How Can We Use Art to Heal Minoritized Communities? An Exploration into Community Mental Health and Art Therapy

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Abstract

There is an ongoing mental health pandemic with a record number of adverse mental health statistics worldwide. During such times, it is important to consider mental health as a product of structural systems rather than simply an individual construct. For example, the economics and policies of a federal government will have ripple effects on communities that are directly impacted by these legislative decisions. The current paper is an attempt to review the state of community psychology in India, and examine the mental health struggles as they exist today in communities. Subsequently, the paper reviews the role of art and art-based practices that can be utilized to harness the power of art to heal community spaces. Overall, the current paper is an attempt to bridge art and community psychology with a specific focus on marginalized individuals in India.

Keywords: Art-Based Practices, Community Psychology, Marginalized Individuals

Introduction

How Can We Use Art to Heal Minoritized Communities?

Since its official inception in 1965 (Bennett et al., 1966), community psychology has been guided by the dual objective of situating people in context and attempting to alter those aspects of the community that preclude the possibility for local citizens to control their own lives and improve their community. Therefore, an ecological perspective directing attention to individuals' social, cultural, and psychological context and well-being is central to community psychology. One of the key aspects of well-being involves mental health. Mental health and subjective well-being are being increasingly viewed as structural constructs instead of as

products of individual creation (e.g., McAllister et al., 2018). Structural determinants of a society affect the distribution of resources which in turn have the potential to influence mental health inequalities in communities. Prior research demonstrates that welfare state arrangements and social and economic policies influence the distribution of health between social groups (e.g., Borrell et al., 2013; Beckfield & Krieger, 2009). Research also demonstrates that race/ethnic, gender, and sexual minorities often suffer from poor mental health outcomes due to multiple intertwined factors, including inaccessibility of quality mental health services, cultural stigma surrounding mental health, discrimination, and overall lack of awareness about mental health. In this way, mental health and communities have a strong bidirectional relationship, and community psychology offers a lens to examine the social determinants of mental health in community settings. The current paper will use the principles of community psychology to review and discuss community mental health in the context of India (as a representative of the global south, historically unrepresented in the common literature). In doing so, the current paper will also review the role of art in supporting and promoting community mental health. Together, the paper will review the nature and scope of capitalizing on art as a way to facilitate the master narrative around community mental health in India.

Defining community mental health care

Thornicroft et al. (2016) have provided an all-encompassing definition of community mental health care. According to their definition, community mental health care involves: a) a population approach, b) viewing patients in a socioeconomic context, c) individual as well as population-based prevention, d) a systematic view of service provision, e) open access to services, f) team-based services, g) a long-term longitudinal life-course perspective, and h) cost-effectiveness in population terms. Community mental health care also entails a commitment to social justice by addressing the needs of historically underserved populations. Secondly, community mental health focuses not only on peoples' pathologies and deficits but also on their unique strengths, resilience, capacities, and aspirations. Thus, community mental health care aims to enhance positive developmental outcomes for individuals' through not just a reduction of environmental adversities but also by promoting the preexisting strength of families, social networks, communities, and organizations that surround people. Overall, community mental health care involves an integrated approach to health and building resilience which, as Thornicroft et al. (2016) point out, are likely to meet with strong obstacles, especially in low and middle-income economies.

A few challenges and obstacles to providing holistic mental health care to communities are-

Society- High stigmatization of mental health; human rights violation of people with mental illnesses; violence and otherization based on religious, and gender identification

Government- Low priority relegated to community mental health, absence of or inappropriate mental health policies, criminalization of gender and sexual minorities, inadequate human resources to deliver mental health care

Organization of healthcare system- Lack of feasible mental health programs, absence of relatable language, poor utilization of preexisting mental health facilities, lack of efficient leadership, low staff morale, underpaid professionals, failure to address disparities (e.g., by religious, caste, economic groups)

Given that mental health has recently been accorded a high-priority status by the United Nations within the Sustainable Development Goals (SDGs), the development of global mental health can only progress by embedding and prioritizing mental health initiatives in developing economies. Thornicroft et al. (2016) propose that developments to mental health can only be enhanced by

a. Increasing mental health care delivery

b. Strengthening healthcare systems by providing integrated healthcare

c. Investing in means to deliver population-level and community-level interventions

d. Embedding evidence-based measures into SDG-related activities in a global scale

