NOTES FROM THE FIELD

Well-making: understanding what works from lived experience

Mah Rana, Co-Director of the Lived Experience Network (LENs)

Abstract
The importance of looking after our mental health has been a prominent topic of discussion nationally, regionally, and locally since the United Kingdom experienced increased levels of stress and uncertainty caused and exacerbated by the COVID-19 pandemic. People working in the arts, culture, and health sectors – such as health professionals, artist practitioners, academics, charities, and volunteer groups – are concerned with how the pandemic has adversely and disproportionately impacted vulnerable members of society. Encouragingly, invested groups and stakeholders in non-clinical practice have reported on the successes of everyday creativity in the form of psychosocial programmes that tackle social isolation by using the arts and culture as non-clinical opportunities to improve well-being. This article focuses on the LENs (Lived Experience Network) to highlight how involving experts by experience in research provides deeper understanding of what works and what does not when co-creating meaningful everyday creativity to counter social isolation.

Keywords
well-being, arts, culture, psychosocial, everyday creativity, COVID-19

This article draws on my experience as co-director of the LENs (Lived Experience Network), and as a co-investigator on University College London’s Community COVID research project, (Community COVID 2022) which explored issues of equity and access to art and cultural activities as psychosocial health initiatives during the COVID-19 pandemic. I have worked in the arts and community sector for ten years and in 2021 became a co-director for the LENs, having been a LENs champion since 2019. LENs is a national network of ‘people with lived experience of ill health who provide powerful personal testimonies of the benefits of creativity and the arts to their own health and well-being’ (Howarth 2022: n.pag.). LENs was set up as recommendation number seven in the 2017 Creative Health: The arts for health

The Lived Experience Network is steered by champions from nine regions across England, who work to bring people together, share knowledge, and grow collaborations and partnerships locally and nationally. LENs champions also act as a conduit to share grassroots practice with national policy and research – advocating for easy and fair access for people to participate in art and culture at all stages of life. It encourages national, regional, and local organisations to develop co-creation and co-production strategies to embed voices of lived experience at the heart of the arts, culture, health and well-being movement. This includes working closely in partnership with the Culture, Health and Wellbeing Alliance (CHWA) and the National Centre for Creative Health (NCCH) to support culture, health and well-being across England to build local and national bridges with policy makers, commissioners, and stakeholders.

So, why do people with lived experience of using arts and creativity to improve well-being get involved with community-based projects? Typically, voices of lived experience offer invaluable knowledge and insight into health and social issues from a personal perspective. For example, in 2022 members from LENs worked with Comic Relief as part of their assessment process for the Walkers and Comic Relief Smiles Fund – a competitive funding programme inviting proposals for community-based projects delivering early intervention work for adults considered at risk of experiencing poor mental health. Also, people with lived experience of using arts and creativity to improve well-being have a nuanced understanding of what are often complex situations that can be experienced differently by different groups. Lived experience expertise can help drive and lead positive social change (APPGAHW 2017). Community driven enterprises help build community resilience and social assets, and it is important that people with lived experience are leading some of these conversations locally and nationally – strong and supportive relationships strengthen community.

Mental health charity Mind analysed National Health Service Digital figures and found that, from March 2020 to July 2020; there was a 15 per cent increase in urgent and emergency referrals for people in crisis (Mind 2020: n.pag.). Mind (2020) concluded that more people were recorded as having experienced a mental health crisis during the coronavirus pandemic than previously.

At the beginning of the first national lockdown in the United Kingdom (UK), which was introduced on 23 March 2020, people anticipated a disconnection from their social
networks. Many people had resources such as monetary, opportunity, and cognitive resilience to find alternative forms of social connection such as art- and craft-making to cope with isolation (Wood 2020). There was also an unprecedented rise in the deployment of everyday creativity programmes as acts of ‘caring for others’ by individuals and communities. The term ‘everyday creativity’ is used in this article in the context of ‘little-c’ creativity (Richards 2007, 1990; Kaufman and Beghetto, 2009; Silvia et al. 2014 cited in Conner et al. 2015: 463) and understood as ‘common expressions of creativity done by ordinary people in everyday life for their own sake’ (Conner et al. 2015: 463). Even though reducing health inequalities has been a national policy for over two decades, the COVID-19 pandemic threw health inequalities into the public spotlight (Thomson et al. 2021). People with physical or psychological health conditions, and/or were socioeconomically vulnerable were more likely to experience health inequity during the pandemic. This inequality meant that people who were vulnerable or became vulnerable entered the pandemic from different and uneven starting points, in contrast to people with social stability and strong health security (Allwood and Bell, 2020; Marmot et al. 2020). The COVID-19 pandemic was a disrupter; it certainly was not an equalizer.

Zoe Wood (2020), in a Guardian article published shortly after the first lockdown in the UK, writes of a ‘renaissance’ of art- and craft-making as people stayed at home and braced themselves for the unknown. Sales of arts and crafts supplies increased exponentially. As an explanation to why people turned to art- and craft-making, Wood quotes a director from a commercial online crafts store, ‘Getting creative during these uncertain times helps kids and adults cope with isolation’ (2020: n.pag.). However, many people experiencing health inequalities also struggled to get access to creative resources that would have provided invaluable opportunities for agentic and meaningful well-making.

