

Arts, Culture, and Community Mental Health

Jamie Hand
ArtPlace America

Tasha Golden
University of Louisville School of Public Health and Information Sciences

“But the conquest of the physical world is not man’s only duty. He is also enjoined to conquer the great wilderness of himself. The precise role of the artist, then, is to illuminate that darkness, blaze roads through that vast forest, so that we will not, in all our doing, lose sight of its purpose, which is, after all, to make the world a more human dwelling place.”—James Baldwin

ArtPlace America (ArtPlace) is a 10-year consortium of a number of foundations, federal agencies, and financial institutions that works to position arts and culture as a core sector of comprehensive community planning and development. We do this work to help strengthen the social, physical, and economic fabric of communities. Since 2011, ArtPlace has had the honor to provide grant support to projects in communities of all sizes and contexts across the country, many of which show the ways that arts and culture can contribute to community health—whether by centering cultural identity in development projects, reducing stigma associated with addiction or mental illness, or bringing communities together around otherwise isolating or traumatic experiences and issues.

ArtPlace largely focuses its efforts around “creative placemaking,” which describes projects in which art plays an intentional and integrated role in place-based community planning and development. This brings artists, arts organizations, and artistic activity into the suite of placemaking strategies pioneered by Jane Jacobs and her colleagues, who believed that community development must be locally informed, human-centric, and holistic.¹ In practice, this means representing arts and culture alongside sectors like housing, transportation, public safety, and others—with each sector recognized as part of any healthy community; as requiring planning and investment from its community; and as having a responsibility to contribute to its community’s overall future.

Since 2015, ArtPlace has worked with independent researchers to investigate the intersection of arts and culture with various subfields of community development. In 2017, ArtPlace commissioned Tasha Golden, PhD candidate at the University of Louisville School of Public Health and Information Sciences, to conduct research at the intersection of the arts and public health. The goal of this research was to better understand and articulate how arts and culture can help provide solutions to public health challenges that communities—particularly low-income, immigrant, rural, indigenous, and communities of color—are facing across the United States.

Based on an analysis of dozens of projects, a literature review, and input from both arts

1 Jacobs, J., *The Death and Life of Great American Cities* (New York: Vintage Books, 1961).

and public health-sector leaders, Golden identified several domains where arts and cultural strategies are helping drive change in community health outcomes, or to the systems in which public health practitioners operate. Among these domains, what quickly stood out was the impact of creative placemaking on mental health—including stigma; trauma; community-level stress, depression, and substance use disorders; and cultural identity. Here we have taken these four categories as a frame, describing their relevance to public health and providing examples of initiatives that address them. Our findings suggest that infusing community development with creativity and collaboration stimulates the potential for unique mental health benefits that warrant continued investment and exploration.

Arts and Culture Can Reduce Stigma: One of the Fundamental Barriers to Mental Health

“When a vast, stifling denial in the public realm is felt by every individual yet there is no language, no depiction, of what is being denied, it becomes for each his or her own anxious predicament, a daily struggle to act ‘as if’ everything were normal.”—Adrienne Rich

Stigma² is a priority issue in public health and health promotion, because it creates powerful obstacles to health care access and to protective factors, such as education and social connection.³ For example, when a condition or experience is not “talk-about-able,” prevention and treatment information can become difficult or impossible to circulate.⁴ Stigma can also lead individuals to conceal conditions or experiences by avoiding treatment and isolating themselves—which generates additional significant health consequences.⁵ And because stigma silences many issues and groups, it limits public health’s understanding of a given community and its health. When inadequate knowledge influences local service, resource, and funding decisions, the result may be the perpetuation of health challenges and inequities.

2 Stigma is understood in public health as “the co-occurrence of labeling, stereotyping, separation, status loss, and discrimination in a context in which power is exercised” (Hatzenbuehler, M. L., J. C. Phelan, & B. G. Link, “Stigma as a Fundamental Cause of Population Health Inequalities,” *American Journal of Public Health* 103 (5) (2013): 813–21). It has also been described as “devaluing a person or group of people based on the way society views a particular attribute or characteristic” (National Alliance of State & Territorial AIDS Directors, “Addressing Stigma: A Blueprint for Improving HIV/STD Prevention and Care Outcomes for Black & Latino Gay Men” (Washington, DC: NASTAD, 2014)).

