouraging adult learners/participants/members to become actively involved and to take leadership roles and through shared creative practice which was considered to help bridge social divides through making deeper human connections. Yet this required continual navigation on the part of practitioners as they moved between different roles and there was simultaneously a need to maintain organisational structures and professional responsibilities in the form of pedagogical or management oversight. This was reinforced by the expectations of some adult learners/members surrounding a client-centred approach or the importance of the knowledge base and skills of practitioners for their learning experience, particularly if they were paying to attend.



Balancing everyday light conversation and a normalisation approach focused on creative work with opportunities for social recognition and support concerning mental health -related experiences, with both of these modes of interaction being valued at different times and by different participants. In general this balance was negotiated by the participants in the settings. In one of the targeted organisations participants described how its mental health-focused nature allowed for openness in relation to mental health and there was a purposeful onus on allowing space for people to talk about mental health-related concerns in the communal setting as part of its therapeutic ethos. This was considered important by staff members in allowing space for the breaking of silences and overcoming shame, and to be beneficial for other group members and the community as a whole. However, discussions of mental health were sometimes considered burdensome by other members who felt these could have a negative impact on their own mental health.

Difficulties surrounding group participation. Some participants found participation in the creative groups could be challenging initially and some experienced ongoing challenges. Joining or fitting into a group was described as particularly difficult for some people in the context of mental health issues and it could also be challenging for a new member to join a well-established group. Women participants were more likely to describe feeling initially self-conscious in a group setting and a few female participants also expressed concerns about taking part in group discussions of their work or competitive initiatives (such as exhibitions) in which their work could be criticised and their confidence undermined. Occasionally there was the apparent exclusion of an individual who was new to a group or didn't easily fit in and socialise, and one participant described how she and her friends had felt excluded from another creative group they had tried to join.

A tension between individualism and communality in the settings, both in relation to creative work and the wider freedoms and interests of individuals

versus the collective. As noted above, in most of the settings, participants described the value in terms of capabilities for creativity and mental health and wellbeing of a self-directed approach to creative practice and how this was balanced with collective approaches involving themed or group projects which offered more opportunities for collaboration. In addition, some people found it necessary to find their own separate space to work in the communal environments. In one of the participatory arts settings, this issue was described in terms of the tension between relationality/merging into a group and the boundedness of individuals and was displayed and worked with in a piece of communal art work. It related to concerns regarding inter-subjectivity, or relationality, in the face of mental health problems, particularly if powerful negative emotional states were 'mirroring' for others and participants did not feel they were in a position to help others.

Some participants preferred to be largely 'doing their own thing' in a room with other people and did not always want to talk to others, if they did not feel up to this or wanted to focus on their own work. Relational challenges additionally included the sharing of communal space and balancing efforts towards inclusion in the context of mental health issues with maintaining a conducive working environment for everybody (e.g. if someone was very depressed, unresponsive or inconsiderate to others or being disruptive). These issues were observed to relate to gendered expectations surrounding emotional expression and emotion work, and to gender power relations. There were also examples of these power relations being challenged through art work, including a communal project, although the need for women-only groups was noted in one of the targeted settings. A further consideration was risks of exclusion or marginalisation for individuals if they challenged the status quo of the group, meaning the interests of the individual and the collective were not always compatible.

The policy and political context was additionally described as presenting difficulties for mutual ways of working, with one important factor being unstable funding. This can threaten the continuity of provision which was found to be crucial in allowing for the generation of shared practices, educational experiences and support.

2. Through what mutual processes do creative practices in ACL and mental health participatory arts settings affect wellbeing and recovery for a range of people involved?

Mutual, relational processes were identified in the following broad realms: social-creative processes (ways in which the social context of the community settings was expanding or restricting capabilities for creativity and participation); creative-social processes (ways in which creativity generated or diminished opportunities for mutuality); psycho-social processes (focused more specifically on the relationship between social and psychic life); and educational processes (concerned with dimensions of collaborative learning). Across these areas there were three main, interactive themes:

Developing relational creativity and relational agency

The findings demonstrated the ways in which the freedoms of individuals to engage with the world and for creativity can be enhanced by acting alongside others in ACL and participatory arts settings (see Edwards and Mackenzie, 2005). The settings were found to mutually generate 'permission', energy and inspiration in relation to engaging in creative activities among a range of parties involved. In the art studio setting, members taking an active role in the organisation worked to co-constitute social subjects and the social creative context with this agency enlargement viewed as a key recovery process. For some adult learners/participants, these processes extended to involvement in creative initiatives with the wider community and were often seen to translate into other areas of their lives. Thus, for some individuals, the settings provided a social base for action as they branched out to other activities.