Engaging in everyday creativity is an invitation to calm for the body and mind: to breathe slowly and evenly, to focus on the tangible, manageable, and meaningful (Rana 2020). Everyday creativity – both as process and embodied art-based practice has intrinsic haptic and material properties that increase emotional resilience and support social cohesion for individuals engaged with making (Pöllänen 2015). Yet the success of everyday creativity as non-clinical practice can also be measured by how meaningful and relevant it is to participants. In this regard, Girija Kaimal et al. (2016) highlight the importance of being mindful of cultural sensitivity, demographic characteristics, and individual differences between participants in the design and delivery of arts and crafts activity as a therapeutic resource.
The COVID-19 pandemic has foregrounded the benefits of engaging in the arts and culture, and the impact of arts engagement has been evidenced in the World Health Organisation (WHO) scoping review (Fancourt and Finn 2019). Another recent scoping review, this time pulling together evidence relating to everyday creativity highlights how creativity in the home has taken on ‘new social dimensions’ as a result of the COVID-19 pandemic and has become a way to build much needed psychosocial connections through sharing creative practice and creative products across digital screens (Wright 2022: 9). Framing well-making as a participation in everyday creativity to improve one’s own wellness or the wellness of others can also be used to explore and uncover a nuanced and deeper understanding of the mechanisms of how engaging in art-based practice operates as an optimal driver for better mental health (Rana and Hackney 2018). From this perspective of framing everyday creativity as an active driver for improving mental health, public involvement and lived experience can lead to research outputs that are more relevant and more impactful for positive change.

As co-director of LENs and as an art-based practitioner-researcher, I joined as a co-investigator on the Community COVID research project (Community COVID 2022) led by Professor Helen Chatterjee at University College London (UCL). The Community COVID Project (2020-2021) investigated how participants, self-identified as vulnerable and shielding, were engaging with community-based assets, and cultural activities during the COVID-19 pandemic national lockdowns, and what types of resources were prefferenced and easily accessible during COVID-19 restrictions. The Community COVID research project reported hundreds of creative resources, activities, and programmes that people participated in during lockdown – both on and offline. Many were new programmes and some were adaptations of existing programmes; most were targeting isolation and mild-moderate mental health issues, such as depression and anxiety (Mughal et al. 2021). Rabya Mughal et al. (2021) also reported that there was a strong correlation between loneliness and psychological well-being whereby individuals experienced an increase in well-being as loneliness decreased. Critically, the report offered insights into what works, an example being that creating an online community with opportunities for making, sharing, and connecting is a key to success.

Equally important was that participants’ voices and their creative journey were represented throughout the Community COVID report (Mughal et al. 2021) to offer deeper and nuanced understandings of the experience of shielding during the pandemic. The traditional format of focus groups and semi-structured interviews were used to capture voices of participants, but the Community COVID project also conducted two creative focus-group workshops – one of
which was a collage workshop that I ran with Community COVID Project co-investigator Dr Rabya Mughal. These creative workshops operated as inclusive and democratic working spaces where each participant, including the focus group facilitators, constructed a visual representation of their experience of the pandemic. Participants then used their collage artwork (Figure 1) as a visual starting point to talk about their pandemic experiences. There is a pre-reflective quality in the approach of this focus group workshop because the collage artwork privileges the context of participants ‘standing inside their own experience’ (Landy et al. 2012: 51). For some of the participants, collaging as agentic well-making manifested into visualisations of positive well-being and hope as illustrated in this quote from a collage workshop participant cited in Mughal et al. (2021: 21):

> The colours are bright because that is what I am drawn to, I enjoy colour, but it is what stood out for me when cutting when making the collage. Maybe it also helps represent hope and joy rising out of difficulty.

This focus group conducted as a collage workshop moved it beyond a conventional focus group and demonstrated how being creative, as a way of processing personal experiences, can be transformative and enlightening. And the collage workshop as art-based practice involves participants’ collaboration with the practitioner-researcher in systematic enquiry of experimentation, examination, and seeking out new ‘ways of understanding and communicating human experience’ (McNiff 2012: 5). In this Community COVID focus group, collage-making served as an autoethnographic tool to generate ‘craft-based ways of knowing’ (Prior 2013: 161), and experiential knowledge production through reflection (Rana and Hackney 2018). Each participant’s collage with its recorded commentary served as a creative output and ‘a piece of arts research that evidences and disseminates the methodology’ (McNiff 2008 cited in Rana and Hackney 2018: 148).