3 Stigma “thwarts, undermines, or exacerbates several processes (i.e., availability of resources, social relationships, psychological and behavioral responses, stress) that...lead to adverse health outcomes” (Hatzenbuehler, Phelan, & Link, 2013, p. 814).

4 For example, in the United States, access to comprehensive sex education has frequently been stymied by stigma related to sex and sexuality.

5 The dangers of social isolation itself have been compared to those of smoking and obesity (Cornwell, E. Y., & L. J. Waite, “Social Disconnectedness, Perceived Isolation, and Health among Older Adults,” *Journal of Health and Social Behavior* 50 (1) (2009): 31–48). Among older adults, “social isolation and loneliness are associated with increased mortality” and “linked to...dementia, increased risk for hospital readmission and increased risk of falls” (Seegert, L., “Social Isolation, Loneliness Negatively Affect Health for Seniors” (2017)). Notably, social isolation related to stigma has been found to particularly affect individuals in lower socioeconomic situations (Rüsch, N., M. C. Angermeyer, & P. W. Corrigan, “Mental Illness Stigma: Concepts, Consequences, and Initiatives to Reduce Stigma,” *European Psychiatry* 20 (8) (2005): 529–39).

Fortunately, arts and culture have a long history of cultivating spaces for the portrayal and discussion of challenging and stigmatized aspects of life experience. Artists, installations, and performances often take communicative risks that model or stimulate expression, action, and new norms. This can shift participants' and viewers' sense of being alone, or of being unable to articulate or share their experience.⁶ This effect is evident in the 100 Stone Project in Alaska: a statewide initiative designed to raise suicide awareness. Founding artist Sarah Davies connected with 100 of the state's "most vulnerable community members," inviting them to depict their "stories of illness, trauma, grief, disability, difficult transitions, and struggle" in physical form—perhaps kneeling, reaching, arms outstretched or tight around them—while artists cast them in plaster.⁷ This approach allowed residents to share their felt experience without words, which can often feel out of reach; it also generated visible representations of pain that is often unspoken and invisible.

After masks and burlap "clothing" were added, the figural sculptures were installed on the beach of Point Woronzof in Anchorage, AK—many seeming to walk or disappear into the icy waters. These haunting, personal images illustrate the potential dire consequences of physical and emotional vulnerabilities, particularly among isolated or marginalized communities. In addition to declaring the need for awareness and action, the deeply collaborative nature of 100 Stone—which involved 30 communities and over 600 volunteers, artists, and allies—also cultivated community, creativity, and resilience.

The Porch Light Initiative in Philadelphia has brought stigmatized issues into the open in communities facing mental health risks due to "neighborhood disorder and decay"⁸ and other place-based risk factors. In a collaboration between Philadelphia Mural Arts and the city's Department of Behavioral Health and Intellectual disAbility Services, community members work with artists on public murals that depict experiences with mental illness. A 2015 Yale University study found that the initiative had not only successfully reduced mental health stigma among residents, but it also increased social cohesion and trust, and decreased the rate at which participants used secrecy to avoid stigmatization.⁹

6 A 2005 study revealed that "the most promising avenue" for reducing stigma was "contact combined with education" (Rüsch, Angermeyer, & Corrigan, 2005, p. 536). Because arts and culture activities and events "bring people together with a sense of purpose in a common creative endeavour" (Clift, S., "Creative Arts as a Public Health Resource: Moving from Practice-Based Research to Evidence-Based Practice," *Perspectives in Public Health* 132 (3) (2012): 120–27), they have significant potential to provide this very contact and education.

7 100 Stone, "Our Story – 100 Stone" (2018).

8 In a Yale study, Tebes et al. (2015) note that "[t]here is now clear evidence that neighborhood disorder and decay (e.g., graffiti, abandoned cars and buildings, trash, dilapidated housing, public drunkenness, street fights, etc.) increase residents' risk for psychological distress, depression, substance abuse, post-traumatic stress disorder, and a sense of powerlessness...Such neighborhoods often have higher rates of poverty, unemployment, violence, and crime...which may stigmatize the neighborhood itself...and adversely impact even the most resilient person or family" (Tebes, J. K., et al., "Porch Light Program" (Philadelphia, PA: Mural Arts Philadelphia, 2015).