Furthermore, many of the settings demonstrated the generation of collective agency between a range of participants as creative educational and therapeutic outcomes were achieved at a group or organisational level. In one of the ACL settings this was described in terms of group interactions co-creating learning opportunities and the organic development of the group over time. In another, targeted ACL setting a tutor saw the intimacy of creative practices as encouraging participants to open about social problems affecting their lives, discussed the way in which group support processes could enable action to address these and conveyed a sense of mutual empowerment through working with the adult learning groups. In the wellbeing setting, participants described group support processes when individuals were experiencing times of distress. Processes of communal recovery and wellbeing in the settings therefore encompassed the development of mutual interdependence in terms of seeking as well as giving

help (see Edwards and Mackenzie, 2005). In the service user-run art organisation this was considered to involve fostering a supportive network and mutual trust among all members, including staff and participants.

Providing recognition

Mutual processes of recognition in the study settings involved: affording value to creative work and thereby to individuals; the sharing of skills and creative products which helped maintain or recover social value and status for participants; humanistic connections through shared creative practice acting as a social lubricant and helping to forge a sense of shared humanity; and communication through creative media which could help to put experiences in social and cultural context and to take action to change these contexts. All of these processes were related to wellbeing and recovery.

Regarding humanistic connections, interviewees' comments reflected relational-cultural theory in which mutual empathy, acceptance and authenticity can create the relational basis for wellbeing and mutual growth for practitioners and participants in educational and therapeutic settings (Miller and Stiver, 1997). The creative contexts were seen to act as a social lubricant for broaching difficult areas of experience that had affected people's mental health and for these to be accommodated and understood. The mental health targeted nature of some of the settings was also important in allowing for this opening up and acceptance. In one of these settings, shared artistic practice was regarded as working to generate mutual acceptance, trust and personal authenticity, while its therapeutic ethos encouraged mutual understanding. This was felt to offer benefits for both members and staff in allowing people to be 'more human' and in 'recovering' a sense of community that is often lost in organisational environments and wider social life. Inclusive creative ACL initiatives were found to be important in affording respect to individuals who may have been experiencing social marginalisation due to long-term health conditions and were also considered to (potentially) help with community 'recovery' from a lack of understanding and social distancing relating to disability and mental health through providing a way of bringing people together to undertake a shared activity in a non-competitive arena.

Across the study settings, shared art-making or crafting was considered to be part of an inclusive, community-building approach and to help deconstruct social or organisational hierarchies, thereby allowing for connection beyond these. However, in the art studio setting, it was also noted that one could not entirely escape the organisational relations of power and authority within which participants were situated. Furthermore, creative work could also reinforce or construct hierarchy if some participants were perceived as more proficient or were working with more unusual or higher status art forms/media.

Concerning communication through creative media, art was described as offering a way of broaching difficult and sometimes painful aspects of personal life history or subjective experiences in non-verbal and oblique or symbolic manners, while creative writing could provide a way of expressing these that provided a degree of personal distance and even humorous tone. Ensuing discussions could then allow for further discussion and connection to the lives of others and the wider cultural realm. Art work was also observed as sometimes constituting a political act of working towards social change, through making statements about both the immediate and wider social context - something often considered an important aspect of 'resilience' in relation to mental health (see Edwards, 2007).

(Re)shaping identities and subjectivities

Participants' account conveyed the ways in which their creative practices and products, shared with others, could help cultivate a sense of self as a creative agent (see Gauntlett, 2011). Here they described feelings of self-affirmation, pride and achievement - another key dimension of capability wellbeing (Al-Janabi et al., 2012). Practitioners and volunteers described how these developmental processes and outcomes for adult learners impacted their own subjective wellbeing, producing feelings of reward from their work. As noted above, in the targeted settings, the fostering of creative identities through participation in the creative contexts was considered to be a central recovery process. Participants described recovering or cultivating an artistic identity following experiences of mental health issues, and here social recognition through profiling art work was often considered important. However, in the art studio setting some of the women participants distanced themselves from this objective due to fear of failure and one practitioner felt that creative and therapeutic processes could be spoiled through attempts to please others.

