Exploring the Role of Community Arts Strategies in “Health and Peace Promotion” Practice and Research

By
Nadia Fazal
PhD Candidate in Social and Behavioural Sciences
Lupina/OGS Doctoral Fellow
Editors’ Note
We are delighted to present this collection of research papers from the Comparative Program on Health and Society based on work that our fellows undertook during 2012–2013. Founded in 2000, the Comparative Program on Health and Society (CPHS) is a vital and growing research institute based at the Munk School of Global Affairs at the University of Toronto. Generously funded by the Lupina Foundation, the CPHS supports innovative, interdisciplinary, comparative research on health, broadly defined through our extensive range of fellowships, which for 2012–2013 included CPHS MA Fellowships, Junior Doctoral Fellowships, CPHS Senior Doctoral Fellowships, Lupina/OGS Doctoral Fellowships, Postdoctoral Fellowships, Research Associate Positions, and Senior Academic Fellowships. Our program builds on the scholarly strengths of the University of Toronto in the social sciences, humanities, and public health.

In 2011, CPHS adopted a renewed vision of the social determinants of health which recognizes the complexity and interrelatedness of domestic, transnational, regional, and global factors that may have an impact on health conditions and access to health-related services within any country, including Canada. We recognize similarly that emerging and entrenched health inequalities may require policy-makers, communities, and researchers to grapple with challenging ethical, human rights, and social justice questions. We accordingly expanded the program’s thematic focus to accommodate research that specifically focuses on these definitional and operational challenges. The research papers you will read in this year’s collection reflect these themes and demonstrate the variety, complexity, and importance of comparative health research.
Exploring the Role of Community Arts Strategies in “Health and Peace Promotion” Practice and Research

Nadia Fazal

Abstract

In this paper, I explore the ways in which community arts strategies are applicable within Health and Peace Promotion (HPP) by linking seven key features of community arts strategies to HPP’s guiding principles, strategy characteristics, and key action areas. These seven key features are: (1) communicating and understanding new perspectives; (2) communicating and evoking solidarity; (3) sharing knowledge and experience with diverse audiences; (4) facilitating reflexivity and critical social analysis; (5) empowering communities and building capacity for action; (6) facilitating relationship building; and (7) healing holistically. My analysis is preliminary with respect to a much larger process of inquiry—the field still needs a much deeper exploration of the intricate relationships between each of these key features of community arts and their relationship to HPP.

DEFINING “HEALTH AND PEACE PROMOTION” (HPP) PRACTICE AND RESEARCH

Health and Peace Promotion (HPP) draws together two separate fields: health promotion and peace promotion. Health promotion, defined as the “process of enabling people to increase control over, and to

Biography

Nadia Fazal is a PhD candidate at the Dalla Lana School of Public Health at the University of Toronto, where she is part of the Health and Behavioural Sciences doctoral stream and a member of the Collaborative Doctoral Program in Global Health. She received an bachelor of science in psychology and biology (honours) from McMaster University, and a master's of public health (in health promotion) with a global health concentration from the University of Toronto. Nadia is interested in the relationship between health and peace, and the use of innovative arts-based approaches within community-focused health and peace promotion programming in conflict settings. She has been involved in a variety of global health research initiatives, including projects based in Canada, the Democratic Republic of Congo, Israel, Palestine, Jordan, and Cambodia. Recently, Nadia has been based in Goma, Democratic Republic of Congo, where she has been applying a community-based participatory research approach by collaborating with local academic and community partners.
improve, their health” (World Health Organization 1986), addresses the broad structural factors that affect health at the individual, community, and societal levels. Likewise, peace promotion—which encompasses processes of peace building and conflict transformation—also focuses on enabling, empowering, and influencing change at the individual, community, and societal levels (Arya 2004). Peace promotion involves “the process of moving from conflict-habituated systems to peace systems ... catalysing changes at the deepest level of beliefs, assumptions, and guiding principles, as well as behaviours and structures” (Arya 2004, 243). Practice and research in health promotion and peace promotion share many similarities in terms of conceptualizations of health and peace, guiding principles, strategy characteristics, and key action areas.

