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Arts and health as a practice of liminality: Managing the spaces of transformation for social and emotional wellbeing with primary school children

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ABSTRACT

Intervention to enhance wellbeing through participation in the creative arts has a transformative potential, but the spatialities to this are poorly theorised. The paper examines arts-based interventions in two primary schools in which small groups of children are taken out of their everyday classrooms to participate in weekly sessions. The paper argues that such intervention is usefully seen as a practice of liminality, a distinct time and space that needs careful management to realise a transformative potential. Such management involves negotiating multiple sources of tension to balance different modes of power, forms of art practices and permeability of the liminal time-space.

1. Introduction

The argument that engagement in, and with, the creative arts to benefit health and wellbeing is now supported by a growing body of evidence (Staricoff, 2004) and recognised in health policy communities (Arts Council, 2007; Arts Council/Department of Health, 2007; Department of Health, 2006; Fiske, 1999; Karkou and Glasman, 2004). However, exploration of how such impacts may be brought about has been more limited. To date, theorisation of the therapeutic processes of participation in the creative arts is largely grounded in the traditions of psychoanalysis or developmental psychology (Karkou and Sanderson, 2006). These intellectual roots largely neglect the spatial domain and the spaces of transformation thus tend to be invisible (Daykin, 2007; Sagan, 2008). The paper addresses this invisibility by proposing that a renewed engagement with Turner's concept of liminality provides a useful framework for understanding the spatial aspects of the processes and practices through which arts-based interventions in schools can enhance participants' social and emotional wellbeing. In doing so, the paper also draws attention to the management challenges inherent to arts-based intervention as a practice of liminality. The paper explores these spatial aspects through case studies of arts-based interventions in two English primary schools. These interventions were designed to improve social and emotional wellbeing and were both considered to have been successful in this by the schools involved.

Addressing personal wellbeing in English schools was prioritised and promoted through the national programme for Social and Emotional Aspects of Learning (SEAL, 2007–2011). The SEAL programme drew on Goleman's notion of emotional intelligence (1995) to define its goals through five dimensions: self-awareness, self-regulation in managing feelings, motivation, empathy and social skills. The programme advocated diverse forms of intervention, including through the creative arts, and at various scales, including with targeted groups of children (Humphrey et al., 2008; Roffey, 2008). Selection criteria for targeted participation in schools vary but have included educational needs, social and emotional difficulties or fostering a mix of 'competencies'. Schools using interventions based in the arts usually contract an artist to run regular sessions with each group over a set period of time. A targeted intervention thus engages children into a time, space and set of activities distinct from the everyday life of the classroom: children are literally in a different space; there is a different mix of children; they are not with the classroom teacher; and they are engaged in activities outside the standard curriculum. The arts practitioner is also external to the school and often to the teaching profession. This removal from the everyday routines in order to effect personal transformation shares much with Turner's elaboration of the liminal and the liminoid (Turner, 1967, 1969, 1974).

1.1. Arts, transformation and wellbeing

There are two related professional fields that engage with the creative arts for health which, despite much overlap, can be

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distinguished by their core practice and theoretical underpinnings. Art therapy treats clients with identified pathologies and is explicitly theorised through a range of psychotherapeutic and developmental traditions (including Jung, 1990; Klein, 1975; Piaget, 1972; Winnicott, 1971). The arts constitute a tool to explore pre-verbal functioning, both to gauge psychological wellbeing and to interact with the inner world through the playful and spontaneous possibilities for self-expression that the arts can enable (Karkou and Sanderson, 2006; Malchiodi, 2011). By contrast, arts-and-health practitioners treat the process of art-making itself as a therapeutic experience that can enhance positive wellbeing. Thus, school interventions, such as the case studies of this paper, are delivered by creative 'arts-and-health' practitioners who are primarily practising artists.

The dynamics of how an arts-and-health intervention may afford a therapeutic experience is less well theorised than the practices of the art therapist. Existing research focuses on the social processes through which personal gains are enabled rather than the hidden psychological processes. A dominant theory emerges, albeit implicitly, that participation in the creative arts may build both an inward-looking self-esteem and self-awareness and an outward looking social confidence and connectedness (Clift and Hancox, 2010; Hampshire and Matthijsse, 2010; Hillman, 2002; Parkinson, 2009) which, in turn, open up new narratives through which to construct resilience and make choices (Elliott, 2011; Nakamura and Csikszentmihalyi, 2002; Peerbhoy and Kilroy, 2008). As such, transformation involves the re-imaginings of oneself, one's capacities and one's interrelationships with others, a process of 'changing our stories' (Wynne, 1987: 482) which draws on conceptualisations of identity as, at least in part, autobiographical and narrative (Bauer et al., 2006; Singer, 2004; Zahavi, 2007).