In the targeted settings, participants described the ways in which art-making in relation with others could help reshape their subjectivities in ways that were integral to their recovery e.g. through helping to combat hyper-perfectionism and strengthen self-determination. Shared art-making was considered by practitioners to expand capabilities through providing ways of mutually exploring different states of subjecthood, for example through freeing people up in ways which could help counter internalised restrictions arising from experiences of oppression. Processes of inter-subjectivity relating to recovery also encompassed mutual encouragement and feeling encouraged from seeing the development of others, and the lifting (or depressing) of mood through social interaction and art-making with others - processes which demonstrated the relational and situated nature of recovery and how in communal settings an individual's recovery can be bound up with that of others.

More generally, the shared creative spaces and practices were found to help generate a sense of autonomy, control and enjoyment for participants, processes which again were considered important in the face of restrictions affecting participants' mental health and wellbeing, for example in the context of informal caring (see Twigg, 1994). The ACL practitioners described shared pleasure and a feeling of shared achievement with students - relational phenomena which could also be viewed as aspects of their capability wellbeing (Al Janabi et al., 2012) - and the centrality of relationships with adult learners to their work.

3. How do the goals of mutuality, wellbeing and recovery interact with educational goals and traditions in ACL and mental health participatory arts contexts?

In the contexts of both the ACL and participatory arts provision in the research, there were some concerns about the interactions between educational/creative and therapeutic aims. The need to keep an educational purpose, as opposed to a therapeutic one, was paramount for the ACL managers interviewed, while for both the arts organisations the focus was on creative/art work rather than mental health and this was considered important to their ethos. However, there were similarities between the educational processes and the therapeutic processes described in the targeted settings, e.g. in terms of agency-enhancement.

Most of the ACL practitioners did not see any problems with simultaneously attempting to meet educational and mental health and wellbeing goals, viewing these as complementary. Yet the practitioners, wider stakeholders and arts organisation members did discuss some tensions in practice over competing educational/creative and therapeutic goals, for example in relation to self-directed practice compared to direct teaching input and the desirability of 'pressure' and competition (which commonly feature in educational environments but were often considered unhelpful to mental health and wellbeing).

Responding to criticisms that a focus on the wellbeing agenda for ACL can be depoliticising because it emphasises individuals' psycho-social processes and abstracts these from wider social conditions, the political nature of 'confidence building', as well as the other identity-reshaping processes relating to recovery, was implicit in the ACL practitioners' accounts and explicitly referred to by one participant. However, when asked whether they perceived any conflicts between wellbeing and educational aims, with the former encompassing social benefits such as building friendship and solidarity, two ACL practitioners in jewellery-making described how they felt it was better to keep wellbeing aims implicit because, otherwise, there was a risk of losing sight of educational objectives and practice becoming artificially manufactured around wellbeing outcomes

which could be off-putting to adult learners. There was also a view among two practitioners that creative subjects should be viewed as of value in themselves in enriching our quality of life, regardless of instrumental outcomes. Here one argued for a clear distinction between therapeutic outcomes and the value of art in its own right, implying a potential problem with the latter becoming subsumed within a wellbeing agenda.

In terms of the processes through which the arts and creativity achieved outcomes relating to wellbeing and recovery, staff in management positions in the two targeted arts organisations described art as being about 'play'. In the service user-run organisation this was seen as distinct from 'therapy' to deal with problems. In the art studio setting, the arts were also described as a "vehicle to self-knowledge, cathartic experiences, self-expression and communication".

The ACL stakeholders tended to have a different opinion about whether creative arts play a unique or special role in mental health and wellbeing. Generally, they saw a range of motivating subjects, taught by good tutors, and with opportunities to learn without the pressures of progression and accreditation, as crucial. One manager thought funding pressures in other sectors reinforced the mistaken idea that arts in ACL are automatically beneficial in therapeutic terms. In general, stakeholders saw funding pressures and constant restructuring of the ACL sector as highly detrimental both to traditional goals for ACL and the mental health and wellbeing agenda.