**CONCEPTUALIZATIONS OF HEALTH AND PEACE**

**Framed Positively and Holistically**

The Ottawa Charter for Health Promotion (WHO 1986) defines health as “a positive concept, emphasizing social and personal resources, as well as physical capacities.” Going beyond the traditional biomedical model, health promotion adopts the World Health Organization’s definition of health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” (WHO 1946), while noting an additional dimension of spiritual well-being (WHO 2005, 168). Similarly, peace can also be conceptualized holistically (physically, mentally, socially, and spiritually) (Abuelaish et al. 2013) and can be understood as much more than the absence of war or violence (Santa Barbara and Arya 2008). In fact, the elimination of direct violence is known as “negative peace” (Woolman 1985), whereas “positive peace” eliminates direct, structural, and cultura violence, and is distinguished by the presence of co-operative, harmonious, and nurturing relationships (Arya 2004; Galtung 1996). It is relevant to note here that conflict (which can be constructive or destructive) is not the opposite of peace: the opposite of peace is violence (Santa Barbara and Arya 2008).

**Conceived as Fundamental Human Rights**

The WHO’s Alma Ata Declaration (1978) argues that health “is a fundamental human right and the attainment of the highest possible level of health is a most important world-wide social goal” (WHO 1978, 1). Likewise, peace has been conceived as a human right in the UN Charter, and further clarified in a report from the United Nations Educational, Scientific and Cultural Organization (UNESCO) Expert Meeting on Human Rights (1978), which states: “By virtue of the proclamation contained in the United Nations Charter to the effect that human rights and freedoms shall be respected and the use of force prohibited, one of the basic rights of each individual is embodied in international law, namely the right to peace.” In fact, almost all of the human rights treaties—including the Universal Declaration of Human Rights and the International Covenant on Civil and Political Rights—have preambles that link the realization of human rights to peace, and see human rights as instrumental to peace.

**Conceptualized at Multiple Levels**

In health promotion, health can be understood at the individual, community, and societal levels. These unique (yet inherently interconnected) levels of health are embedded in health promotion’s theoretical frameworks such as the Ecological Models of Health Behaviour (Sallis, Owen, and Fisher 2008), and are commonly referred to when articulating the objectives of multi-level health-promotion strategies. Peace can also be understood at multiple levels. Notably, Abuelaish and colleagues propose that societal peace is marked by “a culture of peace among individuals at all levels ... act[ing] as a shield against discord and maintain[ing] security and stability” (2013, 2). To emphasize the inherent connections between each of these levels (like the levels of health), Middleton notes that “the peace of nations cannot be achieved without the inner peace of individuals” (1988, 341).

**Recognized To Be in a Bidirectional Relationship**

Peace is a determinant of health and health is a determinant of peace (Abuelaish et al., 2013). The Ottawa Charter lists the prerequisites for health as “peace, shelter, education, food, income, a stable eco-system, sustainable resources, and social justice” (WHO 1986, 1). Peace is listed first because of its significant role
in determining holistic health outcomes (Abuelaish et al. 2013; Arya 2004; Santa Barbara and Arya 2008) and its ability to affect each of the other prerequisites (Santa Barbara and Arya 2008). For example, without peace, war/violence can damage social and physical infrastructure, displace entire population groups, limit access to educational and health services, decrease agricultural output, reduce employment opportunities, and damage natural environments (Abuelaish et al. 2013; Robinson and Barash 2000; Santa Barbara and Arya 2008). Furthermore, ill health can contribute to the deterioration of social, economic, and physical infrastructure during or after a violent conflict (Santa Barbara and Arya 2008). Ill mental health, in particular, can impede the development of trust and forgiveness—fundamental elements of a peace-building process—among individuals, communities, and societies (Jeong and Lerche 2002).

Understood To Have Similar Determinants at Multiple Levels

Many similar factors lie at the root of positive health and peace. In a recent review paper Abuelaish and colleagues (2013) describe the “mutual determinants of health and peace” as the overlap between health determinants (particularly, the societal determinants of health) and peace determinants. At the individual level, these mutual determinants include genetics (age, sex, gender), early life factors, and behavioural/lifestyle characteristics; at the community and broader societal levels these determinants include access to health services, housing, socio-economic status, education, employment and working conditions, social support and inclusion, culture, gender, social capital, food, reconciliation, forgiveness, and trust. Even land ownership can be understood as a mutual determinant that has an impact on peace and health (Birn, Pillay, and Holtz 2009b) at the community and societal levels.

GUIDING PRINCIPLES

Empowerment of Individuals and Communities

Empowerment is a central guiding principle in practice and research in health promotion (Israel et al. 1998; Laverack 2004; Rissel 1994) and peace promotion (Christie, Wagner, and Winter 2001; Galama and van Tongeren 2002). In health promotion, empowerment can be understood as “a process through which people gain greater control over decisions affecting their health” (WHO 1998, 6). The same definition can be applied to peace promotion by simply replacing the word health with peace. Both fields can distinguish between individual empowerment (gaining control over one’s life) and community empowerment (gaining control as a community) (Rissel 1994; WHO 1998). In both cases, empowerment can become a psychological, cultural, social, and/or political pursuit that can lead individuals and communities to take action toward promoting health/peace at the individual, community, or societal levels. Because the word empowerment can be contested for its seemingly implicit assumptions of unidirectional power transfer from one party to another, I stick closely to the definition of empowerment that does not include such underlying assumptions.

