The Nordic Arts & Health Conference was held at the Clinical Research Centre in Malmö, Sweden on 21 May 2019. The conference was hosted by the Nordic Arts & Health Research Network, a recently launched network coordinated by Arts Academy, Turku University of Applied Sciences. The focus of the one-day conference was on arts and health practice, with the aim of bringing together researchers and practitioners working within the field of arts and health. The programme offered 19 sessions delivered by over 40 speakers from Sweden, Finland, Norway, Denmark and the United Kingdom. This review comments on the sessions attended by the author and is therefore not a complete reflection of the day’s wide array of dynamic presentations, workshops and discussions. Sessions spanned across a wealth of topics such as sound arts, dance, theatre, literature, researcher and artist collaborations, evaluation and arts research pedagogy, and arts therapy.

The conference began with a keynote speech from Professor Norma Daykin, University of Tampere, who discussed developments and future directions for research, policy and practice within the international field of arts, health and wellbeing. Drawing upon the numerous domains of arts and health outlined by Fancourt (2017), Daykin started by emphasizing that arts and health evidence can no longer be mapped as a whole. As the field expands, the complexity of applying arts in health contexts increases. Attention was brought to the numerous challenges concerning funding, evaluation and tensions between artists and health professionals. Using the United Kingdom’s Cultural Commissioning Programme and the initiative of social prescribing as examples, Daykin went on to discuss how assets-based approaches to arts and culture in health aspects can help develop policy frameworks. By engaging local providers and supporting personalized care, arts and health can be considered as a social movement based on the desire for change. Daykin highlighted on-going issues in need of being addressed. How much evidence is enough? Should we adopt a top-down or a bottom-up approach? What are the values driving policy? Stating that questions about healthcare cannot be answered by science alone, Daykin ended her keynote by suggesting the adoption of new research directions, such as social movement theory and boundary work. This suggestion provided strong groundwork for consequent discussions of the day.
Daykin’s views on seeing individuals as artists rather than as patients resonated throughout the next presentation, which came from Skåne Dance Theatre. The theatre’s Dance for Parkinson workshops adopt a salutogenic approach, placing an emphasis on artistic practice and wellbeing rather than on Parkinson’s disease. In these workshops, the individuals are no longer patients – they are dancers. A touching example of how these kinds of art programmes can impact the lives of people living with disease came from Georg Stenberg, one of the theatre’s dancers. Georg shared a warm, humorous account of his experience of the workshops. Speaking of the theatre’s openness, willingness and inclusiveness, he stated: “It has made me fall in love repeatedly.”

The morning continued with two panel discussions. The first panel consisted of practitioners who shared their experiences of working within the field of arts and health. A prevalent theme across the session was that of relationships – firstly, in terms of individual relationships to the arts. Panellists reflected on how the arts can facilitate a reconnection with our story and our identity. Music therapist Ellinor Ingvar-Henschen shared her personal account of how singing helped her through her own recovery from PTSD. In their presentation of music practices in healthcare in Finland, Tatu-Anneli Koivisto and Liisa-Maria Lilja-Viherlampi declared that the “personal relationship to music is the core quality of human life”. Another important relationship identified was that between the patients and staff members. Stefan Klaverdal, artist-in-residence, spoke about his work on sound installations and “unlocking” staff creativity within a rehabilitation clinic and primary care centre. With this, the relationship between artists and healthcare professionals was also brought to attention. How do we best evaluate artist-in-residence programmes? Panellists spoke about the need to respect the different language used by artists and health professionals. Returning to Daykin’s aforementioned tensions within arts practice, the suggested solution here was a focus on communication, promotion of interdisciplinarity, and cross-reflection.

The next panel session offered insights into arts and health from the researcher’s perspective. Five researchers working within areas such as Parkinson’s, pain rehabilitation, substance abuse, musician wellbeing, and geriatric care drew upon their experiences of arts in research settings. Again, the question of evaluation arose, and discussion revolved primarily around the array of methods used in arts and health research. There was an agreement that we need to move beyond quantitative methods and seek ways of new thinking. One example of a rather innovative approach to arts evaluation is the use of cultural probes. Jack Champ, a researcher from Kingston University, presented work on a “Creative Recovery Kit”. He spoke about the use of a cultural probe research kit as a tool to assist people recovering from mental health issues caused by substance misuse. Champ explained how this method is respectful to the personal nature of issues facing these groups of individuals, and how the kit allows patients to “design their own recovery”.

New ways of thinking can be applied to not only methods, but also to art itself in relation to health. In his presentation on arts and existential health, Professor Max Liljefors from Lund University remarked that “artworks are not magic objects” in the sense that the artworks themselves do not automatically induce a positive affect on the wellbeing of patients. Instead, it is the openness and participation of the individual that helps to facilitate the production of these affects. For various patient groups, this can require mediation from individuals with skills in art pedagogy and occupational therapy. Liljefors called for an improved methodology for the mediation of artworks and argued that existential health can serve as a basis for a theoretical framework that facilitates a shared understanding of the value of arts in healthcare across different disciplines. A question and answer session followed in which del-
egates agreed on the need for meaningful narratives, and the need for bridges where values of different professions and groups can be given justice.