Role of art in promoting mental health

Throughout history, creative forces like art and music have been used as tools of healing. In many healthcare and medical facilities, credentialed music and art therapists work collaboratively with other professionals and contribute to a healing environment within the facility (Lipe et al., 2012). The effectiveness of using art as an intervention on symptoms associated with mental illness is well documented in the literature. A meta-analysis by Silverman (2003) revealed that music therapy was effective in helping clients successfully manage symptoms of schizophrenia and psychosis. Chambala (2008) conducted eight weekly art therapy sessions, which encouraged individuals in an inpatient psychiatric unit to create images that expressed their anxiety and the coping strategies used to counteract it. Chambala (2008) found that the opportunity for individuals to display their artwork upon completion publicly contributed to a sense of empowerment and to the cultivation of a new identity as "artists" within the community. Along similar lines, Secker et al. (2009) conducted baseline and six-month follow-up surveys of 62 individuals participating in a variety of arts

programs throughout England. Results of this study demonstrated that participants' perceptions of the benefits of the arts experiences were a strong predictor of improvement in their feelings of empowerment scores. A comprehensive survey by Hacking et al. (2008) evaluated the perceived effects of arts participation on risk, emotional disturbance, and social inclusion, as well as on empowerment. Results indicated that scores on overall mental health and social inclusion significantly improved from baseline to six-month follow-up, and participants' perceptions of the positive impact of their arts experiences significantly predicted these improvements. Heenan (2006) conducted an interview-based study with participants in a series of art classes offered through a community-based mental health organization in Northern Ireland. Analyses revealed that participants believed that the art classes had improved their self-esteem and provided a safe space to relax and express themselves. In sum, the literature robustly documents the positive impact of art on mental health- both at the individual and community levels. However, most of the studies are conducted in western countries. In that way, much of what we end up knowing about art and its place in the community is in the context of the global north, thereby excluding the experiences of populations in the global south. Hence, there remains a gap in the literature in understanding the mechanisms to use art in community-based settings in the global south-what does the praxis look like, what is its effectiveness, and so on and so forth. Unless we start documenting the experiences of populations from all over the world, psychological understanding of phenomena will remain limited to primarily western samples.

Community mental health in India

India offers a unique perspective on community-based outcomes by virtue of its diversity, multiculturalism, and multilingualism. Examination of the psychological correlates of community mental health in India has the potential to further the global discourse on SDGs and treatment equity. At the same time, mental health is a highly stigmatized topic in India, thereby providing many roadblocks to the advancement of the global discourse on mental health and its community-based accessibility. Such accessibility-based roadblocks also perpetuate readiness to seek help, thereby resulting in a vicious cycle of lack of absence of resources leading to a lack of awareness that further leads to impediments in seeking help (Shidhaye & Kermode, 2013). Shidhaye and Kermode (2013) recognize three primary manifestations of stigma in conjunction with mental health- lack of knowledge that propels ignorance and misinformation, negative and prejudicial attitudes, and discriminatory behavior. This discrimination results in increased social isolation of people with mental health concerns and also dangerously amounts to self-stigma, which is the

internalization of negative attitudes towards oneself. In addition to these negative effects of mental health in India, another major area of concern is the stigma that is perpetuated by service providers have the potential to affect prognosis (Thornicroft, 2008) negatively. The domain of mental health in India is marked by a paucity of mental health service providers who are culturally competent and sensitive to the role of structural issues on mental disorders (Madan & Pershad, 2021).

How structural problems in India contribute to the mental health crisis

Structural problems become personal when they become indirect sources of mental health disruptions in everyday life. Socially relevant macrosystemic issues like racism in the United States and casteism in India percolate the social fabric to affect the lives of individuals in a microsystemic way. For example, Rajaratnam and Ahmad (2022) conducted a qualitative interview of thirty Dalit (marginalized caste) adolescent girls and found that perceptions of violations of dignity originated from caste- and gender-based discrimination in everyday life, poverty, and having their opinions disregarded.

In India, access to reproductive care is one strong structural-level impediment that affects individual mental health. Namasivayam et al. (2022) found strong correlations between various dimensions of gender inequity and access to reproductive care services. In India, economic status, gender, and social status are closely interrelated in influencing access to maternal and reproductive care (Sanneving et al., 2013). Moreover, the impacts of climate change on women's reproductive health, including increased exposure to heat, poor air quality, extreme weather events, altered vector-borne disease transmission, etc., place Indian women in extremely vulnerable positions with respect to the rapid environmental changes (Sorensen et al., 2018). Given that reproductive justice and reproductive care (the access of or lack thereof) fundamentally affect the way women experience stress, it is important to factor in issues related to reproductive health in the discourse on community mental health.

In addition to reproductive care issues that are compounded by classism and casteism, gender-based disparities in education is also highly prevalent. Gender inequality in educational access exists in socially constructed, predefined gender roles that have spillover effects not just in education but also in the organizational workforce, social, and political contexts (Friedrich et al., 2019). Age and gender influence intentions to seek professional psychological health. Although studies in the past typically demonstrate that women exhibit more favorable intentions to seek help (e.g., Mackenzie et al., 2007), such studies have

exclusively recruited participants from educated samples, thereby creating a knowledge gap in understanding women's help-seeking behaviors when they are differentially educated than their male counterparts.

