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Original Research

Viewing and engaging in an art therapy exhibit by people living with mental illness: implications for empathy and social change



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ARTICLE INFO

Article history:

Received 13 April 2012

Received in revised form

17 December 2012

Accepted 10 May 2013

Available online 22 July 2013

Keywords:

Art exhibits

Art therapy

Empathy

Social change

Community education

ABSTRACT

Objective: To determine how healthcare professionals, family members and community members responded to an art exhibit created by people living with mental illness.

Study design: Phenomenological study with qualitative analysis.

Methods: Forty-six participants with various relationships with people living with mental illness attended an art therapy exhibit and art making workshop. Surveys, response art, reflective writing and discussion groups were used in this qualitative research study.

Results: Responses were categorized into four cluster themes: empathic, self-oriented, other-oriented and world-oriented.

Conclusions: Each response category has strengths and weaknesses, indicating implications for increasing awareness and understanding of the artists and mental illness. They also inform educational interventions that can be utilized when using art exhibits for the purpose of confronting bias and stigma towards people living with mental illness.

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Introduction

This article describes viewers' responses to attending an art therapy exhibit created by people living with mental illness in Hong Kong. The purpose of the exhibit and associated workshop was to raise empathy and awareness as one path towards 'public education against stigmatization and marginalization' (p. 394).¹ In the work of social change, one goal is to raise awareness to alleviate suffering and challenge stigma towards those who are marginalized.^{2,3} Some strategies target behaviours and policies, but others, such as those based on non-

violent resistance, also encourage interventions that seek to change attitudes through education and empathic appeals.^{4,5}

The concept of empathy began as a philosophical idea to explain the emotional response from viewing art, later generalized to include perceptions of another person's emotional state,⁶ and recently re-inforced by the neuroscientific discovery of the mirror neuron network.⁷ Although there is some controversy over whether empathy is necessary or required to instigate social change,^{8–10} several researchers have indicated the significance of empathy in both attitudinal and behavioural change.^{11–13} In particular, emotionally

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<http://dx.doi.org/10.1016/j.puhe.2013.05.004>

oriented interventions that trigger empathy can lead to pro-social behaviour, whereas educationally focused campaigns only provide information.¹⁴ As an example, exposure to videos in both research and education settings can affect attitudes towards people living with mental illness, particularly with regards to stigma reduction.^{15–17} Photovoice¹⁸ provides a strategy for individuals to document and exhibit their lived experiences through photographs, which are then displayed for community awareness on a number of social issues, including mental illness.¹⁹

Visual art is also a vehicle for depicting personal expression and social circumstance, while being able to serve as a catalyst for social change, community development and public health.²⁰ Imagery can play a role in non-violent demonstrations,²¹ perhaps in part by allowing the artist to document lived experience for educating viewers.²² Beyond documentation, art invites reflection that can lead to transformative personal and social change.²³ One way to conceptualize how art can foster change is to consider its role as a catalyst in relationship building. Buber's²⁴ description of art as fostering and sustaining authentic relationships has been reinforced by the connection between art and empathy as demonstrated through both neuroscientific research and contemplative practice.²⁵ By depicting experiences and communicating them to a viewer, art serves as a bridge to connect an artist with a viewer. Art created in art therapy may be especially useful for the purpose of social change, as it is created with the intent of promoting self-realizations, communication and social experience.^{26–28} For people living with mental illness, art therapy exhibits provide a forum to give voice to concerns and experiences.²⁹

While social change campaigns can be emotionally engaging, viewer biases and emotional distance can reduce empathy, thereby negatively impacting assistive behaviours.³⁰ One way to counter this effect is through intentionally structuring environments by offering strategies to sustain awareness in order to sustain empathy.³¹ In the context of art exhibits, art viewers can be redirected from aesthetic critique to emotional connection.³² Moon³³ described 'relational aesthetics' as a way to encourage art viewers to search for personal connections to art and artist with implications for increased awareness of oneself, the artist and the world. Relational inquiries and practices may include specific lines of questioning, written and verbal reflections, as well as art created based on the viewer's emotional reaction. Often referred to as 'response art,' such art making provides opportunities for empathy and understanding.^{25,34,35} Combining these ideas, 'guided relational viewing' offers viewers a series of tools in the form of questions, art making and discussion to help facilitate their exhibit experience by sustaining emotional involvement.³⁶ Although this technique strives to induce empathy, it is non-coercive thus allowing for a range of responses with the hope that viewers will shift their attitudes regarding stigma and be motivated to reconsider their actions.

Methods

By incorporating ideas on viewing and creating art to elicit empathy for the purpose of social change, this study was

designed to understand the responses of viewers at an art therapy exhibit created by people living with mental illness. Ethical approval was obtained prior to commencing the study.

Design

This qualitative study was initiated between March and June 2009 to determine how viewers at an art therapy exhibit responded to art made by people living with mental illness. The site of the research was a private showing of 15 framed drawings and paintings displayed on the walls of a multi-purpose room of a psychiatric facility. It represented the accumulated work of 13 client-artists living with mental illness based on the theme 'Something I want to share about my life with someone else'. The images included depictions of loneliness, symptoms, hopes and coping strategies. Artists worked with a qualified art therapist, wrote textual descriptions to accompany each piece, and signed releases for the exhibition of their art.

Participants

To ensure a range of viewing participants, purposive sampling was used to identify individuals with different types of relationships with people living with mental illness. After identifying personal and professional relationship statuses, convenience sampling and snowballing were used to invite employees, acquaintances of employees, and relatives of clients associated with a local psychiatric facility to view the exhibit and participate in the guided relational viewing experience. None of the participants were directly related to or worked with the artists represented in the exhibit. None of the participants had been diagnosed with mental illness.

Procedures

Groups of 10–12 participants attended a 2.5–3-h workshop at the site of the exhibit. They were invited to a particular session depending on their relationships with people living with mental illness in order to allow the workshop to function as professional development (mental health workers and para-professional workers), community education (general members of the community) or a support group (relatives of people living with mental illness). Despite the different framing of the workshops, the procedures in each were identical. While the primary form of data collection was qualitative in nature, there were also limited forms of quantitative data.

Given that the participants were Hong Kong Chinese, the workshop was conducted in Cantonese, with a skilled English–Cantonese interpreter available to assist the primary researcher. Each workshop began with an introduction to the research and informed consent. Participants completed a four-item pre-evaluation on their attitudes and behaviours towards people living with mental illness (e.g. 'I am comfortable having a person living with mental illness in my neighbourhood'), a demographic form, and the Chinese version of the Interpersonal Reactivity Index (C-IRI) to assess trait empathy.³⁷ Participants were invited to enter the exhibit and view every piece of art and associated description at their own

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