Equity, Power-sharing, and Participation

Principles of equity, power sharing, and participation underpin health promotion and peace promotion. The Ottawa Charter identifies the need for “equality in health” by “reducing differences in current health status and ensuring equal opportunities and resources to enable all people to achieve their fullest health potential” (WHO 1986, 1). In order for equity in health to be attained, processes that encourage power sharing and participation are prioritized in health promotion practice (Kahan and Goodstadt 2001) and research (Israel et al. 1998). Similarly, peace promotion emphasizes equity, democracy, power sharing, and participation in shared decision making at the community and societal levels (Galtung 1969; Reich 2006), and the importance of these factors in peace building (Galtung 1969; Lederach 1997), reconciliation (Lederach 1997), and conflict transformation (Lederach 1996; Reich 2006).

Social Connections and Relationships

Social connections and relationships are central to the notions of building health and peace. Health promotion literature frames the accumulation of social connections as a resource (often called social capital), and notes that such connections have a direct link to enhanced community empowerment and
mobilization (Adler and Kwon 2002; Israel et al. 1998; Potapchuk, Crocker, and Schechter 1997). The importance of relationships is also at the heart of peace promotion (Lederach 2005), particularly within the reconciliation processes that play an important role in peace building (Christie, Wagner, and Winter 2001). With respect to contributing to relationship-building in the reconciliation and peace-building process, the literature highlights uncovering the truth of what happened, acknowledgement by the offender(s) of the harm done, remorse expressed in apology to the victim(s), forgiveness, justice in some form, resuming constructive aspects of the relationship, and rebuilding trust over time (Galtung 2000). However, scholars such as Goodhand, Hulme, and Lewer (2000) argue that processes of relationship building (and thus reconciliation) cannot be understood without focusing on the broader political, cultural, and economic forces that can act to either facilitate or impede it (Goodhand, Hulme, and Lewer 2000).

A Focus on Societal Determinants

Political economy theory (Birn et al. 2009c) is often used to discuss the importance of the societal determinants that affect both health and peace. For example, Birn and colleagues use the Political Economy of International Health Framework to highlight the important role of “social structure, distribution of wealth and land, production patterns, international trade regimes, international financial policies and instruments, accountability and capacities of governments, distribution of political power, and militarism, colonialism and imperialism” in determining health outcomes (2009d, 138). The social, political, economic, and historical contextual factors in this model have an impact on social and government policies, living conditions, individual characteristics/experience, and individual-level health outcomes. Similarly, in his application of political economy theory to peace building, Pugh (2005) highlights the importance of unpacking the relationships between peace and global governance, trade, employment, diasporas, borderlands, and gender.

Reflexivity

Reflexivity or “thoughtful, conscious awareness” (Finlay 2002, 532) is encouraged in practice and research in both health promotion (Caplan 1993; Jacobs 2008) and peace promotion (Broome and Collier 2012; Lederach and Appleby 2010). In each of these fields, engaging in a reflexive process can push practitioners, researchers, and project participants to think critically about power dynamics and their role within a broader social and political context (Koch and Harrington 1998). For example, questions and factors pertaining to power relations and the ways in which one's personal characteristics (race, age, culture, gender, etc.) may contribute to one's personal position of power are relevant elements to unpack during a reflexive process in both health and peace promotion. According to Finlay the key difference between “reflection” and “reflexivity” is that reflexivity is much more of an active and purposeful process (Finlay 2002).

STRATEGY CHARACTERISTICS AND KEY ACTION AREAS

The strategies most in line with the guiding principles and objectives of health and peace promotion are intersectoral (working across a variety of sectors), assets focused (focusing on promoting health/peace and not preventing illness/violence), multi-level (working to address change at multiple levels of health and peace), and those that address the mutual determinants of health and peace at all levels (with an emphasis on the societal-level determinants).

A HISTORY OF HEALTH AND PEACE EFFORTS

The idea of health practitioners and scholars working toward health- and peace-related objectives is not new (Middleton 1988; Rushton 2008). HPP is distinguished by its conceptualizations of health and peace, guiding principles, strategy characteristics, and key action areas. But to acknowledge the “health and peace” efforts that have taken place prior to the emergence of HPP, I will give a brief synopsis of these efforts and highlight one in particular called “Peace through Health.”