Conclusions

Creative arts ACL and participatory arts initiatives can create a range of opportunities for mutuality among participants. These opportunities can also extend to practitioners and volunteers, thereby expanding capabilities across the areas of education, creativity and mental health and wellbeing for everyone involved. They can constructively challenge individualistic, divisive and hierarchical social conditions that often surround subjective experiences of mental health issues and services and diminished wellbeing. The assets, or resources, that were mutually generated within the creative initiatives which promote or protect health and wellbeing included engagement in arts and creativity, education, friendship support networks, and community participation and solidarity (see Cooke et al., 2011; Foot and Hopkins, 2012). These are also important



capabilities relating to mental health recovery, a key dimension of which is enlarging 'agency', or action in the world. Community-based creative arts initiatives can thus have sustaining as well as transforming effects for mental health (see Hammond, 2004).

The research demonstrates how relational and mutual processes within creative arts ACL and participatory arts settings can generate key dimensions of capability wellbeing – enjoyment, achievement, stability, attachment and autonomy (Al Janabi et al., 2012) – and the relevance of these capabilities across the areas of education and vocation as well as mental health and wellbeing. It also shows how community-based arts and creativity are important in terms of capabilities for leisure practices, particularly for older women and informal carers and in the contexts of mental health issues or diminished wellbeing (see also Davidson et al., 2006; Fullagar and O'Brien, 2014; Lawless et al., 2009). These findings connect to the evidence base for Mental Wellbeing Impact Assessment which shows how lifelong learning, meaningful activity and leisure activities, including arts and creativity, are among the wider determinants of mental health and wellbeing. They influence four protective factors for mental wellbeing – inclusion, participation, resilience/community assets and control. These determinants and protective factors relate to population characteristics such as age, gender, class, ethnicity, physical health and disability and the wider context of levels of equity and social justice in society (Cooke et al., 2011).

The findings illuminate the relational production of creativity and agency in the community settings and the ways in which creative practices in relation with others can work to (re)shape subjectivities and identities in subtle yet powerful ways. In this way they illustrate how the creative community initiatives were implicitly challenging power relationships, both inside and outside the settings (Belzer, 2004). They show the interactive nature of the creative participatory practices and the relational contexts of the settings, with these working together to model a social system that was generative in its effects (Gergen, 2009;

McKinney, 2012), fostering the kind of humanistic connections that promote mutual wellbeing and growth (Miller and Stiver, 1997). Indeed, they show how the sharing of creative practice and creative identities can help to 'recover' community in ways that can promote and sustain wellbeing.

The study demonstrates the applicability of the reciprocal cultural model of adult education involving the mutual generation of opportunities for learning and development (Greenhouse-Gardella et al., 2012; Miller and Stiver, 1997) to creative arts ACL and participatory arts settings and aims across the areas of education and health in these contexts. The model involves a participatory approach and may involve individual self-directed learning as well as collective approaches. It encompasses various dimensions of collaborative learning and includes reciprocal processes among and between adult learners/participants and practitioners.

However, the research also illustrates how practical, psychological and organisational factors can delimit or challenge opportunities for mutuality in creative arts ACL and participatory arts settings and how 'doing' mutuality and connection in creative social spaces can be far from straightforward. Participants may not always desire or feel able to engage in shared creative, social or educational encounters, preferring a degree of social or creative distance. Furthermore, while participating in creative practice alongside other participants can have benefits for practitioners in these settings, it presents professional and practical challenges and requires a degree of role navigation involving switching between different modes of awareness and interaction.

The study therefore suggests the need for caution in relation to expectations or prescriptions of mutuality among participants in such creative community contexts, especially in those that are targeted for mental health, both in relation to creative practice and care and support. This may be particularly the case as such expectations can play out in unevenly gendered ways, as practices of mutuality involving empathy, care, support and so on tend to be associated with female behaviours. The findings regarding the relational nature of subjective emotional states, from enjoyment and confidence through to depression, additionally highlight the fact that mutuality or communality in creative community settings does not necessarily benefit mental health and can present challenges for the wellbeing of staff in these settings. An explicit concern with mutuality in the context of the wellbeing agenda for ACL may also risk eclipsing educational objectives and disengaging (potential) adult learners whose initial motivations for attendance relate to learning rather than wellbeing.