However, the emphasis in this approach on openness to alternative narratives of identity may conflict with the dominant model of child development that underpins the national curriculum and initiatives such as SEAL. In this, the child is framed less as a present being than as in a process of becoming, and, moreover, as a becoming that is pre-scripted as progressing through linear and universal developmental stages (Karkou and Sanderson, 2006; Piaget, 1972; Valentine, 2004). Within this framing, intervention through the creative arts aims to support children's personal development in terms of emotional and social management which, in turn, are understood to influence immediate pedagogic goals and longer-term health and wellbeing (NICE, 2008). This framing has been widely critiqued empirically and ideologically. Empirically, children have demonstrated far greater competencies than assumed with their apparent stages of development shaped by their social-cultural context (Valentine, 2004). Ideologically, critics have argued that children should not be understood as only and always becoming but, first and foremost, as being (Aitken, 2001; Holloway and Valentine, 2000). The psychoanalyst Winnicott (1971) also contested a linear standardisation of childhood by emphasising the spatialities of early attachments and separations. More specifically, and resonant with the practices in arts-and-health, Winnicott proposed the concept of transitional space as an arena in which one can safely explore one's agency and play with different ways of being in the world (Kullman, 2010).

Winnicott's emphasis on the spatialities of development complements the attention in arts-and-health to 'changing our stories'. Combined, these perspectives frame personal wellbeing as emerging through situated and relational effects that are dependent on the mobilisation of resources within different social and spatial contexts (Kesby, 2007). In the spaces of wellbeing approach (Fleuret and Atkinson, 2007), wellbeing is emergent through four interrelated spaces of resource mobilisation: capabilities (Nussbaum, 2000), social

integration (Putnam, 2001; Wilkinson and Marmott, 2003), security (Shaw, 2004) and therapeutic processes (Conradson, 2005; Smyth, 2005). Connecting this to Winnicott, the task of the arts-and-health practitioner thus becomes the creation of transitional spaces within which openness is enabled to explore new possibilities for identity and action, spaces in which new resources can be built and mobilised for personal wellbeing. Our proposition, then, is that the arts-based practices that can successfully generate such spaces of wellbeing are usefully explored and conceptualised through Turner's theory of liminality. We have organised the paper so as to integrate conceptual themes, including description of the main tenets of Turner's theory, with the empirical material from our two case studies.

2. Two targeted arts-based interventions

The paper draws on case studies in two primary schools over two academic years (October, 2008 to July, 2010) (Yin, 2009). The two interventions were selected from 'Inside Me', a programme of arts-based intervention to enhance personal social and emotional wellbeing in six primary and secondary schools in areas of significant social and economic disadvantage in West Yorkshire, UK, implemented by the arts agency Loca and funded by the local health authority. The 'Inside Me' programme received ethical approval through the NHS; the study received ethical approval through University procedures compliant with the UK ESRC requirements. Apart from the programme 'Inside Me' and the implementing agency, Loca, all names have been changed.

Evaluation of the overall programme showed strong positive impacts, such that an original two-year programme was extended for a further year (Loca, 2009; White and Robson, 2012). In order to explore the processes and practices involved in successful intervention, we selected two primary schools (ages 5–11 years) where the school rated the project as successful in enhancing participants' personal wellbeing and where the same arts practitioner had been involved throughout. Both case study schools were urban, with the proportion of children eligible for free school meals and those with a statement of special educational needs much higher than the national average. Brightfields has a school population mostly from white British backgrounds whereas Pennington has over a third from minority ethnic backgrounds, including a small group of asylum seekers and refugees. Brightfields opted for interventions using drawing and modelling, led by the arts practitioner Alice and Pennington opted for an intervention through writing, led by the arts practitioner Michael. The practitioners ran and facilitated a range of different activities; we have included only those for which children were purposively selected by staff to form a group which met regularly over at least a term for a morning or afternoon session once a week. More informal and self-selecting drop-in sessions, one-off sessions or intensive sessions with a guest artist have not been included. The overall numbers involved in these interventions were relatively small: Pennington ran eleven different groups in which group size was never larger than six, often only four; Brightfields ran thirteen different groups in which group size ranged from six to ten. A formalised code-of-practice for arts-and-health practitioners has been in development since the 'Inside Me' programme, drawing on the experiences from reflexive practice in this and other arts-based projects. The ethos of the intervention, the orientation of the practitioners to the group work as a shared endeavour and the investment to reflexive practice throughout the programme's duration accorded with guides and standards of practice for group work in social work (see, for example, AASWG, 2006). Agreed standards of practice only provide generalised guidance and where practitioners become 'more preoccupied with protocols, curricula, and manuals that with their group members' narratives and group processes', poor practice still results