9 Tebes et al., 2015.

Arts and Culture Can Help Address Trauma

“I have come to believe over and over again that what is most important to me must be spoken, made verbal and shared...” —Audre Lorde

“There is no greater agony than bearing an untold story inside you.”—Maya Angelou

In addition to emphasizing stigma reduction, the public health sector is working to better understand trauma and adverse experiences—which have a staggering impact on both individuals and communities.¹⁰ Not only have over 70 percent of individuals experienced at least one type of trauma,¹¹ but communities can also experience trauma as a whole—resulting from conflict, natural disasters, systemic oppression, the destruction of cultural practices, or “emotional and psychological wounds...carried across generations.”¹² Adding complexity to trauma research, adverse childhood experiences (ACEs)—poverty, sexual abuse, witnessing or experiencing violence, parental separation, parental incarceration, et cetera—have been called “the nation’s most basic public health problem”¹³ due both to their ubiquity and their strong links to significant health concerns, such as heart disease, obesity, and substance use disorders.

Clearly, addressing trauma and ACEs at the community level will require innovative, multisector responses; many approaches to date have been initiated and enhanced through arts and culture. For example, the Breathing Lights project focuses on the combined community traumas of disinvestment and disrepair.¹⁴ Artists illuminated the windows of hundreds of vacant buildings in Albany, Schenectady, and Troy, NY, with warm, gently pulsing light—mimicking human breathing. The idea was to infuse warmth and life into buildings that otherwise represented hopelessness, and to re-present them as livable spaces. These installations then amplified other aspects of the initiative, including “Building Reclamation Clinics” (to teach residents how to acquire vacant homes), policy roundtables (to address urban

10 SAMHSA has defined trauma as resulting “from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being (Substance Abuse and Mental Health Services Administration, “SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach” HHS Publication (July 2014): 27). They further note that “communities as a whole can...experience trauma” (p. 17).

11 See Magruder, K. M., K. A. McLaughlin, & D. L. Elmore Borbon, “Trauma Is a Public Health Issue,” *European Journal of Psychotraumatology* 8 (1) (2017). Trauma types identified by this study included interpersonal violence, accidents, collective violence, etc.

12 UMN, 2018. This understanding helps illuminate the persistence of health disparities that exist according to race/ethnicity, geographic location, religion, sexuality, gender identity, and more.

13 Emphasis in original; Anda, R. F., & V. J. Felitti, “Adverse Childhood Experiences and Their Relationship to Adult Well-Being and Disease: Turning Gold into Lead” (2012).

14 Pinderhughes, H., R. A. Davis, & M. Williams, “Adverse Community Experiences and Resilience” (Oakland, CA: Prevention Institute, 2015). The authors identified crumbling infrastructure, dilapidated buildings, and displacement as symptoms of community trauma. In addition to presenting their own health risks (lack of safe housing, increased toxins, lack of space for physical activity), these built-environment factors produce ongoing mental health risks, in part because they communicate neglect, lack of safety, lack of investment, and hopelessness.

blight), and a multi-city learning exchange. Since Breathing Lights' beginning in 2016, 18 percent of the installation-homes have been sold, local land banks have reported increased interest in buying or renovating buildings, and more regional leaders have committed to addressing neglect and disinvestment.

The One Poem at a Time project in the Smoketown neighborhood of Louisville, KY, addressed community trauma by challenging the negative messages and images presented to residents in daily life. Developed in 2017 by poet Hannah Drake of the Louisville-based arts agency IDEAS xLab, the initiative replaced dozens of negative and predatory advertisements on local billboards with positive photographs of Smoketown residents, combined with empowered, six-word poems written by community members. Residents then used the public nature of this initiative, and the civic engagement it generated, to advocate for policies preventing future predatory advertising in Smoketown.