The aforementioned factors are two of many that are directly embedded in the system of structural oppression and community mental health, and true progress can only be made if they are recognized as such.

Art as a medium of support

One potential way to address these barriers to community mental health in India is through mediating mechanims like the creative arts. While creative-arts based practices exist as individual-level solution-focused outlets, their potential to uplift community mental health is not vastly explored in the literature. Especially in a collectivistic society like India, where communities place a huge role as a factor affecting mental health, there is a gap in understanding how communities can be made more sensitive to mental health using creative-arts-based paradigms. Ng and Chauhan et al. (2014) have recognized that there is no one prescribed way or a unitary model to approach community-level intervention work. Instead, locally appropriate models that work in close alliance with local communities are the desirable tools for approaching community mental health in Indian society. Ng and Chauhan et al. (2014) further note that just relying on increasing mental health hospitals or specialist workforces, though crucial to a certain extent, is neither sustainable nor sufficient. Therefore, building partnerships with the local communities and partners like families or local support systems is not only essential for a comprehensive community mental health system but has important ramifications for people seeking help. The development of these partnerships is rooted in mutual trust, respect, good communication, accountability, and collaborative work by government bodies and local task forces.

Art, as a medium of therapy, has been employed in the treatment of trauma survivors in communities where traditional talk therapy is not a preferred mode of communication (e.g., Baker et al., 2018). Garlock (2016) has reported that using art in creative ways like weaving has provided communities, especially trauma survivor communities with connections and opportunities to create, process, and cope with their life traumas in a community setting. Kalmonowitz and Ho (2016) have found that the combined implementation of art and mindfulness with political asylum seekers helped address different aspects of the individual experience, and social context, through engagement in processing. Pushing the envelope further from community mental health to promoting inter-group peace, art has been a successful medium of community work with youths from conflict groups (e.g., Boaz & Bat-Or, 2022).

Integrating art and community psychology

Hocoy (2005) noted that art and social action become interconnected enterprises with one ultimate goal- just and peaceful communities derived from individual and collective wholeness. Creative-arts-based therapeutic practices can be utilized as tools to improve community mental health because of their sociocultural relevance in local and indigenous communities. Cultural expression in indigenous communities is through modes other than direct verbal language- arts and culture are a focal part of local communities in India. In this light, therapeutic mediums like dance and music that explain the various facets and correlates of mental health through culturally understandable ways have a vast potential to unlock the ways local and indigenous communities make meaning of mental health.

Research by Makin and Gask (2011) has demonstrated that for individuals who have experienced persistent or relapsing mental health problems, participation in an arts-based program "added value" above and beyond talking therapies. The Review of Arts and Health Working Group (2006) had concluded that "Arts and health are and should be firmly recognized as being integral to health, healthcare provisions, and healthcare environments" (p. 16). Although this is an admirable recognition of the crucial potential of art, the aforementioned remark does not acknowledge the role of art in communities. In this light, the current paper is an attempt to highlight the crises of mental health in India through a systemic lens and to potentially mitigate this crisis by harnessing the power of the creative arts in community-based programs. In doing so, the paper is an urgent clarion call for localized, community-based action to promote the well-being of historically and politically marginalized populations.

Conclusion

The current paper summarizes the potential of art and arts-based practices to promote integrative and positive mental health outcomes in community settings. In doing so, the current paper serves as a clarion call for employing a systemic lens to study mental health issues in the community. The current paper also discusses the plight of community mental health in India and the potential steps that can be implemented by policymakers when conceptualizing positive mental health outcomes for children and youth in community settings.

References

Abdulmalik, J., & Thornicroft, G. (2016). Community mental health: a brief, global perspective. *Neurology, Psychiatry and Brain Research*, *22*(2), 101-104. https://doi.org/10.1016/j.npbr.2015.12.065

Baker, F. A., Metcalf, O., Varker, T., & O'Donnell, M. (2018). A systematic review of the efficacy of creative arts therapies in the treatment of adults with PTSD. *Psychological Trauma: Theory, Research, Practice, and Policy*, *10*(6), 643. https://doi.org/10.1037/tra0000353

Beckfield, J., & Krieger, N. (2009). Epi+ demos+ cracy: linking political systems and priorities to the magnitude of health inequities—evidence, gaps, and a research agenda. *Epidemiologic reviews*, *31*(1), 152-177. https://doi.org/10.1093/epirev/mxp002

Bennett, C. C. (1966). Community psychology: A report of the Boston Conference on the Education of Psychologists for Community Mental Health.

Boaz, S., & Bat-Or, M. (2022). Jewish and Arab youth create murals in public space: Community-based art therapy exploratory research. *Peace and Conflict: Journal of Peace Psychology, 28*(4), 470–479. https://doi.org/10.1037/pac0000620

Borell, K., & Gerdner, A. (2013). Cooperation or isolation? Muslim congregations in a Scandinavian welfare state: A nationally representative survey from Sweden. *Review of religious research*, *55*, 557-571. https://doi.org/10.1007/s13644-013-0108-3

Cayton, H. (2007). *Report of the review of arts and health working group*. London: Department of Health for England.