Health and Peace Efforts: 1900–1990

Since the early 1900s, health professionals have been engaged in peace-related efforts to varying degrees. Some of these initiatives include the Association Médicale International Contre la Guerre (1900s), the
Medicare Peace Campaign (1930s), the Medical Association for the Prevention of War (1950s), International Physicians for the Prevention of Nuclear War (1980s), as well as the Pan American Health Organization's well-known Health as a Bridge for Peace (HBP) program (1980s), and Physicians for Peace (late 1980s). As part of the HBP program, several temporary ceasefires were negotiated (e.g., in El Salvador and Peru) in order for children to receive polio vaccinations (De Quadros, Ciro, and Epstein 2002). In addition to temporarily ending the violence, these ceasefires increased dialogue between opposing parties and contributed to larger peace-building and reconciliation processes (Rushton 2008). These small successes in the HBP program allowed some skeptics to become more optimistic about health and peace work, and encouraged some to further develop this notion.

Peace through Health: Early 1990s

After the Cold War (early 1990s), there was a change in thinking in the international community about conflict prevention and peace building. An increased interest in international security was noted explicitly in the UN Agenda for Peace (Boutros-Ghali 1992). Around this same time, the “Peace through Health” (PtH) field emerged out of Mcmaster University, encouraging health workers to think more carefully about the broader social, economic, and political structures at play regarding the prevention of disease and violence/war. PtH argues that medical professionals are generally perceived as “neutral” figures in a war setting and that this neutrality can be leveraged in order to push forward an agenda for peace. This was the first time that medical professionals began to come together with the goal of engaging not only in peace advocacy but also in direct mediation (Rushton 2008). Since its inception in the early 1990s, PtH has identified a number of approaches for medical professionals who are interested in engaging in PtH efforts.

Comparing Peace through Health (PtH) and HPP

There are several key differences between PtH and HPP. First, the goals of these two fields are different. In PtH, the ultimate goal is to positively affect health; peace-related outcomes are merely part of this process. This can be contrasted against HPP's equal prioritization of health and peace goals. Second, HPP and PtH conceptualize health and peace differently. PtH frames health and peace holistically, but not positively (i.e., PtH focuses predominantly on the prevention of disease and violence)—it does not refer to hierarchical “levels” of health and peace and it does not recognize the mutual determinants of health and peace. Third, PtH typically restricts its practice to medical professionals, which often limits its outcomes to the individual and community level, whereas HPP practice can include a variety of workers (community workers, volunteers, organizational leaders, government officials, international leaders, policy-makers, and others) from a multitude of sectors (health, peace, education, housing, employment, and others) and is therefore in a better position to have an impact on change at multiple levels.

COMMUNITY ARTS: A POTENTIAL STRATEGY FOR HPP PRACTICE AND RESEARCH

HPP as a field is in its infancy, so the specific types of strategies that would be most effective in addressing its key action areas are still largely unexplored. But the HPP conceptualizations of health and peace, guiding principles, and strategy characteristics as well as the approaches used in PtH can provide some insight into what HPP strategies may look like. However, the uniqueness of HPP highlights the need to identify HPP specific strategies in both research and practice. I begin in a small way here by exploring the applicability of one type of strategy—the use of community arts—in the promotion of health and peace.

Community arts can be understood as both a process and an outcome. Barndt defines the process as “the engagement of people in representing their collective identities, histories, and aspirations in multiple forms of expression” (2008, 351)—one that can draw on a diverse range of art forms such as visual arts (i.e., painting, drawing, installations), digital arts (i.e., photography, digital storytelling, film),15 performance arts (theatre, puppetry), music, and dance (Barndt 2008). A community arts “outcome” can be understood as the final arts-based product of the overall collaborative process (i.e., the painting, drawing, photograph, film, theatre performance, song, or dance).

Combining the words community with arts implies that its process is a collective and collaborative effort within a specific community. “Community” in this case can be understood either geographically (i.e.,
neighbourhood, city, town, etc.), or relationally (i.e., human relationships without reference to location) (Gusfield 1975). Elements such as tradition, intention, practice, and spirit have been identified as strong driving factors in the development of relational communities in community arts initiatives (Barndt 2008). Rather than differentiating between the effectiveness of specific art forms used in community arts practice and research, I generalize to use the word arts to encompass all art forms that “share the common mission of achieving expressiveness through the ways in which form has been crafted or shaped” (Eisner 2008, 8).