Lastly, Broadway Housing Communities in upper Manhattan tackles trauma and ACEs on multiple levels through the incorporation of the arts into their developments. Their recent project in Sugar Hill offers affordable housing in a striking, mixed-use building designed by world-renowned architect David Adjaye; it brings to residents the health benefits of pleasing aesthetics and shifts the social imagination regarding supportive housing for low-income and formerly homeless residents.¹⁵ The project also hosts the Sugar Hill Children's Museum of Art & Storytelling on the ground floor, designed to provide a stimulating space for families to share in cultural programming and to meet the educational needs of the community's youngest children. The museum's emphasis on storytelling may help reduce trauma symptoms by supporting participants in the narration and reorganization of their experiences: a process linked to increased self-efficacy, self-esteem, and health benefits ranging from improved immune function to better grades.¹⁶ In addition, the museum's contributions to family connection, personal expression, and exploration nurture protective factors that can reduce ACEs and their impacts.

Arts and Culture Can Help Address Specific Community Mental Health Concerns

In addition to trauma, the public health sector is responding to pervasive mental health concerns, such as stress, depression, and substance use disorders. Each year, Americans report feeling more stressed, primarily from chronic sources, such as money, work, family responsi-

15 The project includes 124 apartments, ranging from studio to three-bedrooms; all of these have been leased to low-, very low- and extremely low-income families and single adults; 25 of these households came from the NYC homeless shelter system (Broadway Housing Communities (BHC), "Sugar Hill Project" (2017)).

16 For an introduction to the value of narrative and storytelling in addressing health and trauma, see Frattaroli, J., "Experimental Disclosure and Its Moderators: A Meta-Analysis," *Psychological Bulletin* 132 (6) (2006): 823-65; Goodson, I., & S. Gill, *Critical Narrative as Pedagogy* (London: Bloomsbury, 2014); Pennebaker, J. W., "Telling Stories: The Health Benefits of Narrative," *Literature and Medicine* 19 (1) (2000): 3-18.; and Menzer, M., "The Arts in Early Childhood: Social and Emotional Benefits of Arts Participation" (Washington, DC: National Endowment for the Arts, 2015), among many others.

bilities, health concerns, and the economy.¹⁷ And although chronic stress is quite common, it is also dangerous—increasing the risk of health problems, ranging from heart disease and chronic pain to severe anxiety and depression. Meanwhile, depression was declared the leading cause of disability worldwide¹⁸—resulting, at its worst, in suicide, which is currently the “second leading cause of death in 15-29-year-olds.”¹⁹ Finally, addiction and substance use disorders present significant public health concerns due to their costs, multiple long-term effects, and increasing prevalence.²⁰ Risk factors for stress, depression, and substance use disorders include poverty, community violence, and lack of health care access—indicating the extent to which these issues are affected by place. An increasing public recognition of the importance of mental health in community well-being has led to calls for improved education, dialogue, and access to therapeutic options, which many creative placemaking projects have provided.

For example, Urban Voices on Skid Row in Los Angeles is a choral project designed for “individuals disenfranchised by homelessness, mental health issues, and unemployment.”²¹ Although its public performances challenge stigma related to homelessness, the project’s primary goal is to provide the direct mental and physical benefits that are linked to choral singing—including reduced stress and muscle tension, improved mood, and positive social connection.²² Similarly, the program organizer for the Mural Arts Project in New York took an explicit arts therapy view. Her goal was not only to reduce social isolation resulting from depression and stigma, but to benefit participants immediately through the healing process of artmaking itself.²³

Finally, the Appalachian Artisan Center has launched its Culture of Recovery project in Knott County, KY, which currently ranks fifth nationwide for opioid hospitalizations. A collaboration with the nearby Hickory Hill Recovery Center, Knott County Drug Court, and Eastern Kentucky Certified Employment Program, the project uses arts engagement as a holistic approach to recovery—with activities including painting, journal-making, song-writing, luthiery, ceramics, and blacksmithing. The initiative was rooted in “evidence that

17 Note that the burden of stress can accumulate across one’s lifetime and across generations (Yehuda, R., et al., “Influences of Maternal and Paternal PTSD on Epigenetic Regulation of the Glucocorticoid Receptor Gene in Holocaust Survivor Offspring,” *American Journal of Psychiatry* 171 (8) (2014): 872–80), and experiences of discrimination are linked to higher levels of stress (American Psychological Association, 2016). These impacts contribute to ongoing health disparities.