Chambala, A. (2008). Anxiety and art therapy: Treatment in the public eye. *Art Therapy*, *25*(4), 187-189. https://doi.org/10.1080/07421656.2008.10129540

Garlock, L. R. (2016). Stories in the cloth: Art therapy and narrative textiles. *Art Therapy*, *33*(2), 58-66. https://doi.org/10.1080/07421656.2016.1164004

Hacking, S., Secker, J., Spandler, H., Kent, L., & Shenton, J. (2008). Evaluating the impact of participatory art projects for people with mental health needs. *Health & social care in the community*, *16*(6), 638-648. https://doi.org/10.1111/j.1365-2524.2008.00789.x

Heenan, D. (2006). Art as therapy: an effective way of promoting positive mental health?. *Disability & Society*, *21*(2), 179-191. https://doi.org/10.1080/09687590500498143

Hocoy, D. (2005). Art therapy and social action: A transpersonal framework. *Art Therapy*, *22*(1), 7-16. https://doi.org/10.1080/07421656.2005.10129466

Kalmanowitz, D., & Ho, R. T. (2016). Out of our mind. Art therapy and mindfulness with refugees, political violence and trauma. *The arts in psychotherapy*, *49*, 57-65. https://doi.org/10.1016/j.aip.2016.05.012

Lipe, A. W., Ward, K. C., Watson, A. T., Manley, K., Keen, R., Kelly, J., & Clemmer, J. (2012). The effects of an arts intervention program in a community mental health setting: A collaborative approach. *The Arts in Psychotherapy*, *39*(1), 25-30. https://doi.org/10.1016/j.aip.2011.11.002

Mackenzie, C. S., Gekoski, W. L., & Knox, V. J. (2006). Age, gender, and the underutilization of mental health services: The influence of help-seeking attitudes. *Aging and mental health*, *10*(6), 574-582. https://doi.org/10.1080/13607860600641200

Madan, A., & Pershad, D. (2021). Development, Opportunities, and Challenges in the Field of Clinical (Applied) Psychology in India. *IAHRW International Journal of Social Sciences Review*, *9*(4), 288-291.

Makin, S., & Gask, L. (2012). 'Getting back to normal': the added value of an art-based programme in promoting 'recovery' for common but chronic mental health problems. *Chronic illness*, *8*(1), 64-75.

McAllister, A., Fritzell, S., Almroth, M., Harber-Aschan, L., Larsson, S., & Burström, B. (2018). How do macro-level structural determinants affect inequalities in mental health?–a systematic review of the literature. *International Journal for Equity in Health*, *17*(1), 1-14. https://doi.org/10.1186/s12939-018-0879-9

Namasivayam, A., Schluter, P. J., Namutamba, S., & Lovell, S. (2022). Understanding the contextual and cultural influences on women's modern contraceptive use in East Uganda: A qualitative study. *PLOS Global Public Health*, *2*(8), e0000545. https://doi.org/10.1371/journal.pgph.0000545

Ng, C., Chauhan, A. P., Chavan, B. S., Ramasubramanian, C., Singh, A. R., Sagar, R., ... & Isaac, M. (2014). Integrating mental health into public health: The community mental health development project in India. *Indian Journal of Psychiatry, 56*(3), 215. 10.4103/0019-5545.140615

Rajaratnam, R. S., & Ahmad, M. M. (2022). Violation of human dignity: a case study of Dalit adolescent girls in Nepal. *Development in Practice*, 1-11. https://doi.org/10.1080/09614524.2022.2158175

Sanneving, L., Trygg, N., Saxena, D., Mavalankar, D., & Thomsen, S. (2013). Inequity in India: the case of maternal and reproductive health. *Global health action, 6*(1), 19145. https://doi.org/10.3402/gha.v6i0.19145

Secker, J., Spandler, H., Hacking, S., Kent, L., & Shenton, J. (2007). Empowerment and arts participation for people with mental health needs. *Journal of Public Mental Health*.

Shidhaye, R., & Kermode, M. (2013). Stigma and discrimination as a barrier to mental health service utilization in India. *International health*, *5*(1), 6-8. https://doi.org/10.1093/inthealth/ihs011

Silverman, M. J. (2003). The influence of music on the symptoms of psychosis: a meta-analysis. *Journal of music therapy*, *40*(1), 27-40. https://doi.org/10.1093/jmt/40.1.27

Sørensen, K. (2018). Health Literacy: A Key Attribute for Urban Settings. *Optimizing Health Literacy for Improved Clinical Practices*, 1-16.