**Defining Community Arts in HPP Practice**

When community arts are integrated into health promotion practice (often referred to as “community-based arts for health”) (1) the practice occurs in a community space or setting; (2) it involves individuals or groups that actively participate; (3) its overall aims are to improve holistic health and well-being; and, (4) it recognizes the role of broader societal determinants of health (South 2004, 2). Similar elements are also inherent in the use of community arts in peace promotion practice, which recognize the broader societal determinants of peace, and aim to promote holistic, positive, and multi-level peace (Zelizer 2005).

Ideally, community arts practice in HPP should allow the community to collectively uncover and express its choice of issues through collaboration in the arts. However, given that the funders of these initiatives often have competing priorities, sometimes the project leader(s) will take more of a lead role in defining the phenomenon to be explored. When integrating community arts processes into HPP practice, the community’s influence in shaping the project will vary according to the specific project goals, geographical and cultural context, economic restraints, and aspects of regional security.

**Defining Community Arts-based Research in HPP**

Community arts-based research is typically presented in one of two ways in the literature. The first frames community arts practice as itself a qualitative research process (whereby the research facilitator is also the project leader); the second describes community arts as either a method or a methodology that can be used/applied in a community-based qualitative (or mixed methods) research process (whereby the research facilitator is not the project leader) (Barndt 2008). In both cases, the ontology and epistemology of community arts-based research aligns most closely with a critical social paradigm, which highlights the need for reflexivity, awareness of power dynamics, and an understanding of the role of power sharing in decision making (also HPP guiding principles). In the critical social paradigm, reality is both objective and subjective, and individuals have agency and potential to create broader societal change within a reality shaped by the social structures and systems already in place (Kincheloe, McLaren, and Steinberg 2011). Barndt describes the epistemology of a community arts-based research process as one that “challenges the relationship between knowledge and power, that aims to democratize and collectivize knowledge production, and to engage people fully, as individuals and as groups, in expressing their identities, recovering their histories, articulating their visions, deepening their analyses, and developing their capacities to create history” (2008, 359). Given the specific ontological and epistemological beliefs that underlie community arts-based research, I refer to it here as a methodology.

In health promotion and peace promotion, community arts-based research is often theorized and discussed in relationship to community-based participatory research (CBPR) (Israel et al. 2005), a methodology that is also grounded in a critical social paradigm. Like community arts-based research, CBPR includes goals and values of equity in participation and decision-making processes, and aims to give the participants themselves the power to identify the phenomenon/topic/problem area of the research study. In this way, the researcher’s traditional authoritative position of power is altered so that the community’s view becomes the most important perspective through which to understand the research phenomenon. In both CBPR and community arts-based research, once the community has identified the research topic, its expertise and knowledge is sought in order to unpack and explore the topic further. This similarity in approaches between CBPR and community arts-based research highlights
their underlying epistemological beliefs that include the idea that knowledge can be produced through participation (Israel et al. 2005). Some scholars argue that community-based research methodologies can lead to the development of more feasible, practical, and implementable solutions for community-based problems (Israel et al. 2005; Viswanathan et al. 2004).

Similar to community arts practice, the community does not always have full control in identifying the phenomenon/topic/problem area it wants to explore in an HPP community arts-based research process. Funding priorities tend to drive what is being researched and why and some researchers may purposely choose to integrate community participation into certain research stages (i.e., data gathering) and not others (i.e., research question development and data analysis) to ensure study rigour and design. Overall, the degree to which the community is integrated into an HPP arts-based research study is affected by the same factors as those that play a role in HPP community arts practice (specific project goals, geographical and cultural context, economic restraints, and aspects of regional security), with the additional influence of the researcher who might make these judgment calls for a variety of reasons.

**EXPLORING THE ROLE FOR COMMUNITY ARTS STRATEGIES IN HPP PRACTICE AND RESEARCH**

Community arts strategies have several key features that can play an important role in HPP practice and research. Based on the relevant literature, I have identified seven key features that relate to the use of community arts strategies in HPP: (1) communicating and understanding new perspectives; (2) communicating and evoking solidarity; (3) sharing knowledge and experience with diverse audiences; (4) facilitating reflexivity and critical social analysis; (5) empowering communities and building capacity for action; (6) facilitating relationship building; and (7) healing holistically.

The conceptual model in Figure 1 shows the overall process for how community arts strategies can be understood to play a role in HPP. This model is shaped like an eye to represent new ways of seeing things and to highlight the humanistic and holistic conceptualizations of health and peace in HPP. The eye itself sits at the community level, with the societal, community, and individual-level mutual determinants of health depicted as influencing (and interacting) factors over the entire HPP process. On the left are the HPP guiding principles that shape the ways in which community arts strategies are used in HPP. These guiding principles are shown to lead into (and influence) seven key features of community arts strategies, depicted in the centre (or pupil) of the eye. Ultimately, this entire process leads to the “end goal” of HPP (the right of the model), which is, of course, health and peace.