<INSERT FIGURE 1 HERE>

Figure 1: Restart brain wellbeing, 2020. Collage. 21 x 30 cm. Community COVID Project focus-group workshop London © Mah Rana

Creative health partnerships are important. A critical finding of the Community COVID report (Mughal et al. 2021) is the value of health, social care, voluntary third sector services, and creative practitioners and organisations to harness the collective power of
creativity, and community assets. In July 2020, the CHWA published the report, ‘How creativity and culture is supporting shielding and vulnerable people at home during Covid-19’. Based on case studies of almost 50 projects in England and Wales, it illustrates a breadth and diversity of new and adapted projects reaching over 100,000 people. Significantly, 94 per cent of projects were delivered by regional organisations, local organisations and individuals partnering together to extend the reach of support to participants in need.

One of the 50 case-studies in the CHWA report (2020) is a project called Necklace of Stars led by arts organisation arthur+martha (2020: n.pag.). In response to COVID-19 pandemic lockdown restrictions and working in partnership with Arts Derbyshire, Derbyshire County Council Arts Service, Public Health and Derbyshire Home Library Service arthur+martha redesigned their embroidered quilt Necklace of Stars project to expand its reach to include individuals aged 65 years and over who were experiencing isolation. Complying with government guidance around social restriction and unable to run face-to-face workshops, arthur+martha turned to post, email, and phone calls as remote engagement strategies to provide participants with embroidery kits to make embroidered quilt squares (Figure 2). The night sky, stories, and lullabies were inspirational starting points. One participant described the night sky as ‘an aura off the starlight, it’s very powerful. It draws us to it, gives us peace and makes us feel our place’ (arthur+martha 2020: n.pag.). Another participant used the themes to make sense of their experience of the pandemic ‘Stories come into my head. All the different ways people have reacted to this time of isolation and shielding’ (arthur+martha 2020: n.pag.). At the end of the Necklace of Stars project participants were signposted to community groups and befriending schemes as a person-oriented wrap-around service that extended support beyond the creative and well-being parameters of the art- and craft-based everyday creativity.

Conclusion

The CHWA report (2020) offers a wealth of anecdotal, subjective narratives about the arts, culture, and everyday creativity improving health and well-being. These anecdotal, subjective narratives highlight the value of using the arts and culture as participatory and enabling engagement to tackle loneliness and isolation that are recognized as contributing to poor

Figure 2: Necklace of Stars – detail, 2021. Textile. 186 x 206 cm. Derbyshire. © Lois Blackburn
mental health. Other published research such as the recent survey by Linda Thomson et al. (2021) and a recovery-focused model developed by Andrew Fletcher et al. (2019) contribute to a deeper understanding and an evaluation of the mechanisms involved in creating both better health and well-being and adaptable frameworks to make and deliver sustainable, culturally appropriate, accessible arts-based everyday creativity to individuals at all stages of life.

Well-making as an agentic and autonomous act absorbs attention; this focussed attention helps to reduce anxiety and enhance self-esteem, and the act of making produces tangible outcomes. Engaging in art, in its broadest sense, during the COVID-19 pandemic has been evidenced to increase well-being and reduce isolation and loneliness. Public arts organisations, community groups, user-led groups, freelancers, charities, and creative practitioners have been and will continue to utilise arts’ transformative ability to build and sustain individual and collective assets: social, well-being, and health. Co-creating and co-delivering opportunities for meaningful everyday creativity is an asset-based model of well-making that can be empowering and transformative.

ACKNOWLEDGEMENT
The Community COVID project was funded by the Arts and Humanities Research Council, as part of UK Research and Innovation’s COVID-19 funding (Ref: AH/123456779), and a UCL Rapid Response grant funded via the UCL – Wellcome Institutional Strategic Support Fund (Ref:ISSF3/H17RCO/C5) and NIHR BRC Moorfields – UCL Therapeutic Acceleration Support (TAS) Fund (Ref: BRC3-305).

REFERENCES
Allwood, Louis and Bell, Andy (2020), ‘COVID-19: Understanding inequalities in mental health during the pandemic’, Centre for Mental Health,


Kaimal, Girija, Ray, Kendra and Muniz, Juan (2016), ‘Reduction of cortisol levels and participants' responses following art making’, *Art Therapy*, 33:2, pp. 74-80.

Landy, Robert, Hodermarska, Maria, Mowers, Dave and Perrin, David (2012), ‘Performance as art-based research in drama therapy supervision’, *Journal of Applied Arts & Health* 3: 1, pp. 49–58

Marmot, Michael, Allen, Jessica, Goldblatt, Peter, Herd, Eleanor and Morrison, Joana


Contributor details
Mah Rana is co-director for the LENs and a Ph.D. student at Birkbeck, University of London. Her Ph.D. is a study exploring lived experience of dyadic crafting-together as psychosocial-everyday creativity activity in a domiciliary dementia care setting. She is a member of the Interpretative Phenomenological Analysis Research Group and teaches at the Royal College of Art, and London South Bank University. She is a fellow of the Royal Society of Arts, a member of the Critical Dementia Network, the Dementia, Narrative and Culture Network, and a member of the Carers Advisory Panel for Dementia Carers Count.

E-mail: mah.rana@rca.ac.uk
ORCID: https://orcid.org/0000-0002-2181-6629