Finally, the findings highlight again the definitional debates and problems in the area of mental health. Our findings support other literature which points to the similarities between processes that promote wellbeing and those that support recovery

in community contexts (e.g. Hammond 2004; Slade 2010). For example, social connection and contribution, enjoyment and distraction may all play a role in relation to both and be relevant for practitioners and volunteers as well as other participants. There is therefore a strong argument for a policy focus on community mental health and wellbeing which can be helpful across the spectrum of mental health and, unlike statutory mental health services, starts from a social, rather than individualised or medicalised perspective. However, for conceptual, ethical, political and practical reasons, our study demonstrated a need to maintain a distinction between 'recovery' or 'mental health needs' and wellbeing in the context of ACL and participatory arts initiatives. Concerns here include over-extended understandings of mental health needs and recovery that risk medicalising or socially pathologising individuals or groups and might, inadvertently, erode specialist, mental health targeted approaches and the need to resource them. There is also a need to recognise that there may be particular challenges associated with communality and mutuality in the context of mental health recovery. Maintaining a distinction between recovery and wellbeing may therefore help ACL and participatory arts stakeholders to decide on priorities, plan coherent provision, and agree what might count as effective approaches in a context of profound funding constraints, job uncertainties and frequent organisational and service restructurings.

Implications for policy, provision, practice and research

- Creative arts initiatives can be effective means of meeting growing calls for a shift of emphasis in mental health services provision towards social perspectives and a community development approach and of developing relationships and social support in the context of the wellbeing agenda.
- Community-based creative arts adult education and art therapy initiatives are of significant value to a 'mutual' recovery and wellbeing agenda involving shared creative practice among practitioners and participants. However, in the context of such initiatives, there are factors which may restrict the full realisation of this agenda when interpreted in terms of mutual mental health benefits for both parties, and there is a need to maintain a conceptual distinction between recovery and wellbeing.
- 'Mutuality' needs careful facilitation and negotiation and should not be expected or forced upon participants in creative arts recovery settings.
- In creative arts ACL and participatory arts initiatives, a balance between individual self-directed and collective practice/learning often works well.

- It is often better for wellbeing aims to remain implicit in ACL settings.
- Both targeted and mainstream creative arts initiatives have a role in supporting mental health and wellbeing. There is also an important place for women-centred creative arts provision which facilitates the development of peer learning and support systems.
- Creative arts community-based initiatives should recognise the resources within client groups which can support educational and mental health and wellbeing objectives. However, staff facilitation remains important.
- As the relational nature of emotional states in mental health settings can present challenges for the mental health and wellbeing of practitioners as well as other participants, mutual support among staff is essential for practitioner wellbeing.
- The importance of relationships and social support to wellbeing and recovery means that continuity and stability of provision of creative arts ACL and participatory arts initiatives is necessary for maintaining outcomes in these domains. Creative practice in community-based initiatives should be supported as an opportunity, or capability in itself and not just because it may lead to progression to other opportunities for participants or has an economic incentive in terms of people's readiness for paid work.
- It should not be assumed that involvement in the creative arts, nor mutuality, is automatically beneficial to mental health. While the creative arts may offer distinct benefits for mental health and wellbeing objectives, in ACL it is important to maintain wide curricula which offer development opportunities for everybody and widen capabilities across the areas of health and learning.
- Future research could examine in more detail how the factors that delimit or challenge opportunities for mutuality in creative arts community settings can be negotiated in practice, the role of creativity within these processes, and the benefits and 'disbenefits' of this negotiation from a variety of perspectives. In particular, it could critically examine the question of whether promoting recovery and wellbeing through mutuality in community settings requires the breaking down of traditional professional boundaries and organisational power relations and the implications of doing so for the mental health and wellbeing of people in various roles. Comparison of processes of mutuality within creative arts ACL with those in other areas of ACL would also help to further delineate the key features of adult learning settings for achieving outcomes in the areas of mental health and wellbeing and what may be distinctive about the creative arts while providing further insights into the social, psycho-social, creative and educational processes involved. A research agenda concerned with mutuality, creative practice and mental health recovery and wellbeing

also requires further exploration of the operation of wider social differences and inequalities, including those of gender, social class and ethnicity, in relation to these phenomena.

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