What follows are brief descriptions of each of the seven key features of community arts strategies.

**1. Communicating and Understanding New Perspectives**

In his chapter entitled “Art and Knowledge” in the *Handbook of the Arts in Qualitative Research*, Eisner questions the traditional positivist assumptions about the arts by asking: “Are the arts merely ornamental aspects of human production and experience, or do they have a more significant role to play in enlarging human understanding?” (2008, 3). In response to this question, he and others argue that the arts—and specifically community arts—can facilitate the communication of new perspectives, new understandings, and new ways of seeing the world (Arnhem 1974; Eisner 2008; Weber 2008).

“Reading” in the arts, as Eisner refers to it, can allow for individuals and communities to digest and communicate information differently, and to experience their world in ways that they had not known how to experience previously (2008). In a discussion pertaining to the use of visual imagery in research, Weber suggests that the arts can make “the ordinary seem extraordinary” (2008, 44) by shedding light on the most mundane events in ways that encourage reflection, imaginative insight, and new understandings. Further still, critical philosophers present similar arguments that posit that the ability of the arts to communicate knowledge through visual, auditory, gustatory, and/or kinesthetic cues can facilitate a more holistic, experiential, and personal kind of “knowing” (Lachapelle, Murray, and Neim 2003).

This new way of “knowing” and experiencing the world can play an important role in HPP practice and research. By communicating new perspectives and ideas, community arts strategies can increase the
Figure 1. Understanding the Role for Community Arts Strategies in Health and Peace Promotion (HPP)
likelihood of the emergence of new and innovative community-based solutions in health and peace promotion. The audience (policy-makers, community members, local and international leaders) that then “reads” this message can also be encouraged to think in new ways about the presented issue and how to address it.

2. Communicating and Evoking Solidarity

Expression through the arts can generate solidarity in a way that is distinct from any other form of communication (Eisner 2008; Weber 2008). Solidarity, which is a very difficult concept to define, has been conceptualized by Segall (2005) to include four key elements: (1) integration which involves the individual's identification with the goals and features of the collective; (2) commitment to the common good, that is, a willingness to forgo self-interest for the sake of the common good; (3) empathy, or concern for the well-being of other members who are less well off than oneself; and (4) trust—the willingness to suspend suspicion of others, at least until receipt of evidence to the contrary. Although Segall has not examined how these elements of solidarity can be affected by community arts strategies, he provides a coherent framework for researchers to be able to do so.

The ability of community arts strategies to encourage feelings of solidarity does not relate exclusively to the individual level—any expression of art, by its mere creation, is also social and political. By evoking solidarity through the arts, community arts strategies can blur the lines between personal and political issues. Images—such as the photograph taken of Kim Phuc during the Vietnam War—have been able to communicate strong messages of solidarity internationally, while also stimulating political action (Eisner 2008). Eisner suggests that the arts are most effective at communicating and evoking solidarity when the audience is prompted to weigh the information presented to them against their own situation, worldview, and context. He notes that the more contextual information provided (i.e., information about the social, political, economic, and cultural environment), the more effective the arts can be in evoking solidarity.

In HPP practice and research, community arts strategies that communicate and evoke solidarity have a large role to play, particularly when it comes to addressing the broader societal determinants of HPP.

3. Sharing Knowledge and Experience with Diverse Audiences

Because communication through the arts can transcend language and cultural barriers, it can be more accessible to audiences from a broad range of educational backgrounds, age groups, cultures, geographic regions, and roles in society (Eisner 2008; Wheeler 2012). The arts can provoke thought and discussion in a way that many other types of knowledge sharing cannot (Weber 2008). Indeed, some scholars have attested that particularly when the sharing takes place outside of the conventional discipline or sector within which it's typically understood, arts-based knowledge sharing can have a stronger impact than academic discourse (Barone 1995).

In community arts strategies, knowledge sharing occurs among participants as they work together to collectively express themselves through the arts; between participants and the project leader/research facilitator as the experiences and perspectives of the participants come to the fore; between the participants and the audience groups with whom the participants share their message; and between the project leader/research facilitator and the audiences (although this is not always the case). Given the range of skills, expertise, and backgrounds of all of the parties involved in these knowledge-sharing processes, community-arts strategies can play an important role in effectively communicating complex information (Eisner 2008) in a way that is engaging (Weber 2008), relatable, and potentially more likely to compel audiences to take action (Barndt 2008).

4. Facilitating Reflexivity and Critical Social Analysis

Community arts strategies require dedication and commitment to the collective exploration, identification, negotiation, and expression of a topic that's relevant to the community. Power dynamics—shaped by local, national, and international political agendas, social contexts, cultural practices, and economic restraints—have an inevitable impact on the ways in which each community decides to identify, frame, and express a
topic of focus. Additionally, shared visions about what should happen and why will likely differ among participants, and between participants and the project leader/research facilitator.

During a community arts process, participants will be encouraged to enter into a reflexive process within which they can actively, visibly, and viscerally reflect on the social conditions of their lives, agency, root political causes of war and disease, perceived roles in society, and power dynamics (Barndt 2008). In other words, participants can work collaboratively to identify topics of interest through active reflection on their experiences in the world (as they have come to know it). For arts-based reflexivity to be most effective, participants need to be open to active participation, learning, sharing, expressing, and listening. And the project leader/research facilitator needs to be dedicated to accompanying the participants on their journey without sticking to any particular preconceived understanding of the project outcomes. S/he also needs to be capable of challenging the participants to deepen their critical analyses.

Although the use of community arts strategies can help to highlight issues of power dynamics by increasing the level of transparency in reflexive processes, it is unlikely for a perfect equilibrium of power to exist at any particular moment in a community arts project. Instead, there will be cycles of participation and questioning by community members, bringing greater or lesser participation and ownership at various times. These issues present a continual challenge in community-based practice and research (Flicker et al. 2007; Minkler and Wallerstein 2008) and should be noted as a limitation in community arts processes.

5. Empowering Communities and Building Capacity for Action

Community engagement in the arts has been described as an empowering process for participants (Barndt 1997; Matarasso 1997), which can lead them to take action to address community-based issues more cohesively (Goodwin and Shapiro 2002; Ovretveit 2002) and with more confidence (Israel et al. 1998). The ability of these same arts-based strategies to facilitate relationship building and feelings of solidarity can also play a role in empowering communities (Barndt 2008; Denzin 1992; Israel et al. 1998).

However, the notion of “empowerment” through the arts also requires a researcher’s caution. There is no clear or consistent definition of empowerment in much of the related literature, and its effects on an individual, community, or society are not well articulated (Kay 2000; Rissel 2004). While there is some rigorous literature that suggests strong relationships between specific definitions of empowerment and engagement in community arts processes (as noted earlier), researchers should be cautious of studies that use this term loosely, as well as those that do not take into account the broader political, social, economic, and cultural context that ultimately shapes any empowerment process.

6. Facilitating Relationship-Building

Community arts processes can facilitate the building of social connections and relationships (Barndt 2008). Specifically, the act of making art (Barndt 2008), working collaboratively with a shared focus (Goodwin and Shapiro 2002; Ovretveit 2002), shared decision making (Corneil 2012), and working collaboratively in supportive environments (Israel et al. 1998) can have a positive impact on relationship building. Cooley (2003) differentiates between the acts of “doing” and “viewing” art, suggesting that both can play an important role in relationship building. He argues that even when one is not directly involved in art making, a sense of social connection can be strengthened. Community arts strategies’ ability to communicate and evoke solidarity can also facilitate the development of trust and understanding between individuals, communities, and societies (Denzin 1992), which are all key components of relationship building (Tomlinson 2005).

Because relationship building occurs within a broader social, political, economic, and cultural context, this context will inevitably shape the nature and type of relationships formed. In HPP practice and research, the relationships that may develop—among participants, between participants and the project leader/research facilitator, and between the participants/project leader/research facilitator and the audiences with whom the findings are shared—occur across a multitude of levels and sectors, and are greatly influenced by the broader societal-level mutual determinants of health and peace.
7. Healing Holistically

Engagement in the arts has a number of positive effects on holistic health—physically (Snow, D’Amico, and Tanguay 2003; Stuckey and Nobel 2010), mentally (Appleton 2001; Stuckey and Nobel 2010), socially (Matarasso 1997), and spiritually (MacNaughton, White, and Stacy 2005). Serlin and other scholars argue for “whole personal healthcare” and include the arts as a fundamental component in this pursuit (Serlin et al. 2007). Art itself has been considered a determinant of health and has been recognized to be involved in direct healing via processes such as visual art therapy, drama therapy, movement therapy, and music therapy; and in indirect healing by affecting individual, community, and societal determinants of health (Lander and Graham-Pole 2008).

The holistic healing effects of community arts processes have also been noted by practitioners and scholars (Cleveland 2002; Cooley 2003; Lander and Graham-Pole 2008; South 2004). Notably, collective engagement and participation in the arts (Cooley 2003; Lander and Graham-Pole 2008), feelings of solidarity (Helliwell and Putnam 2004) and relationship building (Bargh and McKenna 2004; Helliwell and Putnam 2004) can all have positive impacts on holistic health.