18 See United Nations, “UN Health Agency Reports Depression Now ‘Leading Cause of Disability Worldwide.’” (2017), and World Health Organization (WHO), “Depression: Key Facts” (2018).

19 WHO, 2018.

20 Echoing WHO’s report about depression, the Substance Abuse and Mental Health Services Administration (SAMHSA) indicated that by 2020, “mental and substance use disorders will surpass all physical diseases as a major cause of disability worldwide” (SAMHSA, 2018).

21 Urban Voices Project, “Urban Voices Project – Using Music to Transform Lives” (2018).

22 See Urban Voices Project, 2018. Also, Clift (2012) found that choral singing increased participants’ “sense of mental and physical well-being, even among people dealing with health and well-being challenges due to ill health, bereavement and stress in their personal lives” (p. 123).

23 Gordon, E., “The Mural Arts Project Uses Street Art to Start Conversations about Mental Illness in NYC” (2017).

building connections and expression through art can give a struggling individual a sense of purpose, direction, and achievement.”²⁴ By combining this therapeutic-arts approach with social connections and organizational partners, Culture of Recovery positions itself to generate local cultural shifts and community-level health outcomes.

Arts and Culture Can Nurture Cultural Identity and Social Connection

The final category of mental health in which creative placemaking appears particularly promising is cultural identity—understood as a sense of self and of social connection grounded in a shared culture and history. Positive cultural identity has been shown to “protect against mental health symptoms and buffer distress prompted by discrimination,”²⁵ particularly among populations that have historically been marginalized or oppressed. Because of this linkage, the nurturing and sustainment of cultural identity is a critical aspect of public health and community development efforts.

Many creative placemaking projects have pursued this work via built-environment initiatives. For example, the Boston Chinatown Neighborhood Center is building an arts-based center to preserve cultural assets and cultivate connections among Chinatown residents. This is particularly vital during a time of community uncertainty due to market pressures and the accompanying potential for residential and cultural displacement.

The Heritage Arts Trail in Santo Domingo Pueblo, NM, has sought to increase economic opportunity²⁶ by integrating traditional native cultural identity into infrastructure and transportation plans. A large percentage of the Pueblo’s residents are artists, but they lacked spaces to display and sell their work. And despite being 1.5 miles from a rail line that provides access to urban centers and economic opportunities, the Pueblo lacked pedestrian access to the station. So in 2014, plans were drawn up for a pedestrian trail that would include six artist nodes along the path for resting and lingering—and for artists to showcase traditional and contemporary art. By incorporating these nodes, the trail enhances future growth opportunities by linking them to the Pueblo’s tradition of arts, craftsmanship, and entrepreneurship.

In Wisconsin, the Menominee Nation is addressing low graduate rates, high ACE scores, and historical trauma by increasingly incorporating positive cultural identity into trauma-informed education. For example, a middle school science teacher combines class units about the planting process with traditional Menominee stories, to teach students the

24 Evans, J., “AAC Project ‘Culture of Recovery’ Receives Funding from ArtPlace America” (2017).

25 See Shepherd, S. M., et al., “The Impact of Indigenous Cultural Identity and Cultural Engagement on Violent Offending,” *BMC Public Health* 18 (1) (2018): 50. Cultural identity can also generate self-esteem and a sense of belonging, two protective factors against stress and depression (Kids Matter, 2015).

26 Economic opportunity has been shown to be “a robust, independent predictor of health.” In fact, “[a]n increase in economic opportunity from the lowest to the highest quintile” in the United States was associated with “a 16.7% decrease in mortality” (Venkataramani, A. S., et al., “Economic Opportunity, Health Behaviors, and Mortality in the United States,” *American Journal of Public Health* 106 (3) (2016): 478–84).

historic, cultural connections between them, their ancestors, and the earth.²⁷ Educators hope these connections help sustain students' interest in education while cultivating a sense of purpose and belonging. The singular capacity for creative placemaking projects to nurture positive cultural identity confirms the value of research and investment at the intersections of community development, public health, and the arts.