This need for bridging knowledge was addressed in one of the afternoon’s first breakout sessions – a panel discussion around cultural wellbeing as a boundary object. Researchers presented their ideas on how the notion of cultural wellbeing can act as a bridge for shared understanding and collaboration across the different social, academic and political worlds within arts and health. In an introduction to boundary work, Professor Norma Daykin asserted that work on arts and health needs to acquire the language of science to communicate at a scientific level. However, in doing so, this risks the dissociation of individuals within the arts and health movement. There is a need to identify ways of communicating within other disciplines whilst remaining true to the voices of those individuals within arts and culture. In her presentation, Anu Laukkanen, from the University of Turku, explained that in the same way that cultural wellbeing represents a phenomenon in which art and culture carry different meanings for different individuals and communities, boundary objects carry shared meaning across social worlds whilst still remaining true to the identities of individual groups. Kai Lehikoinen, from the University of the Arts Helsinki, discussed cultural wellbeing in reference to capability theory, explaining how it is a social construction that requires effort and learning. Liisa Jaakonaho, also from the University of the Arts Helsinki, posed the question: “What does the notion of cultural wellbeing do to the social worlds and lives of disabled people?” She emphasized the performative nature of boundary objects, explaining how they not only coordinate social worlds, but how they also change them. The panel discussion opened up for conversation on how constructs of health influence peoples’ behaviour. It was commented that models of health are often based on success, and we need to look at what failure might mean in these contexts.

A further breakout session included a performance and presentation of Block Theatre from Ko-koo-mo practitioner Roosa Halme. Block Theatre uses geometric wooden blocks, puppetry and music to create worlds that are interpreted by the individual. In calling it a human-shaped reconstruction kit, Halme discussed the therapeutic value of the blocks. She spoke of the way in which they provide a tool for insight by allowing the user to express themselves without any imposed ideas or risk of failure. Another creative breakout session consisted of a workshop on arts therapy and creative mindfulness, during which delegates were given the opportunity to practice creative mindfulness through breathing exercises, meditation and painting.

The afternoon continued with a focus on cultural contexts of health and wellbeing. Nils Fietje, research officer at the World Health Organization (WHO) Regional Office for Europe, summarized WHO’s current engagement in exploring the evidence base for how the arts can improve health and wellbeing. He spoke about the space within WHO that is working to enhance public health policy-making through an advanced understanding of how cultural contexts affect health and healthcare. Drawing upon the WHO policy brief “Culture matters: A cultural contexts of health policy brief” (Napier et al., 2017), Fietje questioned how WHO can continue to think more seriously about cultured context in policy-making. For this, he called for an expansion of the evidence base, research that moves beyond quantitative methods, and a need for interventions that embrace complexity.

The final presentation of the day was given by Birte Sandberg, Chairperson Board of Primary Care Region Skåne. In discussing arts and health in primary care from a political perspective, Sandberg stressed that more needs to be done to make sure that primary healthcare reaches its full potential. Actions to achieve this include focusing on mental health, focusing on preservation, and digitalization for person-centred care.
The conference came to a close with reflections from Nils Fietje and Birte Sandberg. It was agreed that the day’s sessions had exhibited sophisticated conceptual thinking, with creative examples of techniques, methodologies and ideas within the field. The final thoughts reflected on research challenges from a policy perspective. Firstly, the question of scale was raised. The success of an arts and health intervention often relies on the passion and imagination of the individuals conducting the intervention in the local community. Therefore, can such interventions be replicated on a national or global level? Or should we embrace the fact that arts and health acts on a local level? The second challenge was that of guidance. What are the next steps going forward? Delegates were encouraged to think about how to build the thinking on arts and health in their own communities.

Whilst the conference offered a wide variety of sessions, there were overarching key themes that resonated throughout the day’s discussions: evaluation, language, relationships and boundary work. The event opened a dialogue that not only shared stories of success, but one that also explored tensions, failures and struggles. Whilst there is an abundance of benefits that arts can offer in practice, we must be aware of the tensions that exist and the challenges that the field faces. Going forward, perhaps these tensions can resolved through the innovative paradigms of thinking offered throughout the day. Ideas sparked by notions of existential health, boundary work, and social movement theory all have the potential to support the international field as it grows. It seems fitting to conclude this review with a remark made by Nils Fietje, who said, “I feel like I am a boundary object.” This poses the question of what we as researchers, as practitioners, and as artists can do to bring about the change that we want to see in the field.

References