CONCLUSION

These seven key features of community arts strategies and how they relate to HPP’s guiding principles, strategy characteristics, and key action areas represent a preliminary analysis—just the “tip of the iceberg” with respect to a much larger process of inquiry. What is needed now is a much deeper exploration of the intricate relationships between each of these key features of community arts and their relationship to HPP.

NOTES

1. Peace building is “a comprehensive concept that encompasses, generates, and sustains the full array of processes, approaches, and stages needed to transform conflict toward more sustainable, peaceful relationships” (Lederach 1997, 20).

2. Conflict transformation is “a holistic and multi-faceted approach to managing violent conflict in all its phases. The term signifies an ongoing process of change from negative to positive relations, behaviour, attitudes and structures” (Lederach 1996, qtd. in Reich 2006, 18).

3. In the biomedical model health and illness are conceived at the individual level, primarily “in terms of the absence of disease rather than as an integrated sense of well-being” (Birn, Pillay, and Holtz 2009a, 133).

4. War refers to “mutual, mass, persistent, lethal direct violence engaged in by two or more groups” (Santa Barbara and Arya 2008, 8–9).

5. By violence I mean “avoidable insults to basic needs that diminish life potential” (Galtung 1996, qtd. in Santa Barbara and Arya 2008, 8).

6. Direct violence “involve[s] deliberate actions carried out by one person or group against another, with clear intent to harm” (Galtung 1969, qtd. in Abuelaish et al. 2013, 2).

7. Structural violence refers to “the structures of society [that] prevent certain people from fulfilling their potential for a happy life” (Galtung 1969, qtd. in Santa Barbara and Arya 2008, 8).

8. Cultural violence involves “the attitudes, guiding principles, and beliefs that justify direct and structural violence” (Galtung 1969, qtd. in Santa Barbara and Arya 2008, 8).

9. Conflict “occurs when two or more entities pursue apparently incompatible goals” (Santa Barbara and Arya 2008, 9).

10. I have used the negative framing of health and peace here to highlight their complete reliance on each other. Both health promotion and peace promotion focus on the bidirectional relationship between positive health and positive peace (and not ill health and violence/war).

11. Societal determinants of health are “the political, economic, social, and cultural structures that shape health and health patterns” (Birn et al. 2009b, 310). For example, socioeconomic status and gender can determine a person’s level of health.

12. In relation to health and peace, equity implies that resources are distributed according to needs. This is different from the idea of equality, which implies that all individuals should receive an equal amount of resources (Cook and Hegtvedt 1983).

13. Reconciliation is a complex process that plays an important role in peace building, and involves the “restoration of relationships that have been fractured” (Christie et al. 2001, 7).

14. Social capital refers to resources accumulated through individual relationships (Coleman 1988).

15. Digital storytelling involves “three- to five-minute visual narratives that synthesize images, video, audio recordings of voice and music, and text to create compelling accounts of experience” (Gubrium 2009, 186).
16. Method “includes specific techniques or research practices (surveys, interviews, or artistic practices such as storytelling, popular theatre, photo-story production, song writing, etc.)” (Barndt 2008, 359).

17. Methodology is “the philosophical stance or worldview that underlies and informs a style of research. Methodology is the philosophy of methods” (Sapsford 2013, 1). For example, participatory research can be considered a methodology (Brandt 2008).

18. Ontology refers to “the ‘objects’ about which questions may validly be asked and conclusions may be drawn. The ontologies of research reflect the worldview or ‘map’ with which the researcher engages” (Sapsford 2013, 1).

19. Epistemology is “a theory of knowledge, an understanding of how we know and what counts as knowledge” (Barndt 2008, 359).

20. Community-based participatory research (CBPR) is “a collaborative research approach that is designed to ensure and establish structures for participation by communities affected by the issue being studied, representatives of organisations, and researchers in all aspects of the research process to improve health and well-being through taking action, including social change” (Viswanathan et al. 2004, 22).

21. Issues related to power dynamics and shared decision making among the community member participants will be problematized/explored in the discussion that follows.

22. Community arts strategies refer to the use of community arts in HPP practice, and the use of community arts-based research in HPP.

23. The photograph of Kim Phuc was taken by Nick Ut in Vietnam while she was running down a street, naked, in order to escape a napalm fire bomb during the Vietnam War.

REFERENCES


Exploring the Role of Community Arts Strategies in “Health and Peace Promotion” Practice and Research