Next Steps: Exploration and Field-Building

"I don't believe any longer that we can afford to say that it is entirely out of our hands. We made the world we are living in and we have to make it over."—James Baldwin

To that end, we offer in closing some recommendations and opportunities for continued exploration. First, although the four mental health categories we highlighted often incorporate distinct goals and outcomes, they are deeply and intuitively connected—not only to one another, but to numerous public health priorities. This is a reflection both of the complexity and expressivity of the arts and of the holistic, social-ecological nature of health.²⁸ The resulting “confounding factors” can present difficulties for researchers—leaving cause and effect frustratingly out of reach. However, to us they also signal the profound potential of arts-based initiatives to help us learn and benefit from the inevitable overlap of lived experience with lived experience.

In an effort to both deepen and promote cross-disciplinary approaches to community well-being, and to build on the initial research excerpted here, ArtPlace recently launched Creating Healthy Communities: Arts + Public Health in America in partnership with the University of Florida Center for Arts in Medicine. The two-year national research initiative is designed to accelerate the collaboration of arts, public health, and community development practitioners seeking to build healthy communities in alignment with national public health goals.²⁹ Readers are encouraged to join and follow this initiative, contributing your vision and experience to a growing field. Meanwhile, it is our hope that the work described here ignites our collective imagination, stimulating the curiosity and creativity that fuel innovation, social progress, and equitable approaches to community-based work. The infusion of community development practice with arts and culture may help reintegrate us as individuals, community members, health care consumers, and contributors to a diverse and dynamic polity.

27 While learning about the planting process, students learn the Menominee story of “the three sisters”—corn, beans, and squash—and discuss their ancestors' knowledge of agricultural science. Readers can find more about the three sisters at <https://www.theatlantic.com/sponsored/robert-wood-johnson-foundation-2015/tribes-path-to-health-heal-invisible-wounds/661/> (RWJF, 2018).

28 For example, projects like 100 Stone, designed to reduce stigma, could also urge policy-level changes related to infrastructure or community resources. Similarly, the Breathing Lights and the Santo Domingo Trail projects were originally designed to improve health by tackling housing and economic opportunity; their relevance to mental health concretizes the connections among the body, its environment, and mental health.

29 Led by a team of Center for Arts in Medicine research scholars, the initiative will bring together an inclusive array of existing initiatives and thought leaders to establish clear theoretical constructs, standardized research protocols, a framework for evidence-based practices, and an open-access research database of arts in public health resources. Visit the Creating Healthy Communities website for a list of convenings and webinars.

Jamie Hand brings a background in landscape architecture, program design, and grantmaking to her role as Director of Research Strategies at ArtPlace America, a national consortium of foundations, federal agencies, and financial institutions established to support arts-driven community planning and development across the United States. Prior to ArtPlace, Jamie worked at the National Endowment for the Arts, where she managed the Our Town grant program, the Mayors' Institute on City Design, and the Citizens' Institute on Rural Design. She also advised the Hurricane Sandy Rebuilding Task Force on the development of Rebuild by Design, after leading multiple regional-scale design competitions as Program Director at Van Alen Institute in New York City. Jamie co-edited Gateway: Visions for an Urban National Park and began her career in the Bay Area as project manager for artist Topher Delaney. Jamie is on the board of ioby ("in our back yards") and holds degrees from Princeton University's School of Architecture and the Harvard Graduate School of Design.

Tasha Golden's research in public health is informed by her career in the arts. As front-woman and songwriter for the band Ellery, Golden's songs have appeared in feature films, TV dramas, retail, and radio, and her debut book of poems, Once You Had Hands (Humanist Press), was a finalist for the 2016 Ohioana Book Award. Now a doctoral candidate in public health, Golden studies the impact of the arts on stigma, advocacy, and public health inquiry and practice. She has led trauma-informed creative writing workshops for incarcerated teens since 2012 and has established a community partnership with the University of Louisville, Youth Detention Services, and Sarabande Books that offers arts programming for detained girls while advancing their voices in justice reform. Golden trains researchers and teaching artists on arts-health partnerships; she also consults for local and national organizations regarding arts-based health initiatives and program